

STATEMENT OF FINANCIAL INFORMATION  
Reference Section 2-7-72, Austin City Code

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AUSTIN CITY CLERK  
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STATEMENT OF FINANCIAL INFORMATION  
MAYOR, COUNCIL, CANDIDATES

This form should be filed by City officials --Mayor, City Council Members, Candidates -- for the period January 1 through December 31, 2014.

This statement must be received by the City Clerk by 4:45 p.m. on the last Friday in April.\*\* The report must be signed under oath. This form may be copied if additional space for reporting is needed. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City Official's spouse or domestic partner is not required.

\*\*Incumbent and non-incumbent candidates must file within five working days after the deadline for filing for their respective offices. However, incumbent candidates are not required to refile if an identical financial statement for the previous year has already been filed.

Where a monetary amount or value of income of an asset is required to be reported, the exact amount need not be reported. The statement may instead include the category of amount as follows:

- Category I At least \$1 but less than \$10,000;
- Category II At least \$10,000 but less than \$20,000;
- Category III At least \$20,000 but less than \$50,000;
- Category IV At least \$50,000 but less than \$75,000;
- Category V At least \$75,000 but less than \$100,000;
- Category VI \$100,000 or more, report to nearest \$100,000.

Name of City official: ANN KITCHEN

Address: [REDACTED]

Occupation: CITY COUNCIL DISTRICT 5

Spouse or domestic partner's name: MARK KZNAGA

Address: [REDACTED]

Occupation: CONSULTANT

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*The person completing this form must provide the information requested below for themselves and their spouse/domestic partner.*

1. List all sources of occupational income which exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non-professional services per source.

Name of employer or source of income	Business address	Nature of occupation or business	Category of amount
HEALTH & COMMUNITY STRATEGIES	2401 BRADSHAW CONVENT VI		

2. If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non-professional services during the reporting period.

Name of client or customer	Address
IRLAND & ASSOCIATES	8000 INTERSTATE 10, SAN ANTONIO 78230
OPTICOS DESIGN	2100 MILVIA ST 125, BERKELEY 94704
HASA	5535 FREDERICKSBURG RD SAN ANTONIO 78229
RGV HIS	1413 N STUART PLACE HARLEIGH 78552

3. List all sources of income which exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

Name of source	Nature of income	Category of amount
N/A		

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4. Identify any source (person, business entity or other organization) of a gift of any money or other thing of value exceeding \$100, or identify any source who gave you a series of gifts the total value of which exceeds \$100. You need not report campaign contributions which are reported as required by other law and you need not report gifts received from the following relatives: Spouse, Children, Children-in-Law, Parents, Parents-in-Law, Grandchildren, Grandchildren-in-Law, Grandparents, Grandparents-in-Law, Brothers, Brothers-in-Law, Sisters, Sisters-in-Law, Uncles, Uncles-in-Law, Aunts, Aunts-in-Law, Nephews, Nephews-in-Law; Nieces, Nieces-in-Law, First Cousins, First Cousins-in-Law

Name of source of gift	Category amount
N/A	

5. List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

Name of company or entity:
HEALTH & COMMUNITY STRATEGIES

6. List and describe all bonds, notes and other commercial paper which you held, owned, acquired or sold, at any time during the reporting period if the combined face value of the bonds, notes and commercial paper exceeded \$5,000.

Description of commercial paper	Category of amount
PROSPERITY BANK CD	III

7. List all other income or revenue in excess of \$5,000 per source.

Name of source	Category of amount
ERS	II

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8. List and describe all real property in which you hold any legal or beneficial interest, including real property for which you have entered into a contract for sale. The description should be sufficient to locate the property, and include the street address if any, and the present use of the property.

Street address of property	Description of property	Present use of property
[REDACTED]	House	Home / PACT OFFICE

9. List and describe all real property held, owned, acquired or sold, or under a contract for sale, by a corporation, partnership, limited partnership, professional corporation, or other entity in which you own or control at least a 5% interest. The description should be sufficient to locate the property and include a street address, if any, and the present use of the property.

Street address of property	Description of property	Present use of property
N/A		

10. List all loans and extensions of credit in excess of \$5,000 on which you are the lender or creditor, including the name of the debtor and the rate of interest, if any.

Name of obligee	Rate of interest, if any	Category of amount
N/A		

11. List all loans or transactions in excess of \$5,000 on which you are a guarantor or co-signer, including the names of the borrower and lender.

Name of obligee/lender	Rate of interest, if any	Category of amount
CHASE BANK	4.75%	V
UNITED HERMOS	3.99%	IV

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12. List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

Name of lender/creditor/obligee	Rate of interest, if any	Category of amount	Date obligation was incurred
CHASE BANK	27.99%	I	12/31/14
P2CM	7.9%	I	10/17/13

List all loans, debts, and other financial liabilities in excess of \$5,000 of any corporation, partnership, limited partnership, professional corporation or other entity in which you own or control at least a 5% interest, which are presently outstanding or which existed at any time during the reporting period.

Name of lender/creditor/obligee	Rate of interest, if any	Category of amount	Date obligation was incurred
NONE			

13. List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

Name of organization	Position held
LIVESTRONG CITY	CHAIR BOARD MBR
TX HEALTH CENTRAL TX	CHAIR BOARD MBR

State of Texas

I do solemnly swear that the preceding Financial Statement is in all things true and correct and fully shows all information required to be reported pursuant to Section 2-7-72 City Code for the reporting period indicated.



Signature of City Officials