



Official Public Records of Harris County Diane Trautman County Clerk

Campaign Finance Report



Diane Trantman

COUNTY CLERK HARRIS COUNTY, TEXAS

FileNo:

2019106

Received By Clerk:

1/16/2019

File Date:

January 15, 2019

Office:

District Attorney

Candidate:

Ogg, Kim

Treasurer:

Poerschke, Scott

Category:

Contributions And Expenditures

Delivered By:

Electronically Filed

Type:

COR

Harris County No Fee

| | E / OFFICEHOI I FINANCE REF | | | | COVER SHEET PG 1 |
|------------------------------------|--------------------------------|-------------------|---------------------------------------|--------------------------------------|--|
| CAMPAIGN | I FINANCE REI | - OKI | | | |
| The C/OH Instruction (| Guide explains how to cor | nplete this form. | 1 Filer ID | | 2 Total pages filed: 21 |
| | | | | | 21 |
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR | FIRST | | MI | OFFICE USE ONLY |
| NAME | | Kim | | | Date Received |
| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | NICKNAME | LAST | | SUFFIX | |
| | | Ogg | | | ` |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; A | PT / SUITE #; CI | TY; | ZIP CODE | Date Hand-delivered or Date Postmarked |
| MAILING ADDRESS | P.O. Box 6514 | | | | Receipt # Amount |
| Change of Address | Houston, TX 77265 | | | | Date Processed |
| | | | | | |
| | | | | | Data imaged |
| 5 CAMPAIGN | MS/MRS/MR | FIRST | | MI | |
| TREASURER | INS / WINS / WIN | FINOT | | W | |
| NAME | Mr. | Scott | | | |
| | NICKNAME | LAST | •••••••••••• | SUFFIX | |
| | | Poerschke | | | |
| | | | | | 710 00 P |
| 6 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO | PO BOX PLEASE) | i AF | T/SUITE#; CITY; | STATE; ZIP CODE |
| (Residence or Business) | 5111 | on, TX 77007 | | | |
| ,, | | | | | |
| | | | | | |
| 7 CAMPAIGN | AREA CODE PI | ONE NUMBER | EXTENSION | | |
| TREASURER PHONE | (713) 974- 1600 |) 🎺 | • | | |
| 8 REPORT | | | · · · · · · · · · · · · · · · · · · · | · | |
| TYPE | X January 15 | 30th day befo | ore election | Runoff | 15th day after campaign treasurer |
| | July 15 | 8th day before | a planting . | Exceeded \$500 limit | appointment (officeholder only) Final Report (Attach C/OH-FR) |
| | July 15 | atri day belor | e election | Exceeded \$300 IIIIII | - That Report (Added Growth N |
| 9 PERIOD | Month Day Ye | ar | | Month Day | Year |
| COVERED | 07/01/2018 | - | THROUGH | 12/31/201 | 18 |
| <u> </u> | 5, 507,01, 8,47 | | | ELECTION TYPE | |
| 10 ELECTION | ELECTION DATE | | Primary | ELECTION TYPE Runoff | Other |
| | | ~ | General | Special | Ш |
| | | - | Ceneral | орози | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | Γ (if known) |
| | District Attorney, Harri | s Co. Harris | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | GO | TO PAGE 2 | | |
| Forms provided by To | exas Ethics Commission | www. | ethics.state.tx. | us | Version V1.1.28ab6150 |

| CANDIDATE SUPPORT & | OFFICEHOLDER REPORT. | FORM C SHEET | |
|----------------------------|---|-----------------|----------------|
| S C / OH NAME | Ogg, Kim | | |
| POLITICAL COMMITTEE(S) | This box is for notice of political contributions accepted or political expenditures made by political committee and officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive notice | ders knowle | HOGHIO? [|
| Additional Peges | GENERAL COMMITTEE NAME COMMITTEE ADDRESS | | |
| • | COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 600.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ | 0,00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 13,936.9 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 212,875.0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 68,489.6 |
| Sworn to and su | I swear, or affirm, under penalty of perjury, that the a true and correct and includes all information required under Title 15, Election Code. INOTARY STAMP / SEAL ABOVE Described before me, by the said | d to be repor | rted by me |
| 7/// | Ty i Phaw Officer administering Printed name of officer administering Title of o | Notation admir | Alstering ceth |

| SUBTOTALS - C/OH | FORM C/OH COVER SHEET PG 3 . 3 of 21 |
|--|--------------------------------------|
| 18 FILER NAME 19 Filer I | |
| Ogg, Kim | · , |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 600.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 11,412.08 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 2,124.83 |
| 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 400.00 |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNI | \$ |
| | |
| Forms provided by Texas Ethics Commission www.ethics.state.tx.us | Version V1.1.28ab6150 |

| M | ONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 | L |
|--------------|-----------------------|--|--|--|-----------------|
| Th | e Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/21 | |
| | ER NAME g, Kim | | | 3 Filer ID | |
| 4 Dat 12/ | re /07/2018 | 5 Full name of contributor out-of-state PAC (ID#:_ Taylor, MaryRoss (Ms.) 6 Contributor address; City; State; Zip Code Po Box 667398 Houston, TX 77266 | · | 7 Amount of Contribution (\$) \$100 |).00 |
| | ncipal occu tired | pation / Job title (See Instructions) | Employer (See Instructions Retired | | |
| Dat 11/ | le /07/2018 | Full name of contributor out-of-state PAC (ID#:_ Taylor, MaryRoss (Ms.) Contributor address; City; State; Zip Code Po Box 667398 | | Amount of Contribution (\$) \$100 | 0.00 |
| | | Houston, TX 77266 | | - | |
| | ncipal occu tired | upation / Job title (See Instructions) | Employer (See Instructions Retired | | |
| Dat 10/ | te /08/2018 | Full name of contributor out-of-state PAC (ID#:_ Taylor, MaryRoss (Ms.) Contributor address; City; State; Zip Code Po Box 667398 Houston, TX 77266 | | Amount of Contribution (\$) \$10 |).00 |
| | ncipal occu | upation / Job title (See Instructions) | Employer (See Instructions Retired | ;) | • |
| Dai 09/ | te /10/2018 | Full name of contributor out-of-state PAC (ID#: Taylor, MaryRoss (Ms.) Contributor address; City; State; Zip Code Po Box 667398 Houston, TX 77266 | | Amount of Contribution (\$) \$10 | 0.00 |
| | ncipal occu | upation / Job title (See Instructions) | Employer (See Instructions Retired |] ;) | |
| Da 08 | te /09/2018 | Full name of contributor out-of-state PAC (ID#: Taylor, MaryRoss (Ms.) Contributor address; City; State; Zip Code Po Box 667398 Houston, TX 77266 | | Amount of Contribution (\$) \$10 | 0.00 |
| 1 | ncipal occi etired | upation / Job title (See Instructions) | Employer (See Instructions Retired | <u>l</u> | |
| | | Thy Toyas Ethics Commission | e state ty us | Version V1.1.28at | |

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| | MONETA | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE A1 |
|---|----------------------------|---|-------------------------------------|----|--|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 2/2 Rpt: 5/21 |
| 2 | FILER NAME Ogg, Kim | | | 3 | Filer ID |
| 4 | 07/09/2018 | 5 Full name of contributor out-of-state PAC (ID#:_ Taylor, MaryRoss (Ms.) 6 Contributor address; City; State; Zip Code Po Box 667398 Houston, TX 77266 | | 7 | Amount of Contribution (\$) \$100.00 |
| 8 | Principal occup Retired | pation / Job title (See Instructions) | 9 Employer (See Instruction Retired | s) | |
| | , | | | | |

Page - 6

POLITICAL EXPENDITURES FROM POLITICAL

SCHEDULE F1

| 1 | CONTRIBUTION | NS | | | | |
|---|---|---|--|--|--|--|
| | Advertising Expense Accounting Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | |
| 1 | Total pages Schedule F1: Sch: 1/5 Rpt: 6/21 | 2 FILER NAME Ogg, Kim . | | | | |
| 4 | Date 07/14/2018 | 5 Payee name Aceves Communications, LLC | | | | |
| 6 | Amount (\$) \$2,518.00 | 7 Payee address; City, State; Zip Code 11931 Hillcroft | | | | |
| | | Houston, TX 77035 . | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense General consulting fee | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 09/18/2018 | Aceves Communications, LLC | | | | |
| | Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 11931 Hillcroft | | | | |
| | | Houston, TX 77035 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense General consulting fee | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held . | | | | |
| | Date 11/11/2018 | Payee name Aceves Communications, LLC | | | | |
| | Amount (\$) \$336.33 | Payee address; City; State; Zip Code 11931 Hillcroft Houston, TX 77035 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event coordination | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

| Credit Card Payment | |
|----------------------------------|-----------|
| Candidate/Officeholder/Political | Committee |
| Contributions/ Donations Made By | |
| Consulting Expense | |
| Accounting/Banking | |
| Advertising Expense | |

EXPENDITURE CATEGORIES FOR BOX 8(a)

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | | nmittee | Gift/Awards Legal Servi | | | | pensi agesi | e /Contract Labor | Travel Out of District OTHER (enter a category not listed | l above) | |
|----------|---|--------------|--------------|----------------------------|------------------|-----------------|------------|----------------|----------------------|--|--------------|-----|
| | · | | | | uction Guid | e explains l | how to cor | nple | te this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | | 3 Filer ID | | |
| | Sch: 2/5 Rpt: 7/21 | | Ogg, Kim | | | | | | - | | ···· | |
| 4 | Date | 5 | Payee name | : | | | | | | | | , |
| | 12/22/2018 | | Aceves Co | mmunica | ations, LLC | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; C | ity; | State; | Zip Co | de | , | | | |
| | \$2,516.33 | | 11931 Hillo | roft | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, T | X 77035 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (s | iee Categorie | es listed at the | top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Consulting | | | | | | | outside of Texas, Complete Schedule T. | | |
| | | ,illu- | h. | | | | | | | , TX, officeholder living expense | | |
| | | | | | | | | | General cons | sumy ree | | |
| L | | . | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Of | liceholder | name | | Office sou | ght | | Office held | | |
| | Date | | Payee name | . /// | //// | . | • | | , | | | |
| | 12/19/2018 | | Chase Ban | .0000a.00007 | | | * | | | | | |
| <u> </u> | Amount (\$) | _ | Payee addre | ess; C | ity; | State: | ; Zip Co | de | | | | |
| | \$1,034.64 | | 270 Park A | | | | | | | | | |
| | | | | | | | | G | | | | |
| | | | New York, | NV 1001 | 7 | , so | | | | | | |
| <u> </u> | ····· | Ļ | | | | | | 40.5 | | | | |
| | PURPOSE OF | (a) | Category (5 | | | top of this sch | redule) | (a) | Description | outside of Texas, Complete Schedule T. | | |
| | EXPENDITURE | | Credit Care | ı Paymei | nt | | | | — | n, TX, officeholder living expense | Xo | |
| | | | | | | | | | December C | ************************************** | | No. |
| | • | | | | | | | | | | | |
| ┝ | Complete ONLY if direct | _ | Candidate/Of | ficeholder | name | | Office sou | aht | | Office held | 100 mm x x x | |
| | expenditure to benefit C/OI | | | | · | • | | | | | á | |
| <u> </u> | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| L | 10/19/2018 | | Chase Bar | | | | | | | | | |
| | Amount (\$) | _ | Payee addr | | City; | State | ; Zip Co | de | | | | |
| 1 | \$392.26 | | 270 Park A | venue | | | | | | | | |
| | | | | | | | | | | | | |
| | | | New York, | NY 1001 | 17 | | | | | | | |
| - | PURPOSE | (a | Category (| See Ceteory | ec listed at the | ton of this set | nedule) | (b) | Description | | | |
| | OF | ``` | Credit Care | | | TOP OF BHS SUI | waare) | • • | | outside of Texas. Complete Schedule T. | | |
| Ì | EXPENDITURE | | J | | | | | | ─ | n, TX, officeholder living expense | | |
| | | | | - | | | | | October CC | payment | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Of | ficeholder | name | (| Office sou | ght | | Office held | | |
| 1 | expenditure to benefit C/O | Н | | | | | | | | | | |
| H | | | | | | | | | | ······································ | | |
| | | | | | | | | | | | • | |
| 1 | | | | | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| CONTRIBUTIO | NS ` | | | | | |
|--|--|---|--|--|--|--|
| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Event Expense L Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P | oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer tD | | | | |
| Sch: 3/5 Rpt: 8/21 | Ogg, Kim | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 09/19/2018 | Chase Bank | | | | | |
| 6 Amount (\$) \$69.28 | | Zip Code | | | | |
| | New York, NY 10017 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this scheduled Credit Card Payment | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder flying expense September CC payment | | | | |
| Complete ONLY if direct expenditure to benefit C/C | | ice sought Office held | | | | |
| Date | Payee name | | | | | |
| 08/20/2018 | Chase Bank | | | | | |
| Amount (\$) \$571.02 | | Zip Code | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule | ule) (b) Description | | | | |
| OF | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense August CC payment | | | | |
| Complete ONLY if direct expenditure to benefit C/C | | ice sought Office held | | | | |
| Date | Payee name | | | | | |
| 07/19/2018 | Chase Bank | | | | | |
| Amount (\$) \$443.11 | | Zip Code | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this sched | ule) (b) Description | | | | |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense | | | | |

Candidate/Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Office sought

July CC payment

Office held

2019106

ge - 10

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | | | EXPENDITURE | CATEGORIES FO | R BOX 8(a) | | | |
|------------|---|---|---|---|--|---------------------------------|---|------------------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services | Loan Rep Office Ov Polling Expense Printing E | ayment/Reimburse erhead/Remal Exp opense | ense | Transportation Travel in Distri Travel Out of I | |
| | Credit Card Payment | | The Instruction Gu | de explains how to co | mplete this for | | | |
| 1 T | otal pages Schedule F1: Sch: 4/5 Rpt: 9/21 | 2 FILER NAMI Ogg, Kim | | | | 3 | Filer ID | |
| 4 D | eate 7/14/2018 | 5 Payee name Choudry, II | | | | | | |
| 6 A | s50.00 \$50.00 | 7 Payee addre 5822 Cathe Houston, T | erwood Ln | State; Zip Co | ode | | | |
| 8 | PURPOSE OF EXPENDITURE | 1 | iee Categories listed at th n made in error | e top of this schedule) | Check | if travel outsi | afficeholder liv | omplete Schedule T, ng expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | iceholder name | Office so | ught | | Office | held |
| C | Date | Payee name | | | | | | |
| 1 | .0/06/2018 | Legacy Co | mmunity Health | | | | | |
| <i></i> | Amount (\$) \$500.00 | Payee addre P.O. Box 6 Houston, T | _ | State: Zip C | * | | | |
| | PURPOSE OF EXPENDITURE | Contribution | See Categories listed at it ins/Donations Ma 'Officeholder/Poli | de By | Check | if travel outsi | , officeholder liv | omplete Schedule T. ing expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name | Office so | ught | | Office | held |
| [| Date 07/14/2018 | Payee name Ogg, Kim | t The Honorable) | | | | | |
| (| | | ess; City; | State; Zip C | ode | | | |
| | Amount (\$) \$45.61 | Payee addr P.O. Box 6 Houston, 7 | 5514 | - | | | | |
| | | Houston, 7 | 5514 | ne top of this schedule) | Check | if travel outs if Austin, TX | , officeholder li | ne 2018 expenses |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | TEGORIES | | |
|--|----------|--|--|
| | | | |

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mones/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | l Committee | Legal Services The Instruction | Salaries Suide explains how to co | Wages | s/Contract Labor OTHER (enter a category not listed above) |
|---|--|--------------|--------------------------------|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAM | IE | | | 3 Filer ID |
| | Sch: 5/5 Rpt: 10/21 | Ogg, Kim | | | | |
| 4 | Date | 5 Payee nam | e | | | |
| L | 12/22/2018 | | (The Honorable | | | |
| 6 | Amount (\$) | 7 Payee addr | - | State; Zip C | ode | |
| ı | \$400.00 | P.O. Box 6 | 6514 | | | • |
| ı | | | | | | |
| L | | Houston, | TX 77265 | | | |
| 8 | PURPOSE OF | | | t the top of this schedule) | (b) | Description |
| | EXPENDITURE | Loan Repa | ayment/Reimbu | rsement | İ | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | | | Schedule G reimbursement 10/11 CC payment |
| | | | | | | |
| 9 | | | fficeholder name | Office so | ught | Office held |
| | expenditure to benefit C/OI | н | | | | |
| Г | Date | Payee nam | е | | | |
| | 12/07/2018 | Piryx | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; Zip C | ode | |
| | \$35.50 | 148 2nd S | t. | | | |
| | | 5th Floor | | | | • |
| | | San Franc | cisco, CA 94105 | | | |
| Г | PURPOSE | (a) Category | (See Categories listed a | at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Fees | | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | | | Credit Card processing fees 07/09 - 12/07/2018 |
| | | | | | | |
| T | Complete ONLY if direct | | fficeholder name | Office so | ught | Office held |
| | expenditure to benefit C/O | Н | | | | |
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| EXPENDITURE | ES MADE BY CREDIT | CARD | SCHEDULE F4 |
|--|---|---|---|
| | EXPENDITURE C | ATEGORIES FOR BOX 10(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Oonations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Il Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4: | | | 3 Filer ID |
| Sch: 1/10 Rpt: 11/21 | Ogg, Kim | | |
| 4 | ZED EXPENDITURES CHARG | ED TO A CREDIT CARD | \$ |
| 5 Date | 6 Payee name | | |
| 10/12/2018 | AFL- CIO Texas Gulf Coast | | |
| 7 Amount (\$) \$250.00 | 8 Payee address; City; 2506 Sutherland St Houston, TX 77023 | State; Zip Code | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Contributions/Donations Made Candidate/Officeholder/Politica | By Check if trave | el outside of Texas, Complète Schedule T. in, TX, officeholder living expense sorship |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name H | Office sought | Office held |
| Date 07/16/2018 | Payee name Alma Latina | | |
| Amount (\$) \$36.38 TYPE OF EXPENDITURE | Payee address; City. 2203 N Shepherd Dr Houston, TX 77008 X Political | State; Zip Code Non-Political | |
| | | 1/2 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to Food/Beverage Expense | Check if trave | el outside of Texas. Complete Schedule T. In, TX, officeholder living expense neeting |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sought | Office held |
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| EXPENDITURE | S MADE BY CRE | DIT CARD | SCHEDULE F4 |
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| | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C | Event Expense Fees Food/Beverage Exp Gift/Awards/Memorii Committee Legal Services | | |
| 1 Total pages Schedule F4: 2 | 2 FILER NAME | | 3 Filer ID |
| Sch: 2/10 Rpt: 12/21 | Ogg, Kim | | |
| TOTAL OF UNITEMIZE | ED EXPENDITURES CH | ARGED TO A CREDIT CARD | \$ |
| 1 | B Payee name | | |
| 07/08/2018 | Blue Host | | |
| 7 Amount (\$) \$23.99 | Payee address; City; 10 Corporate Dr #300 Burlington, MA 01803 | State; Zip Code | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | |
| 10 PURPOSE (OF EXPENDITURE | (a) Category (See Categories listed a website | Check if tra | avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense Website |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 08/08/2018 | Blue Host | | |
| Amount (\$) \$23.99 | Payee address; City; 10 Corporate Dr #300 Burlington, MA 01803 | State; Zip Code | |
| TYPE OF EXPENDITURE | X Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed website | Check if tr | avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense Website |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| EXPENDITURE | S MADE BY CRED | IT CARD | | SCHEDULE F4 |
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| Adventising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Polkica | Event Expense Fees Food/Beverage Expens Git/Awards/Memorials E Legal Services | Office Overhe e Polling Exper Expense Printing Expe | ent/Reimbursement ad/Reittal Expense se nse es/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4: Sch: 3/10 Rpt: 13/21 4 TOTAL OF UNITEMIZ | 2 FILER NAME Ogg, Kim ZED EXPENDITURES CHAF | RGED TO A CRED | | 3 Filer ID \$ |
| 5 Date 09/09/2018 7 Amount (\$) \$23.99 | 6 Payee name Blue Host 8 Payee address; City; 10 Corporate Dr #300 | State, Zip Code | | |
| 9 TYPE OF EXPENDITURE 10 PURPOSE | Burlington, MA 01803 X Political (a) Category (See Categories listed at the | Non-Politic |) Description | |
| OF EXPENDITURE | website | | <u> </u> | |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sough | t | Office held |
| Date 09/28/2018 | Payee name Blue Host | | | |
| Amount (\$) \$23.99 | Payee address; City; 10 Corporate Dr #300 Burlington, MA 01803 | State: Zip Code | 3 | |
| TYPE OF EXPENDITURE | X Political | Non-Palitic | al | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the website | he top of this schedule) (t | _ | outside of Texas. Complete Schedule T. , TX, afficeholder living expense bsite |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sough | nt | Office held |
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| EXPENDITUR | ES MADE BY CRED | IT CARD | | SCHEDULE F4 |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 8 Candidate/Officeholder/Politic | Event Expense Fees Food/Beverage Expens by - Gift/Awards/Memorials al Committee Legal Services | | eimbursement Solicitation/Fun ental Expense Transportation Travel in Distric Travel Out of D other (enter | |
| 1 Total pages Schedule F4: Sch: 4/10 Rpt: 14/21 | 2 FILER NAME Ogg, Kim | | 3 Filer ID | |
| TOTAL OF UNITEM | ZED EXPENDITURES CHAI | RGED TO A CREDIT C | ARD \$ | |
| 5 Date 10/28/2018 | 6 Payee name Blue Host | | | |
| 7 Amount (\$) \$23.99 | 8 Payee address; City; 10 Corporate Dr #300 Burlington, MA 01803 | State; Zip Code | | • |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the website | = | scription Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin ampaign website | |
| 11 Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name DH | Office sought | Office h | neld |
| Date 11/28/2018 | Payee name Blue Host | | | |
| Amount (\$) \$23.99 | Payee address; City; | State; Žip Code | | Onz |
| TYPE OF EXPENDITURE | X Political | Non-Political | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at a website | | escription Check if travel outside of Texas. Co Check if Austin, TX, officeholder livi ampaign website | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sought | Office I | neld |
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| EXPENDITURE | S MADE BY CRE | DIT CARD | SCHEDULE F4 |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expe Gitt/Awards/Memoris Legal Services | | pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4: Sch: 5/10 Rpt: 15/21 | Ogg, Kim | | 3 Filer ID |
| TOTAL OF UNITEMIZED Date | ZED EXPENDITURES CHA | ARGED TO A CREDIT CARD | \$ |
| 12/30/2018 | Blue Host | | |
| 7 Amount (\$) \$23.99 | 8 Payee address; City; 10 Corporate Dr #300 Burlington, MA 01803 | State; Zip Code | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed a website | Chec | ion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense ign website |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sought | Office held |
| Date 12/02/2018 | Payee name Chase Bank | | |
| Amount (\$) \$99.00 | Payee address; City; 270 Park Avenue New York, NY 10017 | State; Zip Code | |
| TYPE OF EXPENDITURE | X Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed a Accounting/Banking | Chec | tion ik if travel outside of Texas. Complete Schedule T. ik if Austin, TX, officeholder living expense II CC fee |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sought | Office held |
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| EXPENDITURE | ES MADE BY CREDIT | CARD | SCHEDULE F4 |
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| | EXPENDITURE C | ATEGORIES FOR BOX 10(a) | |
| Advertising Expense Accounting/Banking | Event Expense Fees | Loan Repayment/Reimbursemer Office Overhead/Rental Expense | e Transportation Equipment & Related Expense |
| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Food/Beverage Expense Gift/Awards/Memorials Exp | Polling Expense ense Printing Expense Salaries/Wages/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed above) |
| Candidaje/Officendider/Politica | | explains how to complete this form. | OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4: | | | 3 Filer ID |
| Sch: 6/10 Rpt: 16/21 | Ogg, Kim | | |
| 4 TOTAL OF UNITEMI | ZED EXPENDITURES CHARG | ED TO A CREDIT CARD | \$ |
| 5 Date | 6 Payee name | | |
| 12/16/2018 | Dropbox | | |
| 7 Amount (\$) | 8 Payee address; City; | State; Zip Code | |
| \$10.65 | 185 Berry St 4th Floor | | |
| | San Francisco, CA 94107 | | |
| 9 TYPE OF | | Non Political | |
| EXPENDITURE | X Political | Non-Political | |
| 10 PURPOSE | (a) Category (See Categories listed at the to | | |
| OF EXPENDITURE | storage | | avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense |
| | | cloud store | |
| | | *** | |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/15/2018 | Dropbox | | |
| Amount (\$) | Payee address; City; | State; Zip Code | |
| \$10.65 | 185 Berry St 4th Floor | | |
| | | | |
| | San Francisco, CA 94107 | | |
| TYPE OF EXPENDITURE | X Political | Non-Political | |
| PURPOSE | (a) Category (See Categories listed at the to | op of this schedule) (b) Description | |
| OF EXPENDITURE | storage | 1 [] | avel outside of Texas. Complete Schedule T. |
| | | cloud stor | ustin, TX, officeholder living expense |
| | | Global Stoff | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | oH , | - | |
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| EXPENDITURE | S MADE BY CREDIT CARD | SCHEDULE F4 |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4: Sch: 7/10 Rpt: 17/21 | 2 FILER NAME Ogg, Kim | 3 Filer ID |
| TOTAL OF UNITEMIX 5 Date 10/15/2018 7 Amount (\$) | 6 Payee name Dropbox 8 Payee address; City; State; Zip Code | \$ |
| \$10.65 9 TYPE OF | 185 Berry St 4th Floor San Francisco, CA 94107 | , |
| EXPENDITURE 10 PURPOSE OF EXPENDITURE | Storage | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ge |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H | Office held |
| Date 09/16/2018 | Payee name Dropbox | t |
| Amount (\$) \$10.65 | Payee address; City; State; Zip Code 185 Berry St 4th Floor | |
| TYPE OF EXPENDITURE | San Francisco, CA 94107 X Political Non-Political | |
| PURPOSE OF EXPENDITURE | . 3torage | vel outside of Texas. Complete Schedule T. stin, TX, afficeholder living expense uge |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H | Office held |
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| EXPENDITURE | ES MADE BY CRED | IT CARD | SCHEDULE F4 |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politics | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials & Legal Services | | sement Solicitation/Fundraising Expense ppense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4: Sch: 8/10 Rpt: 18/21 | 2 FILER NAME Ogg, Kim | | 3 Filer ID |
| 4 TOTAL OF UNITEM | ZED EXPENDITURES CHAF | RGED TO A CREDIT CARI | \$ |
| 5 Date 08/15/2018 | 6 Payee name Dropbox | | |
| 7 Amount (\$) \$10.65 | 8 Payee address; City; 185 Berry St 4th Floor San Francisco, CA 94107 | State; Zip Code | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the Storage | Chei | tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense Storage |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder pame H | Office sought | Office held |
| Date 07/15/2018 | Payee name | | |
| Amount (\$) \$10.65 | Payee address; City; 185 Berry St 4th Floor San Francisco, CA 94107 | State; Zip Code | |
| TYPE OF EXPENDITURE | X Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the storage | Che | tion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense storage |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name | Office sought | Office held |
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| EXPENDITURE | S MADE BY CREDIT CARD | SCHEDULE F4 |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Office Food/Beverage Expense Poling Gitt/Awards/Memorials Expense Printin | epayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel Out of District StWages/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4: Sch: 9/10 Rpt: 19/21 4 | 2 FILER NAME Ogg, Kim | 3 Filer ID |
| TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGED TO A CF | SEDIT CARD \$ |
| 5 Date 10/07/2018 | 6 Payee name East Side University Adult Education & Deve | lopment |
| 7 Amount (\$) \$107.62 | 8 Payee address; City; State; Zip 3614 Holman Street | Code |
| 9 TYPE OF | Houston, TX 77004 | |
| EXPENDITURE | | olitical |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship |
| 11 Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office s H | ought Office held |
| Date 09/23/2018 | Payee name Houston GLBT Political Caucus | |
| Amount (\$) \$400.00 | Payee address; City; State; Zip PO Box 66664 | Code |
| TYPE OF | Houston, TX 77266 | Political |
| PURPOSE | | |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Event Sponsorship |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office s | sought Office held |
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| EXPENDITUR | ES MADE BY CREDIT CARD | SCHEDULE F4 |
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| | | John John V. |
| | EXPENDITURE CATEGORIES FOR BOX 10(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic | | Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID |
| Sch: 10/10 Rpt: 20/21 | Ogg, Kim | |
| ⁴ TOTAL OF UNITEM | ZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
| 5 Date | 6 Payee name | |
| 11/04/2018 | Women in November PAC | |
| 7 Amount (\$) \$1,000.00 | 8 Payee address; City; State; Zip Code 15918 Cavendish Dr. Houston, TX 77059 | |
| 9 TYPE OF EXPENDITURE | X Political Non-Political | |
| 10 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations waser by | outside of Texas. Complete Schedule T. n, TX, officeholder living expense N |
| 11 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/C | OH . | |
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| | EXPENDITURE CA | TEGORIES FOR BOX 8(a) | |
|--|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | . Event Expense Fees Food/Beverage Expense ly - Gift/Awards/Memorials Expense at Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| Total pages Schedule G: Sch: 1/1 Rpt: 21/21 | 2 FILER NAME Ogg, Kim | · | 3 Filer ID |
| Date 10/11/2018 | 5 Payee пате Ogg, Kim (The Honorable) | · · · · · · · · · · · · · · · · · · · | |
| Amount (\$) \$400.00 Reimbursement from political contributions intended | 7 Payee address; City; P.O. Box 6514 Houston, TX 77265 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of Credit Card Payment | • | Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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