

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 filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Kelly	MI	OFFICE USE ONLY Date Received <h2 style="color: blue;">Received JAN 14 2022 Elections Office</h2>
	NICKNAME	LAST Higgins	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 395 Rocky Springs Rd. Wimberley TX 78676			
	Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 839-3343	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST William	MI	Receipt #
	NICKNAME Bill	LAST Hines	SUFFIX	Amount \$
				Date Processed
				Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1307 Nueces Austin, TX 78701			
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 297-6075	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 07	Day 01	Year 21	THROUGH Month 12 Day 31 Year 21
11 ELECTION	ELECTION DATE Month Day Year 11 08 22		ELECTION TYPE Primary Runoff Other Description General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Criminal District Attorney Hays County Texas		
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

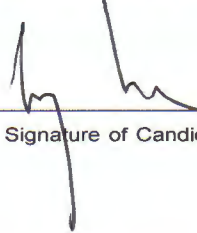
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

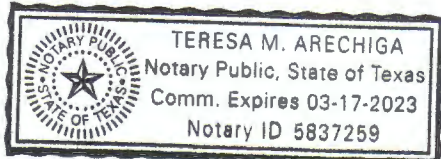
15 C/OH NAME Kelly Higgins		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kelly Higgins this the 11th day of January,

20 22, to certify which, witness my hand and seal of office.

Teresa M. Arechiga Signature of officer administering oath
Teresa M. Arechiga Printed name of officer administering oath
Notary Public State of Texas Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Kelly Higgins		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 3
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 7/3/21	5 Full name of contributor out-of-state PAC (ID#: _____) Betty Townsend 6 Contributor address; City; State; Zip Code PO Box 635 Wimberley TX 78676	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 7/22/21	Full name of contributor out-of-state PAC (ID#: _____) Russell Buyse Contributor address; City; State; Zip Code 1136 Elder Circle austin Tx 78733	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) Computer Guy		Employer (See Instructions)
Date 8/3/21	Full name of contributor out-of-state PAC (ID#: _____) Betty Townsend Contributor address; City; State; Zip Code PO Box 635 Wimberley TX 78676	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/19/21	Full name of contributor out-of-state PAC (ID#: _____) Todd Dudley Contributor address; City; State; Zip Code 371 Fairfield Kyle TX 78640	Amount of contribution (\$) 750
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 3
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 9/3/21	5 Full name of contributor out-of-state PAC (ID#: _____) Betty Townsend	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code PO Box 635 Wimberley TX 78676		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 9/30/21	Full name of contributor out-of-state PAC (ID#: _____) Christopher Sullivan	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 6817 Pino Real El Paso TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/3/21	Full name of contributor out-of-state PAC (ID#: _____) Betty Townsend	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code Po Box 635 Wimberley Tx 78676		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 11/9/21	Full name of contributor out-of-state PAC (ID#: _____) Betty Townsend	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code Po Box 635 Wimberley Tx 78676		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 12/3/21	5 Full name of contributor out-of-state PAC (ID#: _____) Betty Townsend	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code PO Box 635 Wimberley TX 78676		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/19/21	Full name of contributor out-of-state PAC (ID#: _____) SMITH & VINSON LAW FIRM	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code 1411 WEST AVE UNIT 124 AUSTIN, TX, 78701		
Principal occupation / Job title (See Instructions) LEGAL SERVICES		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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