

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

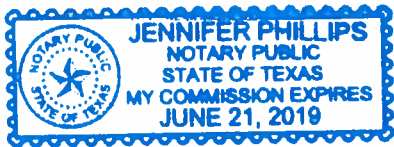
1 Filer ID (Ethics Commission Filers)		2 Total pages filed: Initial 14 pages/Corrected 18 pages		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX	RECEIVED MAY 01 2017 City Secretary's Office			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____				
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit _____					
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)					
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	3	28	2017	THROUGH	4	26	2017
				Date Hand-delivered or Date Postmarked	Receipt #		Amount \$
				Date Processed	Date Imaged		

6 EXPLANATION OF CORRECTION
 Accidentally left off 4 In-Kind Contributions from 8 Day Report. Updated report to include snacks at two meet & greet events, a friend's photography help, and dinner at the Espinita HOA candidate meeting event for a total In-Kind Contribution increase of \$1,033.97.

7 AFFIDAVIT
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Kristi Pena
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kristi Pena, this the 1st day of May, 2017, to certify which, witness my hand and seal of office.

Jennifer Phillips Signature of officer administering oath
Jennifer Phillips Printed name of officer administering oath
notary Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
 Needed To Report And Explain Corrections**

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	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED <small>OFFICE USE ONLY</small> MAY 01 2017 City Secretary's Office </div>
		Kristi		
	NICKNAME	LAST	SUFFIX	
		Pena		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	408 W. 6th St			#D 5/1/17 4:30 PM
	Irving, TX 75060			Receipt #
				Amount
	Date Processed			
	Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
		Lynda		
	NICKNAME	LAST	SUFFIX	
		Smith		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;
	500 Ricker Ct			STATE;
	Irving, TX 75061			ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(214)	532-9943		
8 REPORT TYPE	<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month	Day	Year	Month
		03/28/2017	THROUGH	04/26/2017
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other
	05/06/2017			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	None		Irving Mayor	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 16

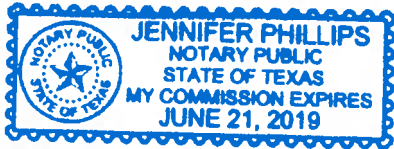
13 C / OH NAME Pena, Kristi	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	667.00
	2. TOTAL POLITICAL CONTRIBUTIONS (Increase of In-Kind by 1,033.97) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,864.94
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	6,121.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	906.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,000.00

17 AFFADAVIT

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.



Kristi Pena (original filed)
Signature of Candidate or Officeholder 4/28/17

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kristi Pena, this the 15th day of May, 2017, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering

Jennifer Phillips
Printed name of officer administering

notary
Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Pena, Kristi	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,567.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS (Increase from initial version by 1,033.97)	\$ 5,297.94
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,121.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 4/16
2 FILER NAME Pena, Kristi		3 Filer ID
4 Date 04/14/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Sherry	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 4500 Windsor Ridge Irving, TX 75038		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Getting, Roy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2208 Rita Ct Irving, TX 75060		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardesty, Scott	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4523 Queenswood Dr Grand Prairie, TX 75052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mapes, Joe	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code PO Box 141864 Irving, TX 75014		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Joyce	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 301 Shelly Circle Irving, TX 75061		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/16
2 FILER NAME Pena, Kristi		3 Filer ID
4 Date 04/24/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rauschuber, Tina	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1108 Churchill Dr Irving, TX 75060	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Frank and Debbie	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1713 Driskell Dr Irving, TX 75038	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/4 Rpt: 6/16	
2 FILER NAME Pena, Kristi		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/13/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinita Homeowners Association	8 Amount of contribution (\$) \$35.00	9 In-kind contribution description Candidate and Spouse Dinner at Meet & Greet (added as correction)
7 Contributor address; City; State; Zip Code (Volunteer Organization - Address Not Available) Irving, TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garringer, Jessica	Amount of contribution (\$) \$1,010.63	In-kind contribution description Rambler Ad 4/21
Contributor address; City; State; Zip Code 3617 Finely Irving, TX 75062		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodgame, Stephen	Amount of contribution (\$) \$400.00	In-kind contribution description Photography (added as correction)
Contributor address; City; State; Zip Code 3708 Valley View Ln Apt 2019 Irving, TX 75062		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/4 Rpt: 7/16	
2 FILER NAME Pena, Kristi		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/18/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe's Coffee Shop	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Coffee and Dessert for Meet & Greet (added as correction)
7 Contributor address; City; State; Zip Code 425 W Irving Blvd Irving, TX 75060		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMorgese, Brad	Amount of contribution (\$) \$98.97	In-kind contribution description Snacks for Meet & Greet (added as correction)
Contributor address; City; State; Zip Code 200 Huntersridge Ct Irving, TX 75063		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myka, Ware	Amount of contribution (\$) \$180.00	In-kind contribution description Campaign T-Shirts
Contributor address; City; State; Zip Code 2628 Quail Valley Irving, TX 75060		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/4 Rpt: 8/16	
2 FILER NAME Pena, Kristi		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/17/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paulsen, Kelly	8 Amount of contribution (\$) \$41.45	9 In-kind contribution description Business Cards
7 Contributor address; City; State; Zip Code 3002 Cheyenne St Irving, TX 75062		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/31/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randle, Bobbie and Marvin	Amount of contribution (\$) \$1,010.63	In-kind contribution description Rambler Ad 3/31
Contributor address; City; State; Zip Code 500 Farine Irving, TX 75063		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randle, Bobbie and Marvin	Amount of contribution (\$) \$1,010.63	In-kind contribution description Rambler Ad 4/7
Contributor address; City; State; Zip Code 500 Farine Irving, TX 75063		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/4 Rpt: 9/16	
2 FILER NAME Pena, Kristi		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/14/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randle, Bobbie and Marvin	8 Amount of contribution (\$) \$1,010.63	9 In-kind contribution description Rambler Ad 4/14
	7 Contributor address; City; State; Zip Code 500 Farine Irving, TX 75063	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/16
2 FILER NAME Pena, Kristi		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/04/2017	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Jesse	9 Loan Amount (\$) \$2,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 408 W. 6th St Irving, TX 75060	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) General Contractor		13 Employer (See Instructions) Texas Construction Services
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/6 Rpt: 11/16		2 FILER NAME Pena, Kristi		3 Filer ID	
4 Date 04/19/2017		5 Payee name Alphagraphics			
6 Amount (\$) \$856.93		7 Payee address; City; State; Zip Code 2416 Gravel Drive Fort Worth, TX 76118			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/03/2017		Payee name Alphagraphics			
Amount (\$) \$41.45		Payee address; City; State; Zip Code 2416 Gravel Drive Fort Worth, TX 76118			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/20/2017		Payee name CampaignShortCuts			
Amount (\$) \$214.62		Payee address; City; State; Zip Code 571 Austin Ct Coppell, TX 75019			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Data Resold from Melissa Data Corporation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/6 Rpt: 12/16		2 FILER NAME Pena, Kristi		3 Filer ID
4 Date 04/11/2017		5 Payee name CampaignShortCuts		
6 Amount (\$) \$30.79		7 Payee address; City; State; Zip Code 571 Austin Ct Coppell, TX 75019		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Calls	
9 Complete ONLY if direct expenditure to benefit C/OH				
Date 04/17/2017		Candidate/Officeholder name Payee name CampaignShortCuts		
Amount (\$) \$147.93		Office sought Office held Payee address; City; State; Zip Code 571 Austin Ct Coppell, TX 75019		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Polling Calls	
Complete ONLY if direct expenditure to benefit C/OH				
Date 04/25/2017		Candidate/Officeholder name Payee name CampaignShortCuts		
Amount (\$) \$95.43		Office sought Office held Payee address; City; State; Zip Code 571 Austin Ct Coppell, TX 75019		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Survey Calls	
Complete ONLY if direct expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/6 Rpt: 13/16	2 FILER NAME Pena, Kristi	3 Filer ID
4 Date 04/01/2017	5 Payee name CampaignShortCuts	
6 Amount (\$) \$49.27	7 Payee address; City; State; Zip Code 571 Austin Ct Coppell, TX 75019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Phone and Domain Expenses
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 04/01/2017	Payee name CampaignShortCuts	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 571 Austin Ct Coppell, TX 75019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Application
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/29/2017	Payee name Facebook, Inc.	
Amount (\$) \$25.16	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/6 Rpt: 14/16	2 FILER NAME Pena, Kristi	3 Filer ID
4 Date 03/31/2017	5 Payee name Facebook, Inc.	
6 Amount (\$) \$21.61	7 Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 04/23/2017	Payee name Facebook, Inc.	
Amount (\$) \$50.13	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 04/26/2017	Payee name Facebook, Inc.	
Amount (\$) \$66.24	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/6 Rpt: 15/16		2 FILER NAME Pena, Kristi		3 Filer ID
4 Date 04/06/2017		5 Payee name MetroMailer		
6 Amount (\$) \$1,507.67		7 Payee address; City; State; Zip Code 5719 E Rosedale St Suite 809 Fort Worth, TX 76112		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/20/2017		Payee name MetroMailer		
Amount (\$) \$1,796.67		Payee address; City; State; Zip Code 5719 E Rosedale St Suite 809 Fort Worth, TX 76112		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/13/2017		Payee name Raise the Money		
Amount (\$) \$24.75		Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 72221		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for website donations	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/6 Rpt: 16/16		2 FILER NAME Pena, Kristi		3 Filer ID
4 Date 04/24/2017		5 Payee name Raise the Money		
6 Amount (\$) \$2.70		7 Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 72221		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for website donations	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/26/2017		Payee name Water2Wine Design		
Amount (\$) \$950.00		Payee address; City; State; Zip Code 168 Weldon Church Rd Bernice, LA 71222		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Artwork for Campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held