

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b> <span style="font-size: 2em; font-family: cursive;">B</span>										
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>MRS</b>	FIRST <b>KIMBERLI</b>	MI <b>D</b>	<b>OFFICE USE ONLY</b>									
	NICKNAME <b>KIM</b>	LAST <b>KOSTECK</b>	SUFFIX										
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5103 ASHWOOD DR BAYTOWN, TX 77521</b>			Date Received <b>OCT 11 2023 AM 11:40</b>									
	<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(865 )</b>	PHONE NUMBER <b>237-0616</b>	EXTENSION	Date Hand-delivered or Date Postmarked <b>OCT 11 2023 AM 11:40</b>								
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>MRS</b>	FIRST <b>CYNTHIA</b>	MI <b>L</b>	Receipt #	Amount \$								
	NICKNAME <b>CINDI</b>	LAST <b>FOSTER</b>	SUFFIX	Date Processed <b>OCT 11 2023 AM 11:41</b>	Date Imaged <b>OCT 11 2023 AM 11:41</b>								
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>410 RIVER OAKS BAYTOWN, TX 77521</b>												
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(713 )</b>	PHONE NUMBER <b>824-5184</b>	EXTENSION										
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)												
<b>10 PERIOD COVERED</b>	Month    Day    Year <b>7 / 15 / 23</b>		THROUGH	Month    Day    Year <b>10 / 10 / 23</b>									
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>11 / 7 / 23</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <b>CITY COUNCIL DISTRICT 4</b>										
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <small>Additional Pages</small>	<p><small>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.</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME <b>CAMPAIGN FOR KIM KOSTECK</b></td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS <b>5103 ASHWOOD DR BAYTOWN, TX 77521</b></td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME <b>CYNTHIA L FOSTER</b></td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS <b>410 RIVER OAKS BAYTOWN, TX 77521</b></td> </tr> </table>					COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <b>CAMPAIGN FOR KIM KOSTECK</b>		COMMITTEE ADDRESS <b>5103 ASHWOOD DR BAYTOWN, TX 77521</b>		COMMITTEE CAMPAIGN TREASURER NAME <b>CYNTHIA L FOSTER</b>		COMMITTEE CAMPAIGN TREASURER ADDRESS <b>410 RIVER OAKS BAYTOWN, TX 77521</b>
COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <b>CAMPAIGN FOR KIM KOSTECK</b>												
	COMMITTEE ADDRESS <b>5103 ASHWOOD DR BAYTOWN, TX 77521</b>												
	COMMITTEE CAMPAIGN TREASURER NAME <b>CYNTHIA L FOSTER</b>												
	COMMITTEE CAMPAIGN TREASURER ADDRESS <b>410 RIVER OAKS BAYTOWN, TX 77521</b>												

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> CAMPAIGN FOR KIM KOSTECK		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,797.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,797.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,556.47
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 240.53
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 200.00

**18 SIGNATURE** 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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

**(2) Unsworn Declaration**

My name is Cynthia L. Costello and my date of birth is [REDACTED]  
 My address is AIG RIVER CREEK BENTON TX 77523  
(street) (city) (state) (zip code) (country)  
 Executed in Chambers County, State of TX, on the 10 day of October, 2023  
(month) (year)  
Cynthia L. Costello  
 Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> <b>CYNTHIA L FOSTER</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> <b>NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,712.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 200.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,554.67
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1.75
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>CYNTHIA L FOSTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/20/2023</b>	5 Full name of contributor <b>MEET THE CANDIDATE</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <b>CASH BAYTOWN</b>	7 Amount of contribution (\$) <b>220.00</b>
8 Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		9 Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>07/15/2023</b>	Full name of contributor <b>MARK HIMSEL</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>[REDACTED] BAYTOWN</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions) <b>BANKER</b>		Employer (See Instructions) <b>FISERV BANK</b>
Date <b>07/30/2023</b>	Full name of contributor <b>KATRINKA K MAGOUIRK</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>[REDACTED] BAYTOWN</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>DOMESTIC ENGINEER</b>		Employer (See Instructions) <b>SELF</b>
Date <b>10/08/2023</b>	Full name of contributor <b>JENICE COFFEY</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>[REDACTED] BAYTOWN</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED TEACHER</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>CYNTHIA L FOSTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/29/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CASH (\$45 &amp; \$49)</b> 6 Contributor address; City; State; Zip Code <b>CASH BAYTOWN</b>	7 Amount of contribution (\$) <b>94.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>08/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE BEARD</b> Contributor address; City; State; Zip Code <b>CHAMBER LUNCH</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/12/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MIKE BEARD</b> Contributor address; City; State; Zip Code <b>CHAMBER LUNCH</b>	Amount of contribution (\$) <b>35.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>07/01/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DENISE GRAVES</b> Contributor address; City; State; Zip Code <b>ZEFFY BAYTOWN</b>	Amount of contribution (\$) <b>5.00</b>
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>SELF</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>CYNTHIA L FOSTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>07/17/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>YESENIA MCLAUGHLIN</b> 6 Contributor address; City; State; Zip Code <b>ZEFFY BAYTOWN</b>	7 Amount of contribution (\$) <b>40.00</b>
8 Principal occupation / Job title (See Instructions) <b>MEDICAL RECORD CLERK</b>		9 Employer (See Instructions)
Date <b>07/19/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MIRTH MORALES</b> Contributor address; City; State; Zip Code <b>ZEFFY BAYTOWN</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>ACCOUNT RECIEVABLES</b>		Employer (See Instructions) <b>SAL ZIEGLER COOPER AIR TECH</b>
Date <b>08/25/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRANDILEE BORNE</b> Contributor address; City; State; Zip Code <b>ZEFFY BAYTOWN</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions) <b>ACCOUNTANT</b>		Employer (See Instructions) <b>PREFERRED INDUSTRIAL CONTRACTOR</b>
Date <b>08/08/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MICHAEL PLATO</b> Contributor address; City; State; Zip Code <b>ZEFFY BAYTOWN</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>CYNTHIA L FOSTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/07/2023</b>	5 Full name of contributor <b>KELLE DAVIS</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] <b>BAYTOWN</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>AGENT</b>		9 Employer (See Instructions) <b>HARRIS COUNTY INSURANCE</b>
Date <b>10/08/2023</b>	Full name of contributor <b>JOHN AUSTIN</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>BAYTOWN</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>CYNTHIA L FOSTER</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		<b>\$ 200.00</b>
5 Date of loan <b>07/20/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>DUSTIN KOSTECK</b>	9 Loan Amount (\$) <b>200.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED] <b>BAYTOWN TX 77521</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>SALES &amp; SERVICE SPECIALIST</b>		13 Employer (See Instructions) <b>BRIDGESTONE/FIRESTONE TIRES</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | 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: 6	<b>2</b> FILER NAME CYNTHIA L FOSTER	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/02/2023	<b>5</b> Payee name OFFICE DEPOT
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<b>6</b> Amount (\$) 22.61	<b>7</b> Payee address; BAYTOWN	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) MAILING	<b>(b)</b> Description OFFICE SUPPLIES
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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Date 08/03/2023	Payee name OFFICE DEPOT
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Amount (\$) 66.69	Payee address; BAYTOWN	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING	Description OFFICE SUPPLIES( \$50.76, \$33.15 AND RETURN \$17.22)
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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Date 08/04/2023	Payee name OFFICE DEPOT
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Amount (\$) 22.61	Payee address; BAYTOWN	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING	Description OFFICE SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME CYNTHIA L FOSTER	3 Filer ID (Ethics Commission Filers)
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4 Date 09/11/2023	5 Payee name OFFICE DEPOT
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6 Amount (\$) 22.90	7 Payee address; BAYTOWN	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description OFFICE SUPPLIES
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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Date 09/18/2023	Payee name OFFICE DEPOT
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Amount (\$) 211.22	Payee address; BAYTOWN	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING	Description OFFICE SUPPLIES( \$50.76, \$33.15 AND RETURN \$17.22)
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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Date 08/16/2023	Payee name HOME DEPOT
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Amount (\$) 62.12	Payee address; BAYTOWN	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) SIGN	Description OFFICE SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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.

1 Total pages Schedule F1: 9	2 FILER NAME CYNTHIA L FOSTER	3 Filer ID (Ethics Commission Filers)
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4 Date 08/16/2023	5 Payee name LUNCH
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6 Amount (\$) 39.17	7 Payee address: BAYTOWN	City:	State:	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN	(b) Description LUNCH WITH DONOR
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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Date 07/21/2023	Payee name 24 HOUR WRISTBANDS.COM
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Amount (\$) 333.52	Payee address: 14550 BEECHNUT ST #100	City: HOUSTON TX	State: TX	Zip Code 77083
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CAMPAIGN	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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Date 07/26/2023	Payee name 24 HOUR WRISTBANDS.COM
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Amount (\$) 115.99	Payee address: 14550 BEECHNUT ST #100	City: HOUSTON TX	State: TX	Zip Code 77083
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CAMPAIGN	Description DOOR HANGER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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: 9	<b>2</b> FILER NAME CYNTHIA L FOSTER	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/01/2023	<b>5</b> Payee name US STAMPS ONLINE
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<b>6</b> Amount (\$) 165.54	<b>7</b> Payee address; BAYTOWN	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CAMPAIGN	<b>(b)</b> Description STAMPS
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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<b>Date</b> 09/04/2023	<b>Payee name</b> 24 HOUR WRISTBANDS.COM
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<b>Amount (\$)</b> 293.47	<b>Payee address;</b> 14550 BEECHNUT ST #100	<b>City;</b> HOUSTON TX	<b>State;</b> TX	<b>Zip Code</b> 77083
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) CAMPAIGN	<b>Description</b> SIGNS (SIGNS \$315.12 REFUND 9/7/23 \$21.65)
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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<b>Date</b> 09/18/2023	<b>Payee name</b> BAYTOWN SUN
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<b>Amount (\$)</b> 16.00	<b>Payee address;</b> 1301 MEMORIAL DR	<b>City;</b> BAYTOWN TX	<b>State;</b> TX	<b>Zip Code</b> 77520
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) CAMPAIGN	<b>Description</b> SUBSCRIPTION
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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	Printing 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: 9	<b>2</b> FILER NAME CYNTHIA L FOSTER	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/24/2023	<b>5</b> Payee name PENNY GLASS PRINTING
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<b>6</b> Amount (\$) 58.03	<b>7</b> Payee address; BAYTOWN	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING	<b>(b)</b> Description OFFICE SUPPLIES
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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Date 09/08/2023	Payee name AMAZON
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Amount (\$) 68.80	Payee address; AMAZON.COM	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE SUPPLIES	Description PAPER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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Date 08/02/2023	Payee name BAYTOWN SUN
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Amount (\$) 16.00	Payee address; 1301 MEMORIAL DR BAYTOWN TX 77520	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CAMPAIGN	Description SUBSCRIPTION
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KIM KOSTECK	Office sought CITY COUNCIL	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

1 Total pages Schedule F1: 9	2 FILER NAME CYNTHIA L FOSTER	3 Filer ID (Ethics Commission Filers)
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4 Date 08/21/2023	5 Payee name EMAIL EXPENSE WISE STAMP
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6 Amount (\$) 40.00	7 Payee address; HTTPS://WWW.WISESTAMP.COM	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) WEBSITE	(b) Description CAMPAIGN
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

**KIMBERLI KOSTECK**

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate/Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

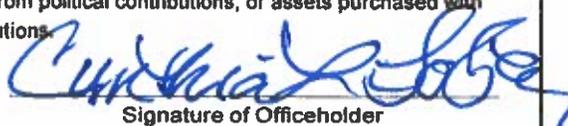
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

  
Signature of Officeholder