

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>												
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI Mr. Kelly</p> <hr/> <p>NICKNAME LAST SUFFIX Higgins</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 1.2em; color: blue;">Received</p> <p style="font-size: 1.2em; color: blue;">OCT 31 2022</p> <p style="font-size: 1.2em; color: blue;">Elections Office</p> <p style="font-family: cursive; font-size: 1.2em; color: blue;">BMc</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged							
Receipt #	Amount \$														
Date Processed															
Date Imaged															
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 395 Rocky Springs Rd. Wimberley, TX 78676</p>														
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (512) 839-3343</p>														
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI Mr. William</p> <hr/> <p>NICKNAME LAST SUFFIX Bill Hines</p>														
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1307 Nueces, Austin, TX 78701</p>														
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (512) 297-6075</p>														
<p>9 REPORT TYPE</p>	<table style="width:100%;"> <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 type="checkbox"/> July 15</td> <td><input checked="" 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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)				
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<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year 10 / 1 / 22 THROUGH 10 / 31 / 22</p>														
<p>11 ELECTION</p>	<table style="width:100%;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td>11 / 8 / 22</td> <td><input checked="" type="checkbox"/> General</td> <td><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													
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known) Criminal District Attorney Hays County Texas</p>													
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p>Additional Pages</p>	<p>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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="2">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS					
COMMITTEE TYPE	COMMITTEE NAME														
GENERAL	COMMITTEE ADDRESS														
	COMMITTEE CAMPAIGN TREASURER NAME														
SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS														

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,296.71

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 24,136.36

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1,037.44

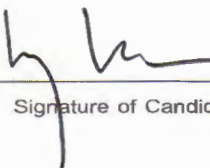
OUTSTANDING
LOAN TOTALS

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.
(street) (city) (state) (zip code) (country)

Executed in Hays County, State of Texas, on the 31 day of October, 2022.
(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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,146.71
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,136.36
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	\$

SCHEDULE A1

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 10/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Thoennes 6 Contributor address; City; State; Zip Code 2704 Bryonhall Dr., Austin, TX 78745	7 Amount of contribution (\$) 50.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2022	Full name of contributor out-of-state PAC (ID#: _____) BethBuyse Contributor address; City; State; Zip Code 1136 Elder cir Austin, TX 78733	Amount of contribution (\$) 50.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2022	Full name of contributor out-of-state PAC (ID#: _____) John Hatch Contributor address; City; State; Zip Code 48 County Oaks Dr. Buda, TX. 78610	Amount of contribution (\$) 2000.
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Texas Petition Strategies
Date 10/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Aaron Zwahr Contributor address; City; State; Zip Code 1515 Franklin Ave. San Marcos, TX 78666	Amount of contribution (\$) 250.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 10/08/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Thoennes 6 Contributor address; City; State; Zip Code 2704 Bryonhall Drive. Austin, TX 78745	7 Amount of contribution (\$) 100.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2022	Full name of contributor out-of-state PAC (ID#: _____) Debora Morris Contributor address; City; State; Zip Code 1111 Deer Lake Rd. Wimberley, TX 78676	Amount of contribution (\$) 100.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Mindy Webber Contributor address; City; State; Zip Code 102 Cedar Springs Rd. Wimberley, TX 78676	Amount of contribution (\$) 5.
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

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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
10/12/2022

5 Full name of contributor out-of-state PAC (ID#:
Anna Boling

7 Amount of contribution \$
100.

6 Contributor address; City; State; Zip Code
1301 S Old Stagecoach Rd. Kyle, TX 78640

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/14/2022

Full name of contributor out-of-state PAC (ID#:
W. David Friesenhahn

Amount of contribution (\$)
250.

Contributor address; City; State; Zip Code
702 Indiana St. San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/15/2022

Full name of contributor out-of-state PAC (ID#:
Sarah Barton

Amount of contribution (\$)
2500.

Contributor address; City; State; Zip Code
1020 37th Ave E. Seattle, WA 98112

Principal occupation / Job title (See Instructions)
Not Employed

Employer (See Instructions)
Not Employed

Date
10/16/2022

Full name of contributor out-of-state PAC (ID#:
Daniel Altman

Amount of contribution (\$)
250.

Contributor address; City; State; Zip Code
16 Salt Landing. Tiburon CA 94920

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

7

2 FILER NAME
Kelly Higgins

3 Filer ID (Ethics Commission Filers)

4 Date
10/18/2022

5 Full name of contributor out-of-state PAC (ID#:
C J Cetina

7 Amount of contribution (\$)

50.

6 Contributor address; City; State; Zip Code
1975 Aquaria Springs Dr, #1322. San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/21/2022

Full name of contributor out-of-state PAC (ID#:
John McKiernan

Amount of contribution (\$)

50.

Contributor address; City; State; Zip Code
3000 Matador Dr. Austin, TX 78741

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/23/2022

Full name of contributor out-of-state PAC (ID#:
Benjamin Falk

Amount of contribution (\$)

10.

Contributor address; City; State; Zip Code
4806 N Magnolia Ave. Chicago, IL 60640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/24/2022

Full name of contributor out-of-state PAC (ID#:
Michael Thoennes

Amount of contribution (\$)

100.

Contributor address; City; State; Zip Code
2704 Bryonhall Drive. Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 7
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Jeffrey Weems 6 Contributor address; City; State; Zip Code 508 Cypress Creek. Wimberley TX 78676	7 Amount of contribution (\$) 250.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/2022	Full name of contributor out-of-state PAC (ID#: _____) A Better Hays PAC Contributor address; City; State; Zip Code 2316 Lighthouse Drive. Denton, TX 76210	Amount of contribution (\$) 1,199.35
Principal occupation / Job title (See Instructions) Political Action Committee		Employer (See Instructions) Political Action Committee
Date 10/19/2022	Full name of contributor out-of-state PAC (ID#: _____) Betty Townsend Contributor address; City; State; Zip Code P O Box 635 Wimberley, TX 78676	Amount of contribution (\$) 2,907.36
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/25/2022	Full name of contributor out-of-state PAC (ID#: _____) Scott Gregston Contributor address; City; State; Zip Code 120 W Hopkins. San Marcos, TX 78666	Amount of contribution (\$) 250.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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

10/28/2022

5 Full name of contributor

out-of-state PAC (ID#:

Andy Crouch

6 Contributor address;

City;

State;

Zip Code

6514 Laird Dr., Unit A Austin, TX 78757

7 Amount of contribution (\$)

15.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/29/2022

Full name of contributor

out-of-state PAC (ID#:

Linda Kaufman

Contributor address;

City;

State;

Zip Code

407 Leisurewoods Dr.. Buda, TX 78610

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2022

Full name of contributor

out-of-state PAC (ID#:

Elva Martinez

Contributor address;

City;

State;

Zip Code

409 Booth Dr., San Marcos, TX 78666

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2022

Full name of contributor

out-of-state PAC (ID#:

April Rapier

Contributor address;

City;

State;

Zip Code

1461 Red Hawk Rd., Wimberley, TX 78676

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 7
2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2022	5 Full name of contributor out-of-state PAC (ID#: Brian Archer 6 Contributor address; City; State; Zip Code 109 Riviera St., San Marcos, TX 78666	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: Wimdemis Contributor address; City; State; Zip Code P O Box 1866, Wimberley, TX 78676	Amount of contribution (\$) 550.00
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)
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.		

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: 5		2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)	
4 Date 10/05/2022		5 Payee name Actblue Donate			
6 Amount (\$) 7.36		7 Payee address; City; State; Zip Code 366 Summer St. Sommerville, MA 02144			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/banking		(b) Description Service Charge		
	(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					
Date 10/06/2022		Payee name Faceook			
Amount (\$) 74.38		Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA			
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					
Date 10/07/2022		Payee name Garcias Mexican Restaurant			
Amount (\$) 40.00		Payee address; City; State; Zip Code 1917 Dutton. San Marcos, TX 78666			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description Lunch to discuss strategy		
	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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)	
4 Date 10/12/2022		5 Payee name Vantiv eCommerce			
6 Amount (\$) 18.88		7 Payee address; 900 Chemsford St.		City; Lowell MA	State; Zip Code 01851
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/banking		(b) Description Service fee		
	(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					
Date 10/13/2022		Payee name Campaign Services LLC			
Amount (\$) 9,750.00		Payee address; 6814 E Riverside, #42.		City; Austin, TX	State; Zip Code 78741
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Mailings		
	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					
Date 10/14/2022		Payee name Garcias Mexican Restaurant			
Amount (\$) 50.00		Payee address; 1917 Dutton Dr.		City; San Marcos, TX	State; Zip Code 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/beverage		Description Lunch to discuss campaign strategy		
	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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <div style="font-size: 1.5em; margin-left: 100px;">5</div>		2 FILER NAME Kelly Higgins		3 Filer ID (Ethics Commission Filers)	
4 Date 10/17/2022		5 Payee name Facebook			
6 Amount (\$) 175.00		7 Payee address; City; State; Zip Code 1601 Willow /rd. Menlo Park CA			
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. 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 10/20/2022		Payee name Campaign Services, LLC			
Amount (\$) 8,000.00		Payee address; City; State; Zip Code 6814 E Riverside, #42. Austin, TX 78741			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Mailings		
	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 10/21/2022		Payee name Facebook			
Amount (\$) 95.76		Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA			
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: 5	2 FILER NAME Kelly Higgins	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2022	5 Payee name Craggs Lumber	
6 Amount (\$) 67.98	7 Payee address; 16985 Ranch Road 12.	City; State; Zip Code Wimberley, TX 78676
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sign supplies
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/2022	Payee name Google	
Amount (\$) 350.00	Payee address; 1600 Amphitheater Pkwy.	City; State; Zip Code Mountainview CA 94043
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/31/2022	Payee name Ozona Bank	
Amount (\$) 7.00	Payee address; P O Box 430.	City; State; Zip Code Ozona, TX 76943
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Service Charge
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">5</div>	2 FILER NAME Kelly Higgins	3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2022	5 Payee name Campaign Services, LLC	
6 Amount (\$) 5,500.00	7 Payee address; City; State; Zip Code 6814 E Riverside, #42 Austin, TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Digital marketing
	(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		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
Payee address;		
City;		
State;		
Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
Payee address;		
City;		
State;		
Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
Payee address;		
City;		
State;		
Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
Payee address;		
City;		
State;		
Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
Payee address;		
City;		
State;		
Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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		

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