

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT# (Ethics Commission filers) | 2 Total pages filed: <div style="text-align: center; font-size: 2em;">3</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI MRS Kim A. NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">PORTERFIELD</div> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1010 STAGECOACH TRAIL SAN MARCOS TX 78666 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 353-8930 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MR STEPHEN MICHAEL NICKNAME LAST SUFFIX MIKE OCCHIALINI | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY, STATE, ZIP CODE 521 STAGECOACH TRAIL SAN MARCOS TX 78666 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 396-0200 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 1 / 1 2008 THROUGH 6 / 30 2008 | | |
| 11 ELECTION | ELECTION DATE (Month Day Year) ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) SAN MARCOS CITY COUNCIL PLACE 1 | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure ** Name: N/A Address / PO Box, Apt. / Suite #: City, State, Zip Code | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

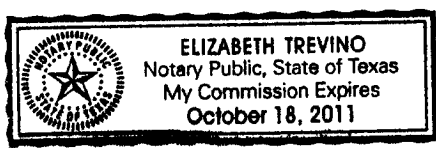
**FORM C/OH
COVER SHEET PG 2**

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| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission Filers) |
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| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | ** This box is for notice of political expenditures 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. ** | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME <p style="text-align:center">N/A</p> |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|-------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ itemized |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 111.88 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1421.31 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

19 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.

Kim Porterfield

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kim Porterfield, this the 15 day of July, 2008, to certify which, witness my hand and seal of office.

| | | |
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| <u>Elizabeth Trevino</u> Signature of officer administering oath | <u>Elizabeth Trevino</u> Printed name of officer administering oath | <u>Notary Public</u> Title of officer administering oath |
|---|--|---|

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: 1 |
| 2 FILER NAME Kim A. PORTERFIELD | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 6/23/08 | 5 Payee name AT&T WIRELESS | 7 Amount (\$) 111.88 |
| 6 Payee address; City; State; Zip Code www.wireless.att.com P.O. Box 650574 DALLAS TX 75265 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Phone <small>(If travel outside of Texas, complete Schedule T)</small> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED