

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5684

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: 2

3 CANDIDATE / OFFICEHOLDER NAME  
MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Kyle  
KINCAID

**OFFICE USE ONLY**

Date Received

Date Hand-carried or Date Mailed

Receipt # Amount

Date Processed

Date Imaged

COUNTY CLERK  
 TRAVIS COUNTY TEXAS  
 2004 MAR - 1 PM 4:36  
 RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address  
ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE  
P.O. Box 68529.2  
Aus, TX 78768

5 CANDIDATE / OFFICEHOLDER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
512 507 1817

6 CAMPAIGN TREASURER NAME  
MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
SANDRA  
BRIGHT

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  
512 542-6414

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

10 PERIOD COVERED  
Month Day Year THROUGH Month Day Year  
2/9/04 THROUGH 3/1/04

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

12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)  
TRAVIS CO. 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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Kyle Kincaid*

16 ACCOUNT # (Ethics Commission Use)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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  <input type="checkbox"/> additional pages	COMMITTEE NAME	<i>N/A</i>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

18 CONTRIBUTION TOTALS

*THIS PERIOD*

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

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

\$ *0*

EXPENDITURE TOTALS

*0*

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

CONTRIBUTION BALANCE

*0*

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

\$ *0*

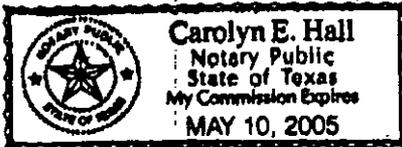
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

19 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Kyle Kincaid*, this the *1* day of *MARCH* 20*04*, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

*Carolyn E. Hall*  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath