

# 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: 17			
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI			
	Dr.	Kevin Michael				
	NICKNAME	LAST	SUFFIX			
		Foster				
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS /PO BOX:	APT/SUITE #	CITY	STATE:	ZIP CODE	
	5500 Evans Avenue		Austin	TX	78751	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		(512) 956-0711				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI			
	Mr.	Dusty				
	NICKNAME	LAST	SUFFIX			
		Harshman				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT/SUITE #	CITY	STATE:	ZIP CODE
	4116 Camacho Street			Austin	TX	78723
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		(512) 670-6344				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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- COH-FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		07/01/2020		THROUGH		09/24/2020
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
		11/3/2020		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				Other Office: Austin ISD Trust		
<b>GO TO PAGE 2</b>						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

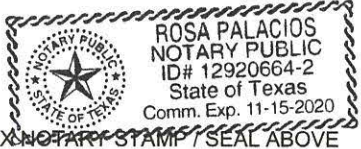
## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Dr. Kevin Michael Foster	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	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 TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0.00
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,660.40
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4 TOTAL POLITICAL EXPENDITURES	\$8,837.45
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$6,536.02
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kevin Foster, this the 5th day of October 2020 to certify which, witness my hand and seal of office.

*[Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Rosa Palacios  
\_\_\_\_\_  
Printed name of officer administering oath

EA to the Superintendent  
\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3**

19. FILER NAME Dr. Kevin Michael Foster	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,660.40
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$8,837.45
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dr. Kevin Michael Foster		3. Filer ID (Ethics Commission Filers)
4. Date 07/01/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tammie Brown 6. Contributor address; City; State; ZIP Code 52 The Hills Dr The Hills, TX 78738-1575	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/01/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John McKiernan-Gonzalez 6. Contributor address; City; State; ZIP Code 3000 Matador Dr Austin, TX 78741-7059	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/01/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Janasia Powell 6. Contributor address; City; State; ZIP Code 1301 Crossing Pl Austin, TX 78741-1804	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/02/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Heard 6. Contributor address; City; State; ZIP Code 10708 Pratt Ln Austin, TX 78748-3032	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/02/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ricardo Lowe 6. Contributor address; City; State; ZIP Code 5909 Urbano Bnd Round Rock, TX 78665-5714	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 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

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dr. Kevin Michael Foster		3. Filer ID (Ethics Commission Filers)
4. Date 07/02/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Melissa Tester 6. Contributor address; City; State; ZIP Code 4112 Scales St Austin, TX 78723-5394	7. Amount of contribution (\$) \$30.80
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/02/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kenneth Thompson 6. Contributor address; City; State; ZIP Code 1117 Haverford Dr Austin, TX 78753-2009	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/03/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeannine Odeens 6. Contributor address; City; State; ZIP Code 117 Aria Rdg Austin, TX 78738-6595	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/03/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dawn Robin Rather 6. Contributor address; City; State; ZIP Code 3939 Bee Caves Road West Lake Hls TX Austin, TX 78736	7. Amount of contribution (\$) \$125.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/03/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joseph Reilly 6. Contributor address; City; State; ZIP Code 3281 Worthington St NW Washington, DC 20015-2354	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dr. Kevin Michael Foster		3. Filer ID (Ethics Commission Filers)
4. Date 07/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Heard 6. Contributor address; City; State; ZIP Code 10708 Pratt Ln Austin, TX 78748-3032	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marina Peterson 6. Contributor address; City; State; ZIP Code 5109 Avenue G Austin, TX 78751-2021	7. Amount of contribution (\$) \$5.30
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dr. Courtney Robinson 6. Contributor address; City; State; ZIP Code 809 Indian Run Guerra, TX 78360	7. Amount of contribution (\$) \$255.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/11/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shannon Murdoch 6. Contributor address; City; State; ZIP Code 2010 Brentwood St Austin, TX 78757-2806	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Keffrelyn Brown 6. Contributor address; City; State; ZIP Code 2032 Wayward Sun Dr Austin, TX 78754-5402	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dr. Kevin Michael Foster		3. Filer ID (Ethics Commission Filers)
4. Date 07/20/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeffrey Travillion 6. Contributor address; City; State; ZIP Code PO Box 2425 Austin, TX 78768-2425	7. Amount of contribution (\$) \$510.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/26/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elton Collins 6. Contributor address; City; State; ZIP Code 5014 Lansing Dr Austin, TX 78745-1750	7. Amount of contribution (\$) \$25.70
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 08/02/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Heard 6. Contributor address; City; State; ZIP Code 10708 Pratt Ln Austin, TX 78748-3032	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 08/06/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anne Heinen 6. Contributor address; City; State; ZIP Code 3010 Washington Sq Austin, TX 78705-2218	7. Amount of contribution (\$) \$20.60
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 08/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Heard 6. Contributor address; City; State; ZIP Code 10708 Pratt Ln Austin, TX 78748-3032	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dr. Kevin Michael Foster		3. Filer ID (Ethics Commission Filers)
4. Date 08/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marina Peterson 6. Contributor address; City; State; ZIP Code 5109 Avenue G Austin, TX 78751-2021	7. Amount of contribution (\$) \$5.30
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 08/16/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anthony Haley 6. Contributor address; City; State; ZIP Code 1212 Guadalupe St Austin, TX 78701-1837	7. Amount of contribution (\$) \$204.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 08/18/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David King 6. Contributor address; City; State; ZIP Code 1808 Kerr Ave Austin, TX 78704-1429	7. Amount of contribution (\$) \$255.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 08/31/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Janis Daemmrich 6. Contributor address; City; State; ZIP Code 1122 Colorado St Austin, TX 78701-2100	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/02/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Heard 6. Contributor address; City; State; ZIP Code 10708 Pratt Ln Austin, TX 78748-3032	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dr. Kevin Michael Foster		3. Filer ID (Ethics Commission Filers)
4. Date 09/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Heard 6. Contributor address; City; State; ZIP Code 10708 Pratt Ln Austin, TX 78748-3032	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marina Peterson 6. Contributor address; City; State; ZIP Code 5109 Avenue G Austin, TX 78751-2021	7. Amount of contribution (\$) \$5.30
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Michael Foster	3. Filer ID (Ethics Commission Filers)
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4 Date 07/01/2020	5 Payee name Marco Guajardo
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6 Amount \$480.00	7 Payee address; City; State; Zip Code 3810 Dafodil Ln Laredo, TX 78046
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Communications
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 07/01/2020	5 Payee name Christina Lin Puentes
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6 Amount \$1,200.00	7 Payee address; City; State; Zip Code 1411 Gracy Farms Ln Apt 116 Austin, TX 78758-2229
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Management
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 07/01/2020	5 Payee name Zachary Price
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6 Amount \$480.00	7 Payee address; City; State; Zip Code 7007 Reese Ln Austin, TX 78757-1917
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Counseling/Scheduling Services
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Michael Foster	3. Filer ID (Ethics Commission Filers)
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4 Date 07/02/2020	5 Payee name NGP VAN
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6 Amount \$150.00	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description NGP Fee - July 2020
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 07/03/2020	5 Payee name University Federal Credit Union (UFCU)
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6 Amount \$13.48	7 Payee address; City; State; Zip Code 8303 N Mopac Expy # A105 Austin, TX 78759-8374
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank Fee (Checks)
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 07/06/2020	5 Payee name HostGator.com
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6 Amount \$25.90	7 Payee address; City; State; Zip Code 2500 Ridgepoint Dr Austin, TX 78754-5250
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Michael Foster	3. Filer ID (Ethics Commission Filers)
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4 Date 07/06/2020	5 Payee name Paragon Payment Solutions
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6 Amount \$679.33	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Credit/Debit Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 07/14/2020	5 Payee name FEDEX Office
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6 Amount \$20.95	7 Payee address; City; State; Zip Code 2374 Mcfarland Blvd E Tuscaloosa, AL 35404-5802
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Document Printing, Scanning, and Notary Servi
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 07/20/2020	5 Payee name UPS Store
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6 Amount \$11.09	7 Payee address; City; State; Zip Code 1130 University Blvd Ste B9 Tuscaloosa, AL 35401-0328
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Document Printing, Scanning, and Notary Servi
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Michael Foster	3. Filer ID (Ethics Commission Filers)
4 Date 07/23/2020	5 Payee name Andrew Thomas	
6 Amount \$150.00	7 Payee address; City; State; Zip Code 1411 Gracy Farms Ln Apt 116 Austin, TX 78758-2229	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Website Design
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 08/01/2020	5 Payee name Marco Guajardo	
6 Amount \$640.00	7 Payee address; City; State; Zip Code 3810 Dafodil Ln Laredo, TX 78046	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Communications
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 08/01/2020	5 Payee name Christina Lin Puentes	
6 Amount \$1,600.00	7 Payee address; City; State; Zip Code 1411 Gracy Farms Ln Apt 116 Austin, TX 78758-2229	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Management
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Michael Foster	3. Filer ID (Ethics Commission Filers)
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4 Date 08/01/2020	5 Payee name Zachary Price
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6 Amount \$640.00	7 Payee address; City; State; Zip Code 7007 Reese Ln Austin, TX 78757-1917
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Counseling/Scheduling Services
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 08/02/2020	5 Payee name NGP VAN
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6 Amount \$150.00	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description NGP Fee - August 2020
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 08/03/2020	5 Payee name Paragon Payment Solutions
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6 Amount \$105.32	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Credit/Debit Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Michael Foster	3. Filer ID (Ethics Commission Filers)
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4 Date 08/14/2020	5 Payee name AT&T Store at Best Buy
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6 Amount \$103.34	7 Payee address; City: State: Zip Code  1201 Barbara Jordan Blvd Ste 100 Austin, TX 78723-3085
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Purchase of Phone and Services for AISD School
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 08/21/2020	5 Payee name Marco Guajardo
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6 Amount \$480.00	7 Payee address; City: State: Zip Code  3810 Dafodil Ln Laredo, TX 78046
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Communications
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 08/21/2020	5 Payee name Christina Lin Puentes
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6 Amount \$1,200.00	7 Payee address; City: State: Zip Code  1411 Gracy Farms Ln Apt 116 Austin, TX 78758-2229
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Management
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Michael Foster	3. Filer ID (Ethics Commission Filers)
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4 Date 08/21/2020	5 Payee name Zachary Price
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6 Amount \$480.00	7 Payee address; City; State; Zip Code 7007 Reese Ln Austin, TX 78757-1917
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Counseling/Scheduling Services
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 08/23/2020	5 Payee name HEB
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6 Amount \$7.57	7 Payee address; City; State; Zip Code 12407 MOPAC Expy Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Thank you cards
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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4 Date 09/02/2020	5 Payee name NGP VAN
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6 Amount \$162.38	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description NGP Fee - September 2020
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Michael Foster	3. Filer ID (Ethics Commission Filers)
4 Date 09/02/2020	5 Payee name Paragon Payment Solutions	
6 Amount \$32.97	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Credit/Debit Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 09/19/2020	5 Payee name EMENTER	
6 Amount \$25.12	7 Payee address; City; State; Zip Code 36 John Levers Wy., Exeter, EX4 001ED	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Teleconference Lighting
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

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