CANDIDATE / OFFICEHOLDER  CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1		
The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:		
3 CANDIDATE / OFFICEHOLDER NAME			Mi J	OFFICE USE ONLY			
NOME	NICKNAME Marc	McKinney	SUFFIX	Date Received   10/31/22			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #,	CITY; STATE; ZIP CODE	EH			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR MS	FIRST <b>Johnell</b>	МІ	Receipt #	Amount \$		
NAME	NICKNAME	LAST	SUFFIX	Date Processed			
	NONNE	Huebner	SULLIN	Date Imaged			
7 CAMPAIGN		(NO PO BOX PLEASE); APT /		STATE:	ZIP CODE		
TREASURER ADDRESS (Residence or Business)	1451 Kirby		Kyle	TX	78640		
,	AREA CODE	DUONE NUMBER	EVERNAN				
8 CAMPAIGN TREASURER PHONE	(512)	659-9571	EXTENSION				
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day aft treasurer ap (Officeholde			
	July 15	8th day before el	Exceeded Modified Reporting Limit		t (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year			
COVERED	8	/ 15 / 22	THROUGH 10	/ 31 / 22			
11 ELECTION	ELECTION DA	TE	ELECTION TYP	E			
	Month Day	Year Primary	Runoff Other Description				
	11 / 8 /	General	I Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Kyle City Coun	,	•		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS			,		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS				
		GO TO	PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Marcus James McKinn	ey	16 Filer !	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	J	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,659.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 3,633.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 1,526.26
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$ 0.00
1	year, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and corr	rect and includes all information
	Signature of Ca	mettotata o	r Officeholder
	Signature or Ca	muldate of	Officeriolder
	Please complete either option below	٠,٠	
	r lease complete either option below	٠.	
	SUSAN HUGHES		
40.400.1	Notary Public, State of Texas		
(1) Affidavit	Comm. Expires 07-21-2026		
	Notary ID 133870195		
NOTARY STAMP/SEAL			
	pefore me by Marc McKingey this the	31	day of October.
20 22 to certify v	which, witness my hand and seat of office.		
de	Susan Hughes		notary Public
Signature of officer administer	ing oath Printed name of officer administering bath		Title of officer administering oath
	OR		
(2) Unsworn Declaration	n		
My name is	, and my date of birth is		
My address is			
			zip code) (country) .
Executed in	County, State of, on the day of	٦)	_, 20
	Signature of Candid	date/Office	holder (Declarant)

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME Marcus Ja	ames McKinney	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Daniela Parsley	7 Amount of contribution (\$)				
10/11/2022	6 Contributor address; City; State; Zip Code	100.00				
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PAC (ID#:)  Travis Donnell	Amount of contribution (\$)				
08/30/2022	Contributor address; City; State; Zip Code	250.00				
	Downtown Kyle TX 78640	200.00				
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)				
09/01/2022	David Glickler	1,000.00				
	Contributor address; City; State; Zip Code  Caraway Kyle TX 78640	1,000.00				
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)				
10/13/2022	Sam & Hema Kumar	E00 00				
	Westlake Austin TX 78746	500.00				
Principal occur	pation / Job title (See Instructions)  Employer (See Instructions)	tions)				
		•				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r					

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report</b> .							
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:					
2 FILER NAME Marcus Ja	ames McKinney		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC Daniela Parsley	7 Amount of contribution (\$)					
10/13/2022	6 Contributor address; City;	State; Zip Code	250.00				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ions)				
Date	Full name of contributor out-of-state PAC Timothy Timmerman	(ID#:)	Amount of contribution (\$)				
10/13/2022		State; Zip Code TX 78746	250.00				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)				
Date	Full name of contributor out-of-state PAC  Michael & Leslie Schroeder	(ID#:)	Amount of contribution (\$)				
10/13/2022	Contributor address: City: State; Zip Code  Carranzo Dr Austin TX 78735		250.00				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)				
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)				
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instru						

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.					1 Total pages Schedule A2:		
2 FILER NAME					ommission Filers)		
ames McKinney							
F UNITEMIZED IN-KIN	ID POLITICA	L CONTR	IBUTIONS	\$ 59.40	,		
6 Full name of contributor			)	8 Amount of Contribution \$	9 In-kind contribution description		
7 Contributor address;	City;	State;	Zip Code	59.40	Food		
Hartson	Kyle	TX	78640	Check if travel outside of Texas. Complete Schedule			
cupation / Job title (FOR NON-	JUDICIAL) (See	Instructions	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
principal occupation (FOR JL	DICIAL)		13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)		
employer/law firm (FOR JUD	ICIAL)		15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)		
is a child, law firm of parent(s	i) (if any) (FOR 、	JUDICIAL)					
Full name of contributor	out-of-state	PAC (ID#:	)	Amount of Contribution \$	I In-kind contribution description		
Contributor address;	City;	State;	Zip Code	Check if travel outsi	I I I I I I I I I I I I I I I I I I I		
cupation / Job title (FOR NON-	JUDICIAL) (See	Instructions	) Employ	yer (FOR NON-JUDICIAL)(See Instructions)			
principal occupation (FOR JU	JDICIAL)		Contrib	utor's job title (FOR JU	JDICIAL)(See Instructions)		
s employer/law firm (FOR JUD	ICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
r is a child, law firm of parent(s	i) (if any) (FOR .	JUDICIAL)					
	ames McKinney  F UNITEMIZED IN-KIN  6 Full name of contributor Christine Mannie  7 Contributor address; Hartson  Expation / Job title (FOR NON- Exprincipal occupation (FOR JUD)  is a child, law firm of parent(s)  Full name of contributor  Contributor address;  Expation / Job title (FOR NON- Exprincipal occupation (FOR JUD)  contributor address;  Expation / Job title (FOR NON- Exprincipal occupation (FOR JUD)  comployer/law firm (FOR JUD)	ames McKinney  F UNITEMIZED IN-KIND POLITICA  6 Full name of contributor	ames McKinney  F UNITEMIZED IN-KIND POLITICAL CONTR  6 Full name of contributor	ames McKinney  F UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  6 Full name of contributor	Tell instruction Guide explains how to complete this form.    E		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report.

·						
The Instruction Guide explains how to complete this form.						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Marcus Jame	s McKinney					
4 TOTAL OF UN	IITEMIZED LOANS		\$ 2,500.00			
5 Date of loan	7 Name of lender  ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
08/15/2022	Marcus James McKinney		2,500.00			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00			
Y N			11 Maturity date 12/13/2022			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
Finance Direc		Steele Auto				
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code	Í			
not applicable	To Guarantor address, City,	State, Zip Code				
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
TY N			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
		,				
Description of Colla	ateral	Check if personal fund	ds were deposited into political			
none		account (See Instruct				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupation	on (See Instructions)	Employer (See Instructions)				
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE	EDED			

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee	Legal Services		Salanes/M	/ages/Contract Labor	Other (enter a cate	gory not listed above)	
Credit Card Payment		The Instru	ction Guide explai	ns how to c	complete this form.			
1 Total pages Schedule F1:	2 FILER N	<sub>аме</sub> James Mo	cKinney			3 Filer ID (Ethi	cs Commission Filers)	
4 Date	5 Payee na	ame						
08/23/2022	Madisor	n Banos						
6 Amount (\$)	7 Payee ac	ddress;			City;	State;	Zip Code	
100.00	Boleynw	/ood			Austin	TX	78745	
8	(a) Categor	y (See Categorie	s listed at the top of this	schedule)	(b) Description			
PURPOSE OF					Pictures			
EXPENDITURE								
	(c)	Check if travel out	side of Texas. Complete \$	Schedule T.	Check if Aust	tin, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeho	lder name		Office sought		Office held	
Date	Payee na	ame						
09/06/2022	A&E sig	ns						
Amount (\$)	Payee ac	ddress;			City;	State;	Zip Code	
2,100.05	Buda	TX 7	8610					
	Category	(See Categories	listed at the top of this	schedule)	Description			
PURPOSE					signs			
OF EXPENDITURE								
EX ENDITORE		Charle if Irayal out	aids of Toyon Complete S	Sahadula T	Check if Austin, TX, officeholder living expense			
	0		side of Texas. Complete S	schedule 1.		in, IX, officeholder livir		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeho	lder name		Office sought		Office held	
Date	Payee na	ame						
08/30/2022	Fire & Li	ight Lase	r					
Amount (\$)	Payee ac				City;	State;	Zip Code	
18.00	Buda	TX	78610					
	Category	/ (See Categories	listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE					Name Tag			
	Check if travel outside of Texas, Complete Schedule T. Check if Aus				Check if Aust	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeho	older name		Office sought		Office held	
	AT	TACH ADDI	TIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Marcus James McKinney 4 Date 5 Payee name 09/19/2022 Vistaprint 6 Amount (\$) 7 Payee address; City; State: Zip Code Waltham MA 02451 155.44 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Flyers PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Home Depot 09/10/2022 Amount (\$) Payee address; City; Zip Code State: Kyle TΧ 78640 51.81 Description Category (See Categories listed at the top of this schedule) Materials to secure signs and Banners PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/13/2022 Phoenix Creations Amount (\$) Payee address; City: State: Zip Code Kyle TΧ 78640 881.00 Description Category (See Categories listed at the top of this schedule) PURPOSE Shirts EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,		
1 Total pages Schedule F1;	2 FILER NAME Marcus James McKinney	3 Filer ID (Ethics Commission Filers)				
4 Date 10/13/2022	5 Payee name Kyle PARD					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
200.00	Kyle TX 78640					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE		Trick of Treat	Event Booth			
	(c) Check if travel outside of Toxas. Complete Schedule T.	Check if Austi	ın, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name			,		
10/22/2022	Home Depot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
126.84	Kyle TX 78640					
	Category (See Categories listed at the top of this schedule)	Description		,		
PURPOSE OF EXPENDITURE		Materials to se	ecure signs ar	nd Banners		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/ON	Candidate / Officeholder name H	Office sought	(	Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description				
OF EXPENDITURE						
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED			