

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers) 00080298	<b>2</b> Total pages filed: 35	<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kristin	MI MI
	NICKNAME	LAST Bays	SUFFIX
<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
	Date Received ELECTRONICALLY FILED 01/15/2016		
Date Hand-delivered or Date Postmarked			Receipt #
			Amount
Date Processed			Date Imaged
<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year 10/30/2015	THROUGH	Month Day Year 12/31/2015

**6 EXPLANATION OF CORRECTION**

I paid for this expense with campaign funds. In my original report, I characterized it as an in-kind contribution because the principal of the company indicated that he was going to return my check and treat this work as his personal contribution. I thought I had received that check, but as I was updating my financial records this evening, I discovered that I had not. As a result, I am making this correction.

**7 AFFIDAVIT**

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

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Kristin Bays  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00080298	<b>2</b> Total pages filed:  35		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kristin	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/15/2016	
	NICKNAME LAST Bays	SUFFIX			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 11991 White Oak Path  Conroe, TX 77385		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt #      Amount	
				Date Processed	
				Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST James	MI		
	NICKNAME Randy	LAST Bays	SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1503 Hailey  Conroe, TX 77301				
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 760-7670	EXTENSION		
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
<b>9</b> PERIOD COVERED	Month    Day    Year 10/30/2015		THROUGH	Month    Day    Year 12/31/2015	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 03/01/2016		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known) District Judge Place 410th District Montgomery		

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

3 of 35

**13 C / OH NAME**      Bays, Kristin (Ms.)      **14 Filer ID**      (Ethics Commission Filers)  
00080298

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,600.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	17,957.58
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,432.42
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,050.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Kristin Bays  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - JC/OH**

<b>18 FILER NAME</b> Bays, Kristin (Ms.)		<b>19 Filer ID</b> 00080298	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	13,600.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	6,050.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,957.77
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	2,935.38
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	3,064.43
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/8 Rpt: 5/35
<b>2</b> FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 12/04/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boltz, Michael (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77380	
<b>8</b> Contributor's Principal Occupation Law		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Charles (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77091	
Contributor's Principal Occupation Banking		Contributor's Job Title Consultant
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Jaime (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77060	
Contributor's Principal Occupation Construction		Contributor's Job Title Framer
Contributor's employer/law firm JSC Construction, Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/8 Rpt: 6/35
<b>2</b> FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 11/30/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Susana (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$750.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77060	
<b>8</b> Contributor's Principal Occupation Management		<b>9</b> Contributor's Job Title Office Assistant
<b>10</b> Contributor's employer/law firm JSC Construction, Inc.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 11/14/2015	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coon, Duke (Mr.)	<b>Amount of Contribution (\$)</b>  \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Conroe, TX 77301	
<b>Contributor's Principal Occupation</b> Oil field equipment appraisals		<b>Contributor's Job Title</b> Appraiser
<b>Contributor's employer/law firm</b> Hadco International, LLC		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 12/04/2015	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Creighton, G. Mark (Mr.)	<b>Amount of Contribution (\$)</b>  \$500.00
	<b>Contributor address; City; State; Zip Code</b>  The Woodlands, TX 77381	
<b>Contributor's Principal Occupation</b> Law		<b>Contributor's Job Title</b> Attorney
<b>Contributor's employer/law firm</b> Darden, Fowler & Creighton		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/8 Rpt: 7/35
<b>2</b> FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 12/04/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Matt (Mr.)	<b>7</b> Amount of Contribution (\$)  \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356	
<b>8</b> Contributor's Principal Occupation Home health		<b>9</b> Contributor's Job Title Director of Business Operations
<b>10</b> Contributor's employer/law firm LNC Health Services, Inc.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinkins, James (Judge)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Crystal Beach, TX 77650	
Contributor's Principal Occupation Law		Contributor's Job Title Retired Judge
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foerster, Larry (Mr.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Conroe, TX 77301	
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Darden, Fowler & Creighton		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/8 Rpt: 8/35
<b>2</b> FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 11/11/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, William (Mr.)	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77301		
<b>8</b> Contributor's Principal Occupation Law		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm The Fowler Firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhardt, Carl (Mr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Magnolia, TX 77354		
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Thorn (Mr.)	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Montgomery, TX 77356		
Contributor's Principal Occupation Oil Field Equipment		Contributor's Job Title Sales
Contributor's employer/law firm Tiger Trading		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/8 Rpt: 9/35
<b>2</b> FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 12/07/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Charles (Mr.)	<b>7</b> Amount of Contribution (\$)  \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	
<b>8</b> Contributor's Principal Occupation Law		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Daughtry and Jordan PC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolodzey, Kelly (Ms.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Buda, TX 78610	
Contributor's Principal Occupation Retired		Contributor's Job Title Former Paralegal
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyendecker, Kevin (Mr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77010	
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm P. Kevin Leyendecker, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/8 Rpt: 10/35
<b>2</b> FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 12/04/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Alan (Mr.)	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77316		
<b>8</b> Contributor's Principal Occupation Oil field services		<b>9</b> Contributor's Job Title CEO
<b>10</b> Contributor's employer/law firm Stryker Energy Directional Services, Inc.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Tommie (Ms.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  The Woodlands, TX 77380		
Contributor's Principal Occupation Homemaker		Contributor's Job Title None
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Marla (Ms.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Conroe, TX 77301		
Contributor's Principal Occupation Accounting		Contributor's Job Title CPA
Contributor's employer/law firm Myers & Hadland		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 11/35
2 FILER NAME Bays, Kristin (Ms.)		3 Filer ID (Ethics Commission Filers) 00080298
4 Date 11/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Travis (Mr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code  Conroe, TX 77384	
8 Contributor's Principal Occupation Law		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Robert (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Conroe, TX 77304	
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Steele, Page & Madeley, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, David (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  The Woodlands, TX 77382	
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm The Ward Law Firm		Law firm of contributor's spouse (if any) The Ward Law Firm
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 12/35
2 FILER NAME Bays, Kristin (Ms.)		3 Filer ID (Ethics Commission Filers) 00080298
4 Date 12/21/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Edgar (Mr.)	7 Amount of Contribution (\$)  \$500.00
	6 Contributor address; City; State; Zip Code  Conroe, TX 77385	
8 Contributor's Principal Occupation Security		9 Contributor's Job Title CEO Wingo Services
10 Contributor's employer/law firm Wingo Service Company		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Keith (Mr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77094	
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yollick, Eric (Mr.)	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  The Woodlands, TX 77380	
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm The Yollick Law Firm, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/3 Rpt: 13/35
<b>2</b> FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 11/04/2015	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bays, Kristin (Mrs.)	<b>9</b> Loan Amount (\$) \$50.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Conroe, TX 77385	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Law		<b>13</b> Lender's Job Title Attorney
<b>14</b> Lender's Employer/Law Firm Bays & Bays		<b>15</b> Law Firm of lender's spouse (if any) Bays & Bays
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> <b>N/A</b>
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor  ..... <b>21</b> Guarantor address; City; State; Zip Code	<b>22</b> Amount Guaranteed (\$)
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 2/3 Rpt: 14/35
<b>2</b> FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 11/09/2015	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bays, Kristin (Mrs.)	<b>9</b> Loan Amount (\$) \$1,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Conroe, TX 77385	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Law		<b>13</b> Lender's Job Title Attorney
<b>14</b> Lender's Employer/Law Firm Bays & Bays		<b>15</b> Law Firm of lender's spouse (if any) Bays & Bays
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> <b>N/A</b>
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor  ..... <b>21</b> Guarantor address; City; State; Zip Code	<b>22</b> Amount Guaranteed (\$)
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 3/3 Rpt: 15/35
<b>2</b> FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/28/2015	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bays, Kristin	<b>9</b> Loan Amount (\$) \$5,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Conroe, TX 77385	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Law		<b>13</b> Lender's Job Title Attorney
<b>14</b> Lender's Employer/Law Firm Bays & Bays		<b>15</b> Law Firm of lender's spouse (if any) Bays & Bays
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> <b>N/A</b>
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>22</b> Amount Guaranteed (\$)		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 16/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 12/02/2015	<b>5</b> Payee name Bentwater Country Club	
<b>6</b> Amount (\$) \$16.00	<b>7</b> Payee address; City; State; Zip Code 800 Bentwater Drive  Montgomery, TX 77356	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch fee for North Shore Republican Women meeting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2015	Payee name Blackburn, Terry (Mr.)	
Amount (\$) \$703.63	Payee address; City; State; Zip Code 26002 Budde Road  Spring, TX 77380	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2015	Payee name Community Impact Newspaper	
Amount (\$) \$4,590.00	Payee address; City; State; Zip Code 8400 N. Sam Houston Pkwy W, #220  Houston, TX 77064	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print advertisement 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.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 17/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 11/20/2015	<b>5</b> Payee name Hashmark Strategies, LLC	
<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 8979 West Buffalo Circle  Willis, TX 77378	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter data and demographic analysis
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2015	Payee name Lake Conroe Area Republican Women	
Amount (\$) \$25.00	Payee address; City; State; Zip Code P.O. Box 737  Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate table for forum
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2015	Payee name Montgomery County Tea Party	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2603 E. Bluelake Drive  Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate table for debate
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 18/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 12/12/2015	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$110.36	<b>7</b> Payee address; City; State; Zip Code 27500 I-45 Hwy North  Oakridge North, TX 77385	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper and materials to print pushcards
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/12/2015	Payee name Office Depot	
Amount (\$) \$89.89	Payee address; City; State; Zip Code 27500 I-45 Hwy North  Oakridge North, TX 77385	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for pushcards and stickers for name badges
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/03/2015	Payee name River Plantation County Club	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 550 Country Club Drive  Conroe, TX 77302	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch fee for Montgomery County Republican Women meeting
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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 19/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 12/11/2015	<b>5</b> Payee name Signsational Signs	
<b>6</b> Amount (\$) \$2,246.19	<b>7</b> Payee address; City; State; Zip Code 26111 I-45  The Woodlands, TX 77380	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 250 yard signs and 10 magnetic signs
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2015	Payee name Stripe	
Amount (\$) \$1.75	Payee address; City; State; Zip Code 3180 18th Street  San Francisco, TX 94110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Debit taken from donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2015	Payee name Stripe	
Amount (\$) \$14.80	Payee address; City; State; Zip Code 3180 18th Street  San Francisco, TX 94110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Debit taken from donation
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.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 20/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 12/02/2015	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$7.55	<b>7</b> Payee address; City; State; Zip Code 3180 18th Street  San Francisco, TX 94110	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Debit taken from donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2015	Payee name Stripe	
Amount (\$) \$14.80	Payee address; City; State; Zip Code 3180 18th Street  San Francisco, TX 94110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Debit taken from donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2015	Payee name The Woodlands Chamber of Commerce	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 9320 Lakeside, #200  The Woodlands, TX 77381	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for entry for candidate forum
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.

<b>1</b>	Total pages Schedule F1: Sch: 6/7 Rpt: 21/35	<b>2</b>	FILER NAME Bays, Kristin (Ms.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00080298	
<b>4</b>	Date 12/09/2015	<b>5</b>	Payee name The Woodlands Republican Women			
<b>6</b>	Amount (\$) \$22.00	<b>7</b>	Payee address; City; State; Zip Code P.O. Box 7294  The Woodlands, TX 77387			
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for The Woodlands Republican Women lunch			
<b>9</b>		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/18/2015		Payee name Woodforest National Bank			
	Amount (\$) \$22.80		Payee address; City; State; Zip Code P.O. Box 7889  The Woodlands, TX 77387			
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Price for checks			
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/10/2015		Payee name Woodforest National Bank			
	Amount (\$) \$15.00		Payee address; City; State; Zip Code P.O. Box 7889  The Woodlands, TX 77387			
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ATM set up fee			
		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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 22/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> Date 12/20/2015	<b>5</b> Payee name Woodforest National Bank
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<b>6</b> Amount (\$) \$3.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 7889  The Woodlands, TX 77387
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank charge for paper statement
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/23/2015	Payee name d hilton associates inc
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Amount (\$) \$2,370.00	Payee address; City; State; Zip Code 9450 Grogan's Mill, #200  The Woodlands, TX 77380
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design of logo, business card, and pushcard; production of same
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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: Sch: 1/8 Rpt: 23/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/09/2015	<b>6</b> Payee name Babin's
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<b>7</b> Amount (\$) \$46.81	<b>8</b> Payee address; City; State; Zip Code 19529 I-45  Shenandoah, TX 77385
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with supporter
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/10/2015	Payee name Black Walnut Cafe
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Amount (\$) \$35.75	Payee address; City; State; Zip Code 9000 New Trails Dr  The Woodlands, TX 77381
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with supporter
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/8 Rpt: 24/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/12/2015	<b>6</b> Payee name Facebook
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<b>7</b> Amount (\$) \$25.23	<b>8</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025
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<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) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook advertisements
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2015	Payee name Facebook
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Amount (\$) \$250.38	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook advertisements
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 3/8 Rpt: 25/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/30/2015	<b>6</b> Payee name Facebook
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<b>7</b> Amount (\$) \$364.63	<b>8</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025
----------------------------------	---

<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) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook advertisements
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/02/2015	Payee name Genuwine
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Amount (\$) \$21.00	Payee address; City; State; Zip Code 6503 Farm to Market Rd 1488  Magnolia, TX 77354
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<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) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bar tab for meet and greet event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 4/8 Rpt: 26/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 12/30/2015	<b>6</b> Payee name Home Depot
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<b>7</b> Amount (\$) \$21.62	<b>8</b> Payee address; City; State; Zip Code 19103 I-45  Shenandoah, TX 77385
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<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) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zip ties for signs
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2015	Payee name Incredible Pizza
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Amount (\$) \$15.16	Payee address; City; State; Zip Code 230 S Loop 336 W  Conroe, TX 77304
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<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) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for Eagle Forum meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 5/8 Rpt: 27/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 12/09/2015	<b>6</b> Payee name Premium Graficx
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<b>7</b> Amount (\$) \$1,650.00	<b>8</b> Payee address; City; State; Zip Code 5512 Mitchelldale  Houston, TX 77092
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 100 large signs
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2015	Payee name Stripe
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Amount (\$) \$30.83	Payee address; City; State; Zip Code 3180 18th Street  San Francisco, TX 94110
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<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) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Set up fee for credit card account
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 6/8 Rpt: 28/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/27/2015	<b>6</b> Payee name Vistaprint Netherlands BV
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<b>7</b> Amount (\$) \$102.99	<b>8</b> Payee address; City; State; Zip Code P.O. Box 842882  Boston, MA 02284-2882
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pushcards and stickers
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/27/2015	Payee name Vistaprint Netherlands BV
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Amount (\$) \$24.99	Payee address; City; State; Zip Code P.O. Box 842882  Boston, MA 02284-2882
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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: Sch: 7/8 Rpt: 29/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/04/2015	<b>6</b> Payee name Wix
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<b>7</b> Amount (\$) \$50.00	<b>8</b> Payee address; City; State; Zip Code P.O. Box 40190  San Francisco, CA 94140
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<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) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain name for 1 year (baysforjudge.com)
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/04/2015	Payee name Wix
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Amount (\$) \$97.00	Payee address; City; State; Zip Code P.O. Box 40190  San Francisco, CA 94140
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/8 Rpt: 30/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/04/2015	<b>6</b> Payee name Wix
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<b>7</b> Amount (\$) \$194.00	<b>8</b> Payee address; City; State; Zip Code P.O. Box 40190  San Francisco, CA 94140
----------------------------------	--

<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) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website charge
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/28/2015	Payee name Wix
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Amount (\$) \$4.99	Payee address; City; State; Zip Code P.O. Box 40190  San Francisco, CA 94140
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Calendar program for use with website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

**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.

<b>1</b> Total pages Schedule G: Sch: 1/5 Rpt: 31/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 11/20/2015	<b>5</b> Payee name Amegy Bank of Texas	
<b>6</b> Amount (\$) \$402.97  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 26424  Salt Lake City, UT 84126-0424	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card charges for Wix, Babin's, and Incredible Pizza
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/12/2015	Payee name Amegy Bank of Texas	
Amount (\$) \$855.80  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 26424  Salt Lake City, UT 84126-0424	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for Black Walnut Cafe, Facebook, Vistaprint, Stripe and Genuwine
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/09/2015	Payee name Conroe/Lake Conroe Chamber of Commerce	
Amount (\$) \$20.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 505 W Davis St  Conroe, TX 77301	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Networking breakfast entry fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

**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.

<b>1</b> Total pages Schedule G: Sch: 2/5 Rpt: 32/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 12/03/2015	<b>5</b> Payee name Incredible Pizza	
<b>6</b> Amount (\$) \$7.58  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 230 S Loop 336 W  Conroe, TX 77304	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eagle Forum dinner
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/03/2015	Payee name Incredible Pizza	
Amount (\$) \$7.58  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 230 S Loop 336 W  Conroe, TX 77304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eagle Forum dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/05/2015	Payee name Lake Conroe Area Republican Women	
Amount (\$) \$45.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 737  Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual membership fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 3/5 Rpt: 33/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 11/16/2015	<b>5</b> Payee name Montgomery County Republican Party	
<b>6</b> Amount (\$)  \$1,500.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 310 Metcalf  Conroe, TX 77301	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Placement on the ballot fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/06/2015	Payee name Montgomery County Republican Women	
Amount (\$)  \$15.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1766  Conroe, TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee for Montgomery County Republican Women
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/02/2015	Payee name Oak Ridge High School	
Amount (\$)  \$100.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 27330 Oak Ridge School Rd  Conroe, TX 77385	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertisement on basketball scoreboard
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 4/5 Rpt: 34/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
<b>4</b> Date 11/18/2015	<b>5</b> Payee name Panera Bread	
<b>6</b> Amount (\$) \$21.50  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1302 W Davis  Conroe, TX 77304	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch strategy meeting
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/12/2015	Payee name Signsational Signs	
Amount (\$) \$20.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 26111 I-45  The Woodlands, TX 77380	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 name badges
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/06/2015	Payee name The Woodlands Republican Women	
Amount (\$) \$15.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 7294  The Woodlands, TX 77387	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee for The Woodlands Republican Women
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

### 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.

<b>1</b> Total pages Schedule G: Sch: 5/5 Rpt: 35/35	<b>2</b> FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298
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<b>4</b> Date 11/11/2015	<b>5</b> Payee name The Woodlands Republican Women
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<b>6</b> Amount (\$) \$22.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 7294  The Woodlands, TX 77387
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Fee for lunch
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2015	Payee name Walden Country Club
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Amount (\$) \$32.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13101 Melville Dr  Montgomery, TX 77356
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Lunch fee for Lake Conroe Area Republican Women lunch
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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