

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:20%; text-align: center;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td>Mr</td> <td style="text-align: center;">Kelly</td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Higgins</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr	Kelly			NICKNAME	LAST	SUFFIX			Higgins			<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="font-size: 1.2em; color: blue; font-weight: bold;">Received</div> <div style="font-size: 1.2em; color: blue; font-weight: bold;">JUL 25 2022</div> <div style="font-size: 1.2em; color: blue; font-weight: bold;">Elections Office</div> <div style="font-size: 1.5em; color: blue; font-weight: bold; font-family: cursive;">BK</div> </div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td colspan="2" style="font-size: small;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="font-size: small;">Receipt #</td> <td style="font-size: small;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Imaged</td> </tr> </table>	Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																								
Mr	Kelly																									
NICKNAME	LAST	SUFFIX																								
	Higgins																									
Date Hand-delivered or Date Postmarked																										
Receipt #	Amount \$																									
Date Processed																										
Date Imaged																										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX;</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">395 Rocky Springs Rd. Wimberley TX 78676</td> </tr> </table> <p style="font-size: small;">Change of Address</p>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	395 Rocky Springs Rd. Wimberley TX 78676																			
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																						
395 Rocky Springs Rd. Wimberley TX 78676																										
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>839-3343</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(512)	839-3343																				
AREA CODE	PHONE NUMBER	EXTENSION																								
(512)	839-3343																									
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:20%; text-align: center;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td>Mr.</td> <td style="text-align: center;">William</td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> <td></td> </tr> <tr> <td>Bill</td> <td style="text-align: center;">Hines</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr.	William			NICKNAME	LAST	SUFFIX		Bill	Hines											
MS / MRS / MR	FIRST	MI																								
Mr.	William																									
NICKNAME	LAST	SUFFIX																								
Bill	Hines																									
7 CAMPAIGN TREASURER ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">1307 Nueces Austin, TX 78701</td> </tr> </table> <p style="font-size: small;">(Residence or Business)</p>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1307 Nueces Austin, TX 78701																	
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																						
1307 Nueces Austin, TX 78701																										
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>297-6075</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(512)	297-6075																		
AREA CODE	PHONE NUMBER	EXTENSION																								
(512)	297-6075																									
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" 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)															
<input 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 checked="" 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">THROUGH</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">/ 1</td> <td style="text-align: center;">/ 22</td> <td></td> <td style="text-align: center;">6</td> <td style="text-align: center;">/ 30</td> <td style="text-align: center;">/ 22</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	/ 1	/ 22		6	/ 30	/ 22									
Month	Day	Year	THROUGH	Month	Day	Year																				
1	/ 1	/ 22		6	/ 30	/ 22																				
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">Primary</td> <td style="font-size: small;">Runoff</td> <td style="font-size: small;">Other Description</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">/ 8</td> <td style="text-align: center;">/ 22</td> <td style="text-align: center;"><input checked="" type="checkbox"/> General</td> <td style="text-align: center;"><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	Primary	Runoff	Other Description	11	/ 8	/ 22	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special								
ELECTION DATE			ELECTION TYPE																							
Month	Day	Year	Primary	Runoff	Other Description																					
11	/ 8	/ 22	<input checked="" type="checkbox"/> General	<input 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)	<p style="font-size: x-small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS															
COMMITTEE TYPE	COMMITTEE NAME																									
GENERAL	COMMITTEE ADDRESS																									
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																									
	COMMITTEE CAMPAIGN TREASURER ADDRESS																									

GO TO PAGE 2

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	\$ 4,880.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,264.18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,880.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 596.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,861.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,192.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kelly Higgins, and my date of birth is March 26, 1964.

My address is 395 Rocky Springs Rd, Wimberley, TX, 78676, USA.

Executed in Hays County, State of TX, on the _____ day of _____, 20_____.
(street) (city) (state) (zip code) (country)
(month) (year)

Signature of Candidate/Officeholder (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: 7
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/22	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)		9 Employer (See Instructions)
Date 02/03/22	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)		Employer (See Instructions)
Date 02/20/22	Full name of contributor out-of-state PAC (ID#: _____) Mark Gardner Contributor address; City; State; Zip Code 2109 Herzog Kyle TX 78640	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/22	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)		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: 7
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/22	5 Full name of contributor out-of-state PAC (ID#: _____) Davis J KAMA 6 Contributor address; City; State; Zip Code 1312 Perkins St San Marcos TX 78666	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/07/22	Full name of contributor out-of-state PAC (ID#: _____) Amanda Erwin Contributor address; City; State; Zip Code 10 Shady Grove Ln Wimberley TX 78640	Amount of contribution (\$) 300
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/09/22	Full name of contributor out-of-state PAC (ID#: _____) Matthew Maldonado Contributor address; City; State; Zip Code 255 Challenger Kyle TX 78640	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/11/22	Full name of contributor out-of-state PAC (ID#: _____) David Hardesty Contributor address; City; State; Zip Code 17281 Sw Stellar Dr Sherwood OR 97140	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		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: 7
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 06/11/22	5 Full name of contributor out-of-state PAC (ID#: _____) Mindy Webber 6 Contributor address; City; State; Zip Code 102 Cedar Springs Dr Wimberley TX 78676	7 Amount of contribution (\$) 5
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/11/22	Full name of contributor out-of-state PAC (ID#: _____) Leslie Carnes Contributor address; City; State; Zip Code 351 Limestone Ln Driftwood TX 78619	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/11/22	Full name of contributor out-of-state PAC (ID#: _____) Donna Haschke Contributor address; City; State; Zip Code 308 Fox Hollow Buda TX 78610	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/22	Full name of contributor out-of-state PAC (ID#: _____) Brenda Sanchez Contributor address; City; State; Zip Code 2018 Clarksdale Place Dallas TX 75228	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		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: 7
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 06/14/22	5 Full name of contributor out-of-state PAC (ID#: _____) Patricia Nilsson 6 Contributor address; City; State; Zip Code 1611 Kings Castle Dr Katy TX 77450	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/17/22	Full name of contributor out-of-state PAC (ID#: _____) Linda Ann Rodriguez Contributor address; City; State; Zip Code 105 Tonkawa Cove Kyle TX 78640	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/22	Full name of contributor out-of-state PAC (ID#: _____) Michael Thoennes Contributor address; City; State; Zip Code 2704 Bryonhall Dr Austin TX 78745	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/22	Full name of contributor out-of-state PAC (ID#: _____) Amy Grant Contributor address; City; State; Zip Code 339 Oyster Creek Buda TX 8610	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		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: 7
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 06/20/22	5 Full name of contributor out-of-state PAC (ID#: _____) Donna Haschke 6 Contributor address; City; State; Zip Code 308 Fox Hollow Buda TX 78610	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/20/22	Full name of contributor out-of-state PAC (ID#: _____) Judith Burns Contributor address; City; State; Zip Code 12708 Turkey Cove Buda TX 78610	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/22	Full name of contributor out-of-state PAC (ID#: _____) Linda Rodriguez Contributor address; City; State; Zip Code 105 Tonkawa Cove Kyle TX 78640	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		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: 7
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 06/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) David Feldman 6 Contributor address; City; State; Zip Code 5000 Arax Cv Austin TX 78731	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) ARA
Date 06/13/2022	Full name of contributor out-of-state PAC (ID#: _____) Baird Law Firm PLLC Contributor address; City; State; Zip Code 8700 Menchaca RdAustin TX 78748	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions)
Date 05/12/2022	Full name of contributor out-of-state PAC (ID#: _____) Robert Caine Contributor address; City; State; Zip Code 5908 Chafiles Schreiner Trl Austin TX 78749	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Robert Updegrove Contributor address; City; State; Zip Code 108E San Antonio St San Marcos TX 78666	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		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: 7
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 06/21/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Todd Dudley 6 Contributor address; City; State; Zip Code 100 N Edward Gary San Marcos TX 78666	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Jesus Manuel Navar Contributor address; City; State; Zip Code POBox 28286 San Antonio TX 78228	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions)
Date 05/12/2022	Full name of contributor out-of-state PAC (ID#: _____) Patricia Green Contributor address; City; State; Zip Code 5261 Hillside Ter Buda TX 78610	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2022	Full name of contributor out-of-state PAC (ID#: _____) John Sanford Contributor address; City; State; Zip Code 12909 Lantana Trl Buda TX 78610	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		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.

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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.

1 Total pages Schedule F1: 3	2 FILER NAME Kelly Higgins	3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2022	5 Payee name Vistaprint	
6 Amount (\$) 553.42	7 Payee address; City; State; Zip Code 275 Wyman St., Walham Massachusetts	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Flyers
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/27/2022	Payee name Roadman & Espiritu	
Amount (\$) 1,329.17	Payee address; City; State; Zip Code 603 W 12th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Video Recording
	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
Date 06/23/2022	Payee name Facebook	
Amount (\$) 30.00	Payee address; City; State; Zip Code 1601 Willow Rd Menlo, California	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media
	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 NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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.

1 Total pages Schedule F1: 3	2 FILER NAME Kelly Higgins	3 Filer ID (Ethics Commission Filers)
---------------------------------	-------------------------------	---------------------------------------

4 Date 06/24/2022	5 Payee name Facebook
----------------------	--------------------------

6 Amount (\$) 40.00	7 Payee address; 1601 Willow Rd. Menlo Park California	City; State; Zip Code
------------------------	--	-----------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 06/27/2022	Payee name Facebook
--------------------	------------------------

Amount (\$) 280.00	Payee address; 1601 Willow Rd. Menlo Park, California	City; State; Zip Code
-----------------------	---	-----------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 06/27/2022	Payee name Google
--------------------	----------------------

Amount (\$) 350.00	Payee address; 1600 Amphitheater Mountainview California	City; State; Zip Code
-----------------------	--	-----------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description You Tube Ads
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Kelly Higgins	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 06/09/2022	5 Payee name A to Z Copy and Print
-----------------------------	--

6 Amount (\$) 63.87	7 Payee address; 12111 RR 12	City; Wimberley, TX 78676	State;	Zip Code
-------------------------------	--	------------------------------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Flyers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 06/02/2022	Payee name Google
--------------------	----------------------

Amount (\$) 303.79	Payee address; 1600 Amphitheater	City; Mountainview, California	State;	Zip Code
-----------------------	-------------------------------------	-----------------------------------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description You Tube Ads
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 06/30/2022	Payee name A to Z Printing
--------------------	-------------------------------

Amount (\$) 313.93	Payee address; 12111 RR 12	City; Wimberley, TX 78676	State;	Zip Code
-----------------------	-------------------------------	------------------------------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Banner
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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 NEEDED