

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5550

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3

3 CANDIDATE / OFFICEHOLDER NAME

~~MS/MR~~ MR  
FIRST: Kyle MI  
NICKNAME: KINCAID  
LAST: SUFFIX:

OFFICE USE ONLY

Date Received

RECORD  
COUNTY CLERK  
JAN 15 PM 3:01  
TARRANT COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE  
P.O. Box 685292  
Aus, TX 78768

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 507-1817

Receipt #

Amount:

6 CAMPAIGN TREASURER NAME

~~MS/MR~~ MR  
FIRST: SANDY MI  
NICKNAME: BRIGHT  
LAST: SUFFIX:

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY: STATE: ZIP CODE  
1000 Red River, Aus, TX 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 989-7353 / 542-6414

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officer only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
01/02/04 THROUGH 01/15/04

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
3/9/04  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
3 N/A

13 OFFICE SOUGHT (if known)

Sheriff

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name  
N/A

Address / PO Box Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G <p style="text-align: center;">1</p>
2 FILER NAME <p style="font-size: 1.2em; margin-left: 20px;">Kyle KINCAID</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p style="font-size: 1.2em; margin-left: 10px;">1/2/04</p>	5 Payee name <p style="font-size: 1.2em; margin-left: 10px;">TRAVIS G. DEMOCRATIC PARTY</p>	8 Amount (\$) <p style="font-size: 1.2em; margin-left: 10px;">\$ 1,250.<sup>00</sup></p>
6 Payee address; City; State; Zip Code <p style="font-size: 1.2em; margin-left: 10px;">W. MLK BL. AUSTIN, TX 78705</p>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <p style="font-size: 1.2em; margin-left: 10px;">FILING FEE</p>		
Date <p style="font-size: 1.2em; margin-left: 10px;">1/9/04</p>	Payee name <p style="font-size: 1.2em; margin-left: 10px;">PRECISION SIGNZ</p>	Amount (\$) <p style="font-size: 1.2em; margin-left: 10px;">\$ 1,308.<sup>00</sup></p>
Payee address; City; State; Zip Code <p style="font-size: 1.2em; margin-left: 10px;">1055 Valley, Bettendorf, IA 1-866-744-6778</p>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <p style="font-size: 1.2em; margin-left: 10px;">CAMPAIGN - ROAD SIGNS</p>		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED