

# 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:  <div style="text-align: right; font-size: 1.2em;">11</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mrs.                      Kimberly                      A. <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX Franklin		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE P O Box 670                      Willis Texas 77378		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 713 )                      502-7771		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Melvin                      W. <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX Franklin		
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 12926 Pelican Blvd                      Willis Texas 77318		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 936 ) 697-5213		
<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      Month                      Day                      Year 12 / 14 / 2015                      THROUGH                      12 / 31 / 2015		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  CONSTABLE - PRECINCT 1	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Kimberly Franklin 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

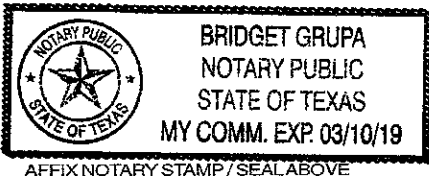
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	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)	\$ 6164.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1809.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5655.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.



*Kimberly Franklin*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kimberly Franklin, this the 13<sup>th</sup> day of January, 20 16, to certify which, witness my hand and seal of office.

*B. Grupa*

Signature of officer administering oath

Bridget Grupa

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Kimberly Franklin		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6164.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 103.36
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 405.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1300.64
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 2**

2 FILER NAME  
**Kimberly Franklin**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/16/15**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Cheryl Fisher**

7 Amount of contribution (\$)  
**\$25.00**

6 Contributor address; City; State; Zip Code

**3614 Purple Meadow Kingwood Texas 77345**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**12/16/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Kimberly Sutton**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**811 Lightningbug Lane Conroe Texas 77301**

**\$14.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12/18/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Keith Winford**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**9909 Chestnut Court Montgomery Texas 77316**

**\$100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12/21/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**David Streater**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**7475 Enchanted Stream Drive Conroe Texas 77304**

**\$1500.00**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 2</b>
2 FILER NAME <b>Kim Franklin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/30/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Travis Mattingly</b> 6 Contributor address; City; State; Zip Code <b>2215 Amberly Court Houston Texas 77063</b>	7 Amount of contribution (\$) <b>\$1000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Krysti Miles</b> Contributor address; City; State; Zip Code <b>111 Kinderwood Trail Montgomery Texas 77316</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Bozeman</b> Contributor address; City; State; Zip Code <b>31 Los Encinos Court Magnolia Texas 77354</b>	Amount of contribution (\$) <b>\$3000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/23/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joanne Yancey</b> Contributor address; City; State; Zip Code <b>PO Box 3159 Conroe Texas 77305</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <i>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</i>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: 1 of 2	<b>2</b> FILER NAME Kimberly Franklin	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 12/21/15	<b>5</b> Payee name Paypal				
<b>6</b> Amount (\$) \$1.03	<b>7</b> Payee address; City; State; Zip Code 2211 N First Street San Jose CA 95131				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees  (Online Campaign Contribution Fee)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/31/15	Payee name Paypal				
Amount (\$) \$1.03	Payee address; City; State; Zip Code 2211 N First Street San Jose CA 95131				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees  (Online Campaign Contribution Fee)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/31/15	Payee name Paypal				
Amount (\$) \$87.30	Payee address; City; State; Zip Code 2211 N First Street San Jose CA 95131				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees  (Online Campaign Contribution Fee)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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

### 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.

<b>1</b> Total pages Schedule F1: 2 of 2	<b>2</b> FILER NAME Kimberly Franklin	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/16/15	<b>5</b> Payee name Facebook
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<b>6</b> Amount (\$) \$14.00	<b>7</b> Payee address; City; State; Zip Code 1601 Willow Road Menlo Park CA 94025
---------------------------------	---

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 1 of 1	<b>2</b> FILER NAME Kimberly Franklin	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 12/16/15	<b>6</b> Payee name T Shirts Plus
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<b>7</b> Amount (\$) \$405.00	<b>8</b> Payee address; City; State; Zip Code 2024 FM 2824 Conroe Texas 77304
----------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense (Campaign Shirts)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: 1 of 3	<b>2</b> FILER NAME Kimberly Franklin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/14/15	<b>5</b> Payee name Go Daddy DNH	
<b>6</b> Amount (\$) \$21.14 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 14455 N Hayden Road Suite 219 Scottsdale AZ 85260	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense (Domain)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/14/15	Payee name Campaign Partner	
Amount (\$) \$29.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 16 Dudley Street Fitchburg MA 01420	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense (Website)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/14/15	Payee name US Postmaster	
Amount (\$) \$28.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 609 N Campbell Willis Texas 77378	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental (PO Box)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>2 of 3</b>	<b>2</b> FILER NAME <b>Kimberly Franklin</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/14/15</b>	<b>5</b> Payee name <b>Montgomery County Republican Party</b>	
<b>6</b> Amount (\$) <b>\$1000.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>PO BOX 45 Conroe Texas 77305</b>	
<b>8</b> PURPOSE OF EXPENDITURE <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees (Campaign Filing Fee)</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>12/16/15</b>	Payee name <b>Braun's</b>	
Amount (\$) <b>\$34.64</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>810 W Davis Conroe Texas 77301</b>	
PURPOSE OF EXPENDITURE <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense (Name Tags)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>12/30/15</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>\$21.65</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>27500 I-45 N Oak Ridge Texas 77385</b>	
PURPOSE OF EXPENDITURE <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other (Office Expense/File Folders)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>3 of 3</b>	<b>2</b> FILER NAME <b>Kimberly Franklin</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/29/15</b>	<b>5</b> Payee name <b>Vista Print</b>	
<b>6</b> Amount (\$) <b>\$166.21</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>95 Hayden Avenue Lexington MA 02421</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense (campaign Cards)</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**