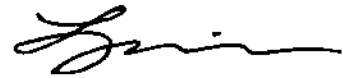


Official Filing Authority of Harris County  
Isabel Longoria  
Elections Administrator

## Campaign Finance Report



  
Elections Administrator  
Harris County, TX

FileNo: 2021213  
Received By Clerk: 7/15/2021  
File Date: July 15, 2021  
Office: District Attorney  
Candidate: Ogg, Kim  
Treasurer: Poerschke, Scott  
Category: Contributions And Expenditures  
Delivered By: Courier  
Type: COR

Harris County No Fee

# 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:<br>41 |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR FIRST MI                                                                                                                                                                                                                                                                                                                                                                                                             |            | OFFICE USE ONLY                                                                                                                                                      |                            |  |
|                                                                                                       | Kim                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                      |                            |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                               |            | Date Received                                                                                                                                                        |                            |  |
|                                                                                                       | Ogg                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Date Hand-delivered or Date Postmarked                                                                                                                               |                            |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR FIRST MI                                                                                                                                                                                                                                                                                                                                                                                                             |            | Receipt # Amount                                                                                                                                                     |                            |  |
|                                                                                                       | Scott                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Date Processed                                                                                                                                                       |                            |  |
|                                                                                                       | NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                               |            | Date Imaged                                                                                                                                                          |                            |  |
|                                                                                                       | Poerschke                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                                                      |                            |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                                                      |                            |  |
|                                                                                                       | P.O. Box 6514                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                                                                                      |                            |  |
|                                                                                                       | Houston, TX 77265                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                                                                                                                      |                            |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                                                      |                            |  |
|                                                                                                       | 713-721-1600                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                                                      |                            |  |
| 8 REPORT<br>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)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |            |                                                                                                                                                                      |                            |  |
| 9 PERIOD<br>COVERED                                                                                   | Month Day Year    THROUGH    Month Day Year<br>01/01/2021    06/30/2021                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                                                      |                            |  |
| 10 ELECTION                                                                                           | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                    |            | ELECTION TYPE                                                                                                                                                        |                            |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                            |  |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)<br>District Attorney, Harris County                                                                                                                                                                                                                                                                                                                                                                           |            | 12 OFFICE SOUGHT (if known)                                                                                                                                          |                            |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 41

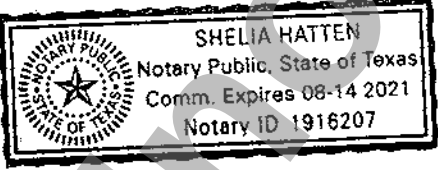
|                            |             |
|----------------------------|-------------|
| 13 C / OH NAME<br>Ogg, Kim | 14 Filer ID |
|----------------------------|-------------|

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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. <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. |                                      |
|                                                                                        | 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 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)                                                  | \$ 14,796.05 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ 0.00      |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 35,371.91 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ 67,511.51 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 68,489.64 |

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

*Kim Ogg*

Sworn to and subscribed before me, by the said Kim Ogg, this the 14th day of July, 2021, to certify which, witness my hand and seal of office.

*Shelia Hatten*

Signature of officer administering

Shelia Hatten

Printed name of officer administering

Notary

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3  
3 of 41

|                                           |                                                                                                                        |                 |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|
| 18 FILER NAME<br>Ogg, Kim                 |                                                                                                                        | 19 Filer ID     |
| 20 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                                        | SUBTOTAL AMOUNT |
| 1.                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 14,796.05    |
| 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 FROM POLITICAL CONTRIBUTIONS                   | \$ 24,542.50    |
| 6.                                        | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ 5,208.00     |
| 7.                                        | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$              |
| 8.                                        | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 5,621.41     |
| 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 76.03        |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                    |                                                                                                                                                                                                           |                                                                                       |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.          |                                                                                                                                                                                                           | 1 Total pages Schedule A1:<br>Sch: 1/6 Rpt: 4/41                                      |
| 2 FILER NAME<br>Ogg, Kim                                           |                                                                                                                                                                                                           | 3 Filer ID                                                                            |
| 4 Date<br>03/23/2021                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beedle, Nathan (Mr.)<br>6 Contributor address; City; State; Zip Code<br>11960 White Oak Place<br>Conroe, TX 77385    | 7 Amount of Contribution (\$)<br>\$3,000.00                                           |
| 8 Principal occupation / Job title (See Instructions)<br>Attorney  |                                                                                                                                                                                                           | 9 Employer (See Instructions)<br>Harris County District Attorney's Office             |
| Date<br>02/12/2021                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Berrones, Jose<br>Contributor address; City; State; Zip Code<br>10815 Garrick Ln<br>Houston, TX 77013                  | Amount of Contribution (\$)<br>\$100.00                                               |
| Principal occupation / Job title (See Instructions)<br>Electrician |                                                                                                                                                                                                           | Employer (See Instructions)<br>Borusan Mannesman                                      |
| Date<br>02/28/2021                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cweren, Brian (Mr.)<br>Contributor address; City; State; Zip Code<br>3311 Richmond Ave<br>#305<br>Houston, TX 77098    | Amount of Contribution (\$)<br>\$5,000.00                                             |
| Principal occupation / Job title (See Instructions)<br>Attorney    |                                                                                                                                                                                                           | Employer (See Instructions)<br>The Cweren Law Firm                                    |
| Date<br>01/27/2021                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dwyer, Sally<br>Contributor address; City; State; Zip Code<br>2238 Albans Rd<br>Houston, TX 77005-1520                 | Amount of Contribution (\$)<br>\$96.05                                                |
| Principal occupation / Job title (See Instructions)<br>Retired     |                                                                                                                                                                                                           | Employer (See Instructions)<br>Retired                                                |
| Date<br>04/05/2021                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finkelstein, Mark<br>Contributor address; City; State; Zip Code<br>1001 McKinney St<br>Suite 1100<br>Houston, TX 77002 | Amount of Contribution (\$)<br>\$20.00                                                |
| Principal occupation / Job title (See Instructions)<br>Attorney    |                                                                                                                                                                                                           | Employer (See Instructions)<br>Shannon, Martin, Finkelstein, Alvarado and Dunne, P.C. |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                                      |                                                                                                                                                                                                                                   |                                                                                                |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                     |                                                                                                                                                                                                                                   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/6 Rpt: 5/41                                        |
| <b>2</b> FILER NAME<br>Ogg, Kim                                                      |                                                                                                                                                                                                                                   | <b>3</b> Filer ID                                                                              |
| <b>4</b> Date<br>05/05/2021                                                          | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finkelstein, Mark<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>1001 McKinney St<br>Suite 1100<br>Houston, TX 77002 | <b>7</b> Amount of Contribution (\$)<br>\$20.00                                                |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney             |                                                                                                                                                                                                                                   | <b>9</b> Employer (See Instructions)<br>Shannon, Martin, Finkelstein, Alvarado and Dunne, P.C. |
| <b>Date</b><br>06/05/2021                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finkelstein, Mark<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>1001 McKinney St<br>Suite 1100<br>Houston, TX 77002     | <b>Amount of Contribution (\$)</b><br>\$20.00                                                  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Attorney               |                                                                                                                                                                                                                                   | <b>Employer (See Instructions)</b><br>Shannon, Martin, Finkelstein, Alvarado & Dunne, P.C.     |
| <b>Date</b><br>01/05/2021                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finklestein, Mark<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>1001 McKinney St<br>Suite 1100<br>Houston, TX 77002     | <b>Amount of Contribution (\$)</b><br>\$20.00                                                  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Global Data Specialist |                                                                                                                                                                                                                                   | <b>Employer (See Instructions)</b><br>Shannon, Martin, Finkelstein and Alvarado, P.C.          |
| <b>Date</b><br>02/05/2021                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finklestein, Mark<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>1001 McKinney St<br>Suite 1100<br>Houston, TX 77002     | <b>Amount of Contribution (\$)</b><br>\$20.00                                                  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Global Data Specialist |                                                                                                                                                                                                                                   | <b>Employer (See Instructions)</b><br>Shannon, Martin, Finkelstein and Alvarado, P.C.          |
| <b>Date</b><br>03/05/2021                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finklestein, Mark<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>1001 McKinney St<br>Suite 1100<br>Houston, TX 77002     | <b>Amount of Contribution (\$)</b><br>\$20.00                                                  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Global Data Specialist |                                                                                                                                                                                                                                   | <b>Employer (See Instructions)</b><br>Shannon, Martin, Finkelstein and Alvarado, P.C.          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                        |                                                                                                                                                                                                                        |                                                                                |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>       |                                                                                                                                                                                                                        | <b>1</b> Total pages Schedule A1:<br>Sch: 3/6 Rpt: 6/41                        |
| <b>2</b> FILER NAME<br>Ogg, Kim                                        |                                                                                                                                                                                                                        | <b>3</b> Filer ID                                                              |
| <b>4</b> Date<br>01/30/2021                                            | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jewel Rose, Richard<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>PO Box 450869<br><br>Houston, TX 77245 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00                            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Pastor |                                                                                                                                                                                                                        | <b>9</b> Employer (See Instructions)<br>Holy Trinity Missionary Baptist Church |
| <b>Date</b><br>02/28/2021                                              | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jewel Rose, Richard<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>PO Box 450869<br><br>Houston, TX 77245     | <b>Amount of Contribution (\$)</b><br><br>\$25.00                              |
| <b>Principal occupation / Job title (See Instructions)</b><br>Pastor   |                                                                                                                                                                                                                        | <b>Employer (See Instructions)</b><br>Holy Trinity Missionary Baptist Church   |
| <b>Date</b><br>03/30/2021                                              | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jewel Rose, Richard<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>PO Box 450869<br><br>Houston, TX 77245     | <b>Amount of Contribution (\$)</b><br><br>\$25.00                              |
| <b>Principal occupation / Job title (See Instructions)</b><br>Pastor   |                                                                                                                                                                                                                        | <b>Employer (See Instructions)</b><br>Holy Trinity Missionary Baptist Church   |
| <b>Date</b><br>04/30/2021                                              | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jewel Rose, Richard<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>PO Box 450869<br><br>Houston, TX 77245     | <b>Amount of Contribution (\$)</b><br><br>\$25.00                              |
| <b>Principal occupation / Job title (See Instructions)</b><br>Pastor   |                                                                                                                                                                                                                        | <b>Employer (See Instructions)</b><br>Holy Trinity Missionary Baptist Church   |
| <b>Date</b><br>05/30/2021                                              | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jewel Rose, Richard<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>PO Box 450869<br><br>Houston, TX 77245     | <b>Amount of Contribution (\$)</b><br><br>\$25.00                              |
| <b>Principal occupation / Job title (See Instructions)</b><br>Pastor   |                                                                                                                                                                                                                        | <b>Employer (See Instructions)</b><br>Holy Trinity Missionary Baptist Church   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                                         |                                                                                                                                                                                                                               |                                                                                |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                        |                                                                                                                                                                                                                               | <b>1</b> Total pages Schedule A1:<br>Sch: 4/6 Rpt: 7/41                        |
| <b>2</b> FILER NAME<br>Ogg, Kim                                                         |                                                                                                                                                                                                                               | <b>3</b> Filer ID                                                              |
| <b>4</b> Date<br>06/30/2021                                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Jewel Rose, Richard<br><hr/> <b>6</b> Contributor address, City, State, Zip Code<br>PO Box 450869<br><br>Houston, TX 77245         | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00                            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Pastor                  |                                                                                                                                                                                                                               | <b>9</b> Employer (See Instructions)<br>Holy Trinity Missionary Baptist Church |
| <b>Date</b><br>01/14/2021                                                               | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Looney & Conrad P.C.<br><hr/> <b>Contributor address, City, State, Zip Code</b><br>11767 Katy Fwy<br>Ste 740<br>Houston, TX 77079    | <b>Amount of Contribution (\$)</b><br><br>\$5,000.00                           |
| <b>Principal occupation / Job title (See Instructions)</b>                              |                                                                                                                                                                                                                               | <b>Employer (See Instructions)</b>                                             |
| <b>Date</b><br>05/27/2021                                                               | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Spartz, Elvira<br><hr/> <b>Contributor address, City, State, Zip Code</b><br>2814 South Bartell St<br>Apt. J213<br>Houston, TX 77054 | <b>Amount of Contribution (\$)</b><br><br>\$20.00                              |
| <b>Principal occupation / Job title (See Instructions)</b><br>International Development |                                                                                                                                                                                                                               | <b>Employer (See Instructions)</b><br>Healthcare Professional                  |
| <b>Date</b><br>01/31/2021                                                               | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Ta, Nancy<br><hr/> <b>Contributor address, City, State, Zip Code</b><br>8714 Hendon Ln<br><br>Houston, TX 77036                      | <b>Amount of Contribution (\$)</b><br><br>\$50.00                              |
| <b>Principal occupation / Job title (See Instructions)</b><br>Attorney                  |                                                                                                                                                                                                                               | <b>Employer (See Instructions)</b><br>Harris County District Attorney's Office |
| <b>Date</b><br>02/28/2021                                                               | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Ta, Nancy<br><hr/> <b>Contributor address, City, State, Zip Code</b><br>8714 Hendon Ln<br><br>Houston, TX 77036                      | <b>Amount of Contribution (\$)</b><br><br>\$50.00                              |
| <b>Principal occupation / Job title (See Instructions)</b><br>Attorney                  |                                                                                                                                                                                                                               | <b>Employer (See Instructions)</b><br>Harris County District Attorney's Office |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                   |                                                                                                                                                                                                      |                                                                           |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.         |                                                                                                                                                                                                      | 1 Total pages Schedule A1:<br>Sch: 5/6 Rpt: 8/41                          |
| 2 FILER NAME<br>Ogg, Kim                                          |                                                                                                                                                                                                      | 3 Filer ID                                                                |
| 4 Date<br>03/31/2021                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Ta, Nancy<br>6 Contributor address; City; State; Zip Code<br>8714 Hendon Ln<br>Houston, TX 77036                       | 7 Amount of Contribution (\$) \$50.00                                     |
| 8 Principal occupation / Job title (See Instructions)<br>Attorney |                                                                                                                                                                                                      | 9 Employer (See Instructions)<br>Harris County District Attorney's Office |
| Date<br>04/30/2021                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Ta, Nancy<br>Contributor address; City; State; Zip Code<br>8714 Hendon Ln<br>Houston, TX 77036                           | Amount of Contribution (\$) \$50.00                                       |
| Principal occupation / Job title (See Instructions)<br>Attorney   |                                                                                                                                                                                                      | Employer (See Instructions)<br>Harris County District Attorney's Office   |
| Date<br>05/31/2021                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Ta, Nancy<br>Contributor address; City; State; Zip Code<br>8714 Hendon Ln<br>Houston, TX 77036                           | Amount of Contribution (\$) \$50.00                                       |
| Principal occupation / Job title (See Instructions)<br>Attorney   |                                                                                                                                                                                                      | Employer (See Instructions)<br>Harris County District Attorney's Office   |
| Date<br>06/30/2021                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Ta, Nancy<br>Contributor address; City; State; Zip Code<br>8714 Hendon Ln<br>Houston, TX 77036                           | Amount of Contribution (\$) \$50.00                                       |
| Principal occupation / Job title (See Instructions)<br>Attorney   |                                                                                                                                                                                                      | Employer (See Instructions)<br>Harris County District Attorney's Office   |
| Date<br>06/09/2021                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Texas Working Families PAC<br>Contributor address; City; State; Zip Code<br>2850 Massachusetts Ave<br>Metairie, LA 70003 | Amount of Contribution (\$) \$1,000.00                                    |
| Principal occupation / Job title (See Instructions)               |                                                                                                                                                                                                      | Employer (See Instructions)                                               |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

|                                                                         |                                                                                                                                                                                                                            |                                                         |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>        |                                                                                                                                                                                                                            | <b>1</b> Total pages Schedule A1:<br>Sch: 6/6 Rpt: 9/41 |
| <b>2</b> FILER NAME<br>Ogg, Kim                                         |                                                                                                                                                                                                                            | <b>3</b> Filer ID                                       |
| <b>4</b> Date<br>01/05/2021                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Williams, Howard<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>6519 Pleasant Stream Dr<br><br>Katy, TX 77449 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |                                                                                                                                                                                                                            | <b>9</b> Employer (See Instructions)<br>Retired         |

# 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:<br>Sch: 1/10 Rpt: 10/41    |  | 2 FILER NAME<br>Ogg, Kim                                                                          |  | 3 Filer ID                                                                                                                                                                                               |  |
| 4 Date<br>06/11/2021                                  |  | 5 Payee name<br>Aceves Communications, LLC                                                        |  |                                                                                                                                                                                                          |  |
| 6 Amount (\$)<br>\$5,000.00                           |  | 7 Payee address; City, State; Zip Code<br>PO Box 6514<br><br>Houston, TX 77265                    |  |                                                                                                                                                                                                          |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consultation Services |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                                |  |
| Date<br>01/02/2021                                    |  | Payee name<br>Carpenter, Anna                                                                     |  |                                                                                                                                                                                                          |  |
| Amount (\$)<br>\$1,477.19                             |  | Payee address; City, State; Zip Code<br>26906 Henson Falls Dr.<br><br>Katy, TX 77494              |  |                                                                                                                                                                                                          |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Services   |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                                |  |
| Date<br>06/17/2021                                    |  | Payee name<br>Carpenter, Anna                                                                     |  |                                                                                                                                                                                                          |  |
| Amount (\$)<br>\$635.50                               |  | Payee address; City, State; Zip Code<br>26906 Henson Falls Dr.<br><br>Katy, TX 77494              |  |                                                                                                                                                                                                          |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Services   |  |
| 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:<br>Sch: 2/10 Rpt: 11/41    | 2 FILER NAME<br>Ogg, Kim                                                                          | 3 Filer ID                                                                                                                                                                                             |
| 4 Date<br>05/11/2021                                  | 5 Payee name<br>Carpenter, Anna                                                                   |                                                                                                                                                                                                        |
| 6 Amount (\$)<br>\$615.00                             | 7 Payee address; City: State: Zip Code<br>26906 Henson Falls Dr.<br><br>Katy, TX 77494            |                                                                                                                                                                                                        |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Services |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                              |
| Date<br>04/08/2021                                    | Payee name<br>Carpenter, Anna                                                                     |                                                                                                                                                                                                        |
| Amount (\$)<br>\$1,373.51                             | Payee address; City: State: Zip Code<br>26906 Henson Falls Dr.<br><br>Katy, TX 77494              |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Services |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                              |
| Date<br>03/04/2021                                    | Payee name<br>Carpenter, Anna                                                                     |                                                                                                                                                                                                        |
| Amount (\$)<br>\$1,250.50                             | Payee address; City: State: Zip Code<br>26906 Henson Falls Dr.<br><br>Katy, TX 77494              |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Services |
| 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:<br>Sch: 3/10 Rpt: 12/41    | 2 FILER NAME<br>Ogg, Kim                                                                          | 3 Filer ID                                                                                                                                                                                             |
| 4 Date<br>02/04/2021                                  | 5 Payee name<br>Carpenter, Anna                                                                   |                                                                                                                                                                                                        |
| 6 Amount (\$)<br>\$1,250.00                           | 7 Payee address; City; State; Zip Code<br>26906 Henson Falls Dr.<br><br>Katy, TX 77494            |                                                                                                                                                                                                        |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Services  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                              |
| Date<br>01/21/2021                                    | Payee name<br>Carpenter, Anna                                                                     |                                                                                                                                                                                                        |
| Amount (\$)<br>\$1,610.00                             | Payee address; City; State; Zip Code<br>26906 Henson Falls Dr.<br><br>Katy, TX 77494              |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Services |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                              |
| Date<br>06/21/2021                                    | Payee name<br>Chase Bank                                                                          |                                                                                                                                                                                                        |
| Amount (\$)<br>\$246.16                               | Payee address; City; State; Zip Code<br>270 Park Avenue<br>Manhattan<br>New York, NY 10017        |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Payment |
| 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:<br>Sch: 4/10 Rpt: 13/41    | 2 FILER NAME<br>Ogg, Kim                                                                     | 3 Filer ID                                                                                                                                                                                             |
| 4 Date<br>05/05/2021                                  | 5 Payee name<br>Chase Bank                                                                   |                                                                                                                                                                                                        |
| 6 Amount (\$)<br>\$485.93                             | 7 Payee address; City; State; Zip Code<br>270 Park Avenue<br>Manhattan<br>New York, NY 10017 |                                                                                                                                                                                                        |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Payment  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                  | Office sought Office held                                                                                                                                                                              |
| Date<br>03/26/2021                                    | Payee name<br>Chase Bank                                                                     |                                                                                                                                                                                                        |
| Amount (\$)<br>\$3,245.52                             | Payee address; City; State; Zip Code<br>270 Park Avenue<br>Manhattan<br>New York, NY 10017   |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Payment |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name                                                                  | Office sought Office held                                                                                                                                                                              |
| Date<br>03/08/2021                                    | Payee name<br>Chase Bank                                                                     |                                                                                                                                                                                                        |
| Amount (\$)<br>\$2,469.66                             | Payee address; City; State; Zip Code<br>270 Park Avenue<br>Manhattan<br>New York, NY 10017   |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Payment  |
| 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:<br>Sch: 5/10 Rpt: 14/41    |  | 2 FILER NAME<br>Ogg, Kim                                                                          |  | 3 Filer ID                                                                                                                                                                                             |  |
| 4 Date<br>01/20/2021                                  |  | 5 Payee name<br>Chase Bank                                                                        |  |                                                                                                                                                                                                        |  |
| 6 Amount (\$)<br>\$357.81                             |  | 7 Payee address; City, State; Zip Code<br>270 Park Avenue<br>Manhattan<br>New York, NY 10017      |  |                                                                                                                                                                                                        |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Payment |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                              |  |
| Date<br>01/28/2021                                    |  | Payee name<br>Cruz, Miguel                                                                        |  |                                                                                                                                                                                                        |  |
| Amount (\$)<br>\$180.00                               |  | Payee address; City, State; Zip Code<br>3901 Robin Ave<br>Houston, TX 78504                       |  |                                                                                                                                                                                                        |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Data Services       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                              |  |
| Date<br>03/09/2021                                    |  | Payee name<br>Hatten, Shelia                                                                      |  |                                                                                                                                                                                                        |  |
| Amount (\$)<br>\$30.00                                |  | Payee address; City, State; Zip Code<br>7802 Palm Brook Court<br>Houston, TX 77095                |  |                                                                                                                                                                                                        |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense                 |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supplies            |  |
| 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:<br>Sch: 6/10 Rpt: 15/41    | 2 FILER NAME<br>Ogg, Kim                                                                                            | 3 Filer ID                                                                                                                                                                                                        |
| 4 Date<br>06/16/2021                                  | 5 Payee name<br>Martin , Isaiah                                                                                     |                                                                                                                                                                                                                   |
| 6 Amount (\$)<br>\$195.00                             | 7 Payee address; City; State; Zip Code<br>1475 Texas St<br><br>Houston, TX 77002                                    |                                                                                                                                                                                                                   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Management Assistance |
| 9 Complete ONLY if direct expenditure to benefit C/OH |                                                                                                                     |                                                                                                                                                                                                                   |
| Date<br>05/25/2021                                    | Candidate/Officeholder name<br>Office sought<br>Office held                                                         |                                                                                                                                                                                                                   |
| Amount (\$)<br>\$140.00                               | Payee name<br>Martin , Isaiah<br><br>Payee address; City; State; Zip Code<br>1475 Texas St<br><br>Houston, TX 77002 |                                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Management Assistance |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                     |                                                                                                                                                                                                                   |
| Date<br>04/21/2021                                    | Candidate/Officeholder name<br>Office sought<br>Office held                                                         |                                                                                                                                                                                                                   |
| Amount (\$)<br>\$413.29                               | Payee name<br>Martin , Isaiah<br><br>Payee address; City; State; Zip Code<br>1475 Texas St<br><br>Houston, TX 77002 |                                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Management Assistance |
| 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:<br>Sch: 7/10 Rpt: 16/41    | 2 FILER NAME<br>Ogg, Kim                                                                            | 3 Filer ID                                                                                                                                                                                                            |
| 4 Date<br>03/26/2021                                  | 5 Payee name<br>Martin , Isaiah                                                                     |                                                                                                                                                                                                                       |
| 6 Amount (\$)<br>\$90.00                              | 7 Payee address; City; State; Zip Code<br>1475 Texas St<br><br>Houston, TX 77002                    |                                                                                                                                                                                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Management Assistance     |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                         | Office sought Office held                                                                                                                                                                                             |
| Date<br>04/07/2021                                    | Payee name<br>Mosqueda, Veronica                                                                    |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$645.41                               | Payee address; City; State; Zip Code<br>5326 Theall Rd.<br><br>Houston, TX 77066                    |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Assistance and Reimbursement |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name                                                                         | Office sought Office held                                                                                                                                                                                             |
| Date<br>04/22/2021                                    | Payee name<br>Nation Builder                                                                        |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$20.00                                | Payee address; City; State; Zip Code<br>520 South Grand Ave, 2nd Floor<br><br>Los Angeles, CA 90071 |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Fees                       |
| 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:<br>Sch: 8/10 Rpt: 17/41    |  | 2 FILER NAME<br>Ogg, Kim                                                                              |  | 3 Filer ID                                                                                                                                                                                        |  |
| 4 Date<br>03/24/2021                                  |  | 5 Payee name<br>Nation Builder                                                                        |  |                                                                                                                                                                                                   |  |
| 6 Amount (\$)<br>\$50.00                              |  | 7 Payee address; City; State; Zip Code<br>520 South Grand Ave, 2nd Floor<br><br>Los Angeles, CA 90071 |  |                                                                                                                                                                                                   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                              |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Fees   |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                           |  | Office sought Office held                                                                                                                                                                         |  |
| Date<br>03/15/2021                                    |  | Payee name<br>Nation Builder                                                                          |  |                                                                                                                                                                                                   |  |
| Amount (\$)<br>\$20.00                                |  | Payee address; City; State; Zip Code<br>520 South Grand Ave, 2nd Floor<br><br>Los Angeles, CA 90071   |  |                                                                                                                                                                                                   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                              |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Fees   |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                           |  | Office sought Office held                                                                                                                                                                         |  |
| Date<br>05/18/2021                                    |  | Payee name<br>Ogg, Kim                                                                                |  |                                                                                                                                                                                                   |  |
| Amount (\$)<br>\$704.63                               |  | Payee address; City; State; Zip Code<br>612 W. 26th St.<br><br>Houston, TX 77008                      |  |                                                                                                                                                                                                   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement      |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event supplies |  |
| 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:<br>Sch: 9/10 Rpt: 18/41    |  | 2 FILER NAME<br>Ogg, Kim                                                                         |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>05/18/2021                                  |  | 5 Payee name<br>Ogg, Kim                                                                         |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$27.06                              |  | 7 Payee address; City; State; Zip Code<br>612 W. 26th St.<br><br>Houston, TX 77008               |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gift for funeral  |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                      |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>01/07/2021                                    |  | Payee name<br>Ogg, Kim                                                                           |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$274.89                               |  | Payee address; City; State; Zip Code<br>612 W. 26th St.<br><br>Houston, TX 77008                 |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraiser dinner |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                      |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>01/07/2021                                    |  | Payee name<br>Ogg, Kim                                                                           |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$152.60                               |  | Payee address; City; State; Zip Code<br>612 W. 26th St.<br><br>Houston, TX 77008                 |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraiser Dinner |  |
| 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:<br>Sch: 10/10 Rpt: 19/41   |  | 2 FILER NAME<br>Ogg, Kim                                                                         |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>01/07/2021                                  |  | 5 Payee name<br>Ogg, Kim                                                                         |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$22.84                              |  | 7 Payee address; City; State; Zip Code<br>612 W. 26th St.<br><br>Houston, TX 77008               |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supporter Breakfast |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                      |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>01/11/2021                                    |  | Payee name<br>Taylor , Amy                                                                       |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$60.00                                |  | Payee address; City; State; Zip Code<br>1001 W. Drew St.<br><br>Houston, TX 77006                |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense                |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event preparations |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                      |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>05/18/2021                                    |  | Payee name<br>Wayne, Tim                                                                         |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$1,500.00                             |  | Payee address; City; State; Zip Code<br>32 Belvedere St<br><br>San Francisco, TX 94117           |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense          |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web Design         |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                      |  | Office sought Office held                                                                                                                                                                            |  |

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F2:<br>Sch: 1/1 Rpt: 20/41             | 2 FILER NAME<br>Ogg, Kim                                                               | 3 Filer ID                                                                                                                                                                                 |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |                                                                                        | \$                                                                                                                                                                                         |
| 5 Date<br>01/01/2021                                          | 6 Payee name<br>Aceves Communications, LLC                                             |                                                                                                                                                                                            |
| 7 Amount (\$)<br>\$5,208.00                                   | 8 Payee address: City: State: Zip Code<br>PO Box 6514<br><br>Houston, TX 77265         |                                                                                                                                                                                            |
| 9 TYPE OF EXPENDITURE                                         | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |                                                                                                                                                                                            |
| 10 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ad Buys |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                        |                                                                                                                                                                                            |
| Candidate/Officeholder name Office sought Office held         |                                                                                        |                                                                                                                                                                                            |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4:<br>Sch: 1/19 Rpt: 21/41          |  | 2 FILER NAME<br>Ogg, Kim                                                                                  |  | 3 Filer ID                                                                                                                                                                                                   |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |                                                                                                           |  | \$                                                                                                                                                                                                           |  |
| 5 Date<br>02/28/2021                                        |  | 6 Payee name<br>Canva                                                                                     |  |                                                                                                                                                                                                              |  |
| 7 Amount (\$)<br>\$119.40                                   |  | 8 Payee address; City; State; Zip Code<br>110 Kippax St<br><br>Surry Hills New South Wales 2010 Australia |  |                                                                                                                                                                                                              |  |
| 9 TYPE OF EXPENDITURE                                       |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                      |  |                                                                                                                                                                                                              |  |
| 10 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                  |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yearly Fee - Virtual Design |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate/Officeholder name                                                                               |  | Office sought Office held                                                                                                                                                                                    |  |
| Date<br>02/25/2021                                          |  | Payee name<br>Chase Bank                                                                                  |  |                                                                                                                                                                                                              |  |
| Amount (\$)<br>\$31.45                                      |  | Payee address; City; State; Zip Code<br>270 Park Avenue<br>Manhattan<br>New York, NY 10017                |  |                                                                                                                                                                                                              |  |
| TYPE OF EXPENDITURE                                         |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                      |  |                                                                                                                                                                                                              |  |
| PURPOSE OF EXPENDITURE                                      |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Interest                   |  |
| Complete ONLY if direct expenditure to benefit C/OH         |  | Candidate/Officeholder name                                                                               |  | Office sought Office held                                                                                                                                                                                    |  |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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.

|                                                                      |  |                                                                                                     |  |                                                                                                                                                                                                    |           |
|----------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>1</b> Total pages Schedule F4:<br>Sch: 2/19 Rpt: 22/41            |  | <b>2</b> FILER NAME<br>Ogg, Kim                                                                     |  | <b>3</b> Filer ID                                                                                                                                                                                  |           |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  |                                                                                                     |  |                                                                                                                                                                                                    | <b>\$</b> |
| <b>5</b> Date<br>03/25/2021                                          |  | <b>6</b> Payee name<br>Chase Bank                                                                   |  |                                                                                                                                                                                                    |           |
| <b>7</b> Amount (\$)<br>\$8.75                                       |  | <b>8</b> Payee address; City; State; Zip Code<br>270 Park Avenue<br>Manhattan<br>New York, NY 10017 |  |                                                                                                                                                                                                    |           |
| <b>9</b> TYPE OF EXPENDITURE                                         |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                |  |                                                                                                                                                                                                    |           |
| <b>10</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking       |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Interest |           |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                         |  | Office sought                                                                                                                                                                                      |           |
| Date<br>04/22/2021                                                   |  | Payee name<br>Chase Bank                                                                            |  |                                                                                                                                                                                                    |           |
| Amount (\$)<br>\$40.00                                               |  | Payee address; City; State; Zip Code<br>270 Park Avenue<br>Manhattan<br>New York, NY 10017          |  |                                                                                                                                                                                                    |           |
| <b>TYPE OF EXPENDITURE</b>                                           |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                |  |                                                                                                                                                                                                    |           |
| <b>PURPOSE OF EXPENDITURE</b>                                        |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                     |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Late Fee |           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           |  | Candidate/Officeholder name                                                                         |  | Office sought                                                                                                                                                                                      |           |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4<br>Sch: 3/19 Rpt: 23/41           | 2 FILER NAME<br>Ogg, Kim                                                                          | 3 Filer ID                                                                                                                                                                                         |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |                                                                                                   | \$                                                                                                                                                                                                 |
| 5 Date<br>04/25/2021                                        | 6 Payee name<br>Chase Bank                                                                        |                                                                                                                                                                                                    |
| 7 Amount (\$)<br>\$5.30                                     | 8 Payee address; City; State; Zip Code<br>270 Park Avenue<br>Manhattan<br>New York, NY 10017      |                                                                                                                                                                                                    |
| 9 TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political              |                                                                                                                                                                                                    |
| 10 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Interest        |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |                                                                                                   |                                                                                                                                                                                                    |
| Date<br>04/12/2021                                          | Candidate/Officeholder name<br>Crown Awards                                                       |                                                                                                                                                                                                    |
| Amount (\$)<br>\$64.40                                      | Payee address; City; State; Zip Code<br>9 Skyline Drive<br>Hawthorne, NY 10532                    |                                                                                                                                                                                                    |
| TYPE OF EXPENDITURE                                         | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political              |                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                      | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Memorial Plaque |
| Complete ONLY if direct expenditure to benefit C/OH         |                                                                                                   |                                                                                                                                                                                                    |
| Candidate/Officeholder name<br>Office sought<br>Office held |                                                                                                   |                                                                                                                                                                                                    |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4:<br>Sch: 4/19 Rpt: 24/41 | 2 FILER NAME<br>Ogg, Kim | 3 Filer ID |
|----------------------------------------------------|--------------------------|------------|

|                                                             |    |
|-------------------------------------------------------------|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|-------------------------------------------------------------|----|

|                      |                                                |
|----------------------|------------------------------------------------|
| 5 Date<br>01/21/2021 | 6 Payee name<br>Democratic National Convention |
|----------------------|------------------------------------------------|

|                          |                                                                                                          |
|--------------------------|----------------------------------------------------------------------------------------------------------|
| 7 Amount (\$)<br>\$25.00 | 8 Payee address; City; State; Zip Code<br>430 South Capitol Street Southeast<br><br>Washington, DC 20003 |
|--------------------------|----------------------------------------------------------------------------------------------------------|

|                       |                                                                                      |
|-----------------------|--------------------------------------------------------------------------------------|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--------------------------------------------------------------------------------------|

|                           |                                                                                                                                                   |                                                                                                                                                                                                   |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Donation |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                        |                             |               |             |
|--------------------------------------------------------|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--------------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                       |
|--------------------|-----------------------|
| Date<br>01/14/2021 | Payee name<br>Dropbox |
|--------------------|-----------------------|

|                        |                                                                                           |
|------------------------|-------------------------------------------------------------------------------------------|
| Amount (\$)<br>\$12.78 | Payee address; City; State; Zip Code<br>333 Brannan Street<br><br>San Francisco, CA 94107 |
|------------------------|-------------------------------------------------------------------------------------------|

|                     |                                                                                      |
|---------------------|--------------------------------------------------------------------------------------|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--------------------------------------------------------------------------------------|

|                        |                                                                          |                                                                                                                                                                                                |
|------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web storage |
|------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4<br>Sch: 5/19 Rpt: 25/41           | 2 FILER NAME<br>Ogg, Kim                                                                                       | 3 Filer ID                                                                                                                                                                                        |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |                                                                                                                | \$                                                                                                                                                                                                |
| 5 Date<br>02/14/2021                                        | 6 Payee name<br>Dropbox                                                                                        |                                                                                                                                                                                                   |
| 7 Amount (\$)<br>\$12.78                                    | 8 Payee address; City; State; Zip Code<br>333 Brannan Street<br>San Francisco, CA 94107                        |                                                                                                                                                                                                   |
| 9 TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                           |                                                                                                                                                                                                   |
| 10 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online Storage |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |                                                                                                                |                                                                                                                                                                                                   |
| Date<br>03/14/2021                                          | Candidate/Officeholder name<br>Office sought<br>Office held                                                    |                                                                                                                                                                                                   |
| Amount (\$)<br>\$12.78                                      | Payee name<br>Dropbox<br>Payee address; City; State; Zip Code<br>333 Brannan Street<br>San Francisco, CA 94107 |                                                                                                                                                                                                   |
| TYPE OF EXPENDITURE                                         | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                           |                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                      | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly Fee    |
| Complete ONLY if direct expenditure to benefit C/OH         |                                                                                                                |                                                                                                                                                                                                   |
| Candidate/Officeholder name<br>Office sought<br>Office held |                                                                                                                |                                                                                                                                                                                                   |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4:<br>Sch: 6/19 Rpt: 26/41          |  | 2 FILER NAME<br>Ogg, Kim                                                                |  | 3 Filer ID                                                                                                                                                                                       |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |                                                                                         |  | \$                                                                                                                                                                                               |  |
| 5 Date<br>04/14/2021                                        |  | 6 Payee name<br>Dropbox                                                                 |  |                                                                                                                                                                                                  |  |
| 7 Amount (\$)<br>\$12.78                                    |  | 8 Payee address; City; State; Zip Code<br>333 Brannan Street<br>San Francisco, CA 94107 |  |                                                                                                                                                                                                  |  |
| 9 TYPE OF EXPENDITURE                                       |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political    |  |                                                                                                                                                                                                  |  |
| 10 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online Storage |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate/Officeholder name                                                             |  | Office sought Office held                                                                                                                                                                        |  |
| Date<br>05/14/2021                                          |  | Payee name<br>Dropbox                                                                   |  |                                                                                                                                                                                                  |  |
| Amount (\$)<br>\$12.78                                      |  | Payee address; City; State; Zip Code<br>333 Brannan Street<br>San Francisco, CA 94107   |  |                                                                                                                                                                                                  |  |
| TYPE OF EXPENDITURE                                         |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political    |  |                                                                                                                                                                                                  |  |
| PURPOSE OF EXPENDITURE                                      |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly Fees   |  |
| Complete ONLY if direct expenditure to benefit C/OH         |  | Candidate/Officeholder name                                                             |  | Office sought Office held                                                                                                                                                                        |  |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4.<br>Sch: 7/19 Rpt: 27/41          |  | 2 FILER NAME<br>Ogg, Kim                                                                          |  | 3 Filer ID                                                                                                                                                                                      |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |                                                                                                   |  | \$                                                                                                                                                                                              |  |
| 5 Date<br>06/14/2021                                        |  | 6 Payee name<br>Dropbox                                                                           |  |                                                                                                                                                                                                 |  |
| 7 Amount (\$)<br>\$12.78                                    |  | 8 Payee address; City; State; Zip Code<br>333 Brannan Street<br>San Francisco, CA 94107           |  |                                                                                                                                                                                                 |  |
| 9 TYPE OF EXPENDITURE                                       |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political              |  |                                                                                                                                                                                                 |  |
| 10 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                          |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly Fee  |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                       |  |
| Date<br>01/19/2021                                          |  | Payee name<br>Fannin Flowers                                                                      |  |                                                                                                                                                                                                 |  |
| Amount (\$)<br>\$20.51                                      |  | Payee address; City; State; Zip Code<br>4803 Fannin St<br>Houston, TX 77004                       |  |                                                                                                                                                                                                 |  |
| TYPE OF EXPENDITURE                                         |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political              |  |                                                                                                                                                                                                 |  |
| PURPOSE OF EXPENDITURE                                      |  | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Funeral gift |  |
| Complete ONLY if direct expenditure to benefit C/OH         |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                       |  |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4:<br>Sch: 8/19 Rpt: 28/41          | 2 FILER NAME<br>Ogg, Kim                                                                  | 3 Filer ID                                                                                                                                                                                            |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |                                                                                           | \$                                                                                                                                                                                                    |
| 5 Date<br>03/10/2021                                        | 6 Payee name<br>Go2Party Rental                                                           |                                                                                                                                                                                                       |
| 7 Amount (\$)<br>\$189.44                                   | 8 Payee address; City; State; Zip Code<br>9410 Peralta Creek Ct<br>Cypress, TX 77433      |                                                                                                                                                                                                       |
| 9 TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political      |                                                                                                                                                                                                       |
| 10 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Rental fees         |
| 11 Complete ONLY if direct expenditure to benefit C/OH      | Candidate/Officeholder name                                                               | Office sought Office held                                                                                                                                                                             |
| Date<br>03/13/2021                                          | Payee name<br>H.E.B.                                                                      |                                                                                                                                                                                                       |
| Amount (\$)<br>\$107.78                                     | Payee address; City; State; Zip Code<br>2300 N Shepherd Dr<br>Houston, TX 77008           |                                                                                                                                                                                                       |
| TYPE OF EXPENDITURE                                         | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political      |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                      | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Appreciation Dinner |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate/Officeholder name                                                               | Office sought Office held                                                                                                                                                                             |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4:<br>Sch: 9/19 Rpt: 29/41          |  | 2 FILER NAME<br>Ogg, Kim                                                                                                                          |  | 3 Filer ID                                                                                                                                                                                             |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |                                                                                                                                                   |  | \$                                                                                                                                                                                                     |  |
| 5 Date<br>03/13/2021                                        |  | 6 Payee name<br>H.E.B.                                                                                                                            |  |                                                                                                                                                                                                        |  |
| 7 Amount (\$)<br>\$50.14                                    |  | 8 Payee address; City; State; Zip Code<br>2300 N Shepherd Dr<br><br>Houston, TX 77008                                                             |  |                                                                                                                                                                                                        |  |
| 9 TYPE OF EXPENDITURE                                       |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                              |  |                                                                                                                                                                                                        |  |
| 10 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                                         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Appreciation Dinner |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate/Officeholder name                                                                                                                       |  | Office sought Office held                                                                                                                                                                              |  |
| Date<br>03/04/2021                                          |  | Payee name<br>Harris County Democratic Party                                                                                                      |  |                                                                                                                                                                                                        |  |
| Amount (\$)<br>\$1,000.00                                   |  | Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020                                                                   |  |                                                                                                                                                                                                        |  |
| TYPE OF EXPENDITURE                                         |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                              |  |                                                                                                                                                                                                        |  |
| PURPOSE OF EXPENDITURE                                      |  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Sponsorship   |  |
| Complete ONLY if direct expenditure to benefit C/OH         |  | Candidate/Officeholder name                                                                                                                       |  | Office sought Office held                                                                                                                                                                              |  |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4:<br>Sch: 10/19 Rpt: 30/41         |  | 2 FILER NAME:<br>Ogg, Kim                                                                                                                         |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |                                                                                                                                                   |  | \$                                                                                                                                                                                                   |  |
| 5 Date<br>03/13/2021                                        |  | 6 Payee name<br>Harris County Democratic Party                                                                                                    |  |                                                                                                                                                                                                      |  |
| 7 Amount (\$)<br>\$1,000.00                                 |  | 8 Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020                                                                 |  |                                                                                                                                                                                                      |  |
| 9 TYPE OF EXPENDITURE                                       |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                              |  |                                                                                                                                                                                                      |  |
| 10 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution      |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate/Officeholder name                                                                                                                       |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>03/13/2021                                          |  | Payee name<br>Houston GLBT Political Caucus                                                                                                       |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$250.00                                     |  | Payee address; City; State; Zip Code<br>PO Box 66664<br><br>Houston, TX 77266                                                                     |  |                                                                                                                                                                                                      |  |
| TYPE OF EXPENDITURE                                         |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                              |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                      |  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Sponsorship |  |
| Complete ONLY if direct expenditure to benefit C/OH         |  | Candidate/Officeholder name                                                                                                                       |  | Office sought Office held                                                                                                                                                                            |  |

**TX Harris Ogg, Kim EY 2024**

The remainder of the documents may be obtained at the following address:

<https://app.box.com/s/ugrj1adddzqxng06ywpym2d5m5rbg7q5>