

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Thomas	MI Jeff	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> RECEIVED APR 28 2023 9:59 A.M. - A.C. City Secretary's Office </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME Cherney		LAST Cherney	
ADDRESS / PO BOX; 3612 Silver Oaks Ln		APT / SUITE # CITY; STATE; ZIP CODE Frisco TX 75033		
<input type="checkbox"/> Change of Address				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE (214)	PHONE NUMBER 707-7320	EXTENSION	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mrs	FIRST Wren	MI Orard	
6 CAMPAIGN TREASURER NAME	NICKNAME Orard		LAST Orard	
STREET ADDRESS (NO PO BOX PLEASE); 5004 Thackeray Dr		APT / SUITE #; CITY; STATE; ZIP CODE Frisco TX 75034		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE (214)	PHONE NUMBER 679-6896	EXTENSION	
8 CAMPAIGN TREASURER PHONE	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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
9 REPORT TYPE	Month Day Year 3 / 28 / 2023	THROUGH	Month Day Year 04 / 26 / 2023	
10 PERIOD COVERED	ELECTION DATE Month Day Year 05 / 06 / 2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	OFFICE HELD (if any) Mayor	OFFICE SOUGHT (if known) Mayor		
12 OFFICE	14 NOTICE FROM POLITICAL COMMITTEE(S) 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.			
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE TYPE		
	<input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

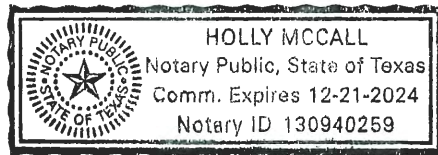
15 C/OH NAME <u>Jeff Cheney</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>25,225</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>21,818.82</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>47,732.89</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>99,374</u>

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jeff Cheney this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

Holly McCall Holly McCall public notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Jeff Cheney</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$25,225
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$99,374
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$18,140.42
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$3,678.40
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 9
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3.28.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Hammond	7 Amount of contribution (\$) \$100 ⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code 10 Lawton Court Frisw TX 75033		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 3.28.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neil Farren	Amount of contribution (\$) \$100 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 8789 Lebanon Rd Frisw TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.28.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Fasola	Amount of contribution (\$) \$400 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 7901 Windrose Ave Plano TX 75024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.30.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Ramon	Amount of contribution (\$) \$100 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 9946 Knoll Trace Way Frisw TX 75035		
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.

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: 9
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3.30.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Kelly	7 Amount of contribution (\$) \$100⁰⁰xx
	6 Contributor address; City; State; Zip Code 5408 Southern Hills Dr Frisco TX 75034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3.30.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Tom Lewis	Amount of contribution (\$) \$500⁰⁰xx
	Contributor address; City; State; Zip Code 6000 Columbus Ave #1704 Plano TX 75024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.31.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen White	Amount of contribution (\$) \$200⁰⁰xx
	Contributor address; City; State; Zip Code 6000 Columbus Ave #1704 Plano TX 75024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.31.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Burns	Amount of contribution (\$) \$250⁰⁰xx
	Contributor address; City; State; Zip Code 6018 Wallis Dr Frisco TX 75034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3.31.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Dodson 6 Contributor address; City; State; Zip Code 3554 Norwich Ln Frisco TX 75033	7 Amount of contribution (\$) \$1000 ⁰⁰ / _{xx}
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4.1.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duane Landa Contributor address; City; State; Zip Code 6494 Bushwards Dr Frisco TX 75036	Amount of contribution (\$) \$50 ⁰⁰ / _{xx}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4.1.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad Rudy Contributor address; City; State; Zip Code 12186 Kennedale Dr Frisco TX 75033	Amount of contribution (\$) \$100 ⁰⁰ / _{xx}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4.3.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee McCormick Contributor address; City; State; Zip Code 5602 Coolwater Cove Frisco TX 75034	Amount of contribution (\$) \$250 ⁰⁰ / _{xx}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>9</u>
2 FILER NAME <u>Thomas Jeff Cheney</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4.3.23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Frank Peinado</u>	7 Amount of contribution (\$) <u>\$5000 ⁰⁰/_{xx}</u>
6 Contributor address; City; State; Zip Code <u>6700 Robinson Canyon Rd Aubrey TX 76227</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4.4.23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ramakrishna Gullapalli</u>	Amount of contribution (\$) <u>\$5000 ⁰⁰/_{xx}</u>
Contributor address; City; State; Zip Code <u>7271 Clementine Dr Irving TX 75063</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4.5.23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Subba Raju Kosuri</u>	Amount of contribution (\$) <u>\$5000 ⁰⁰/_{xx}</u>
Contributor address; City; State; Zip Code <u>4901 Monterey Dr Frisco TX 75034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4.8.23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arlene Green</u>	Amount of contribution (\$) <u>\$150 ⁰⁰/_{xx}</u>
Contributor address; City; State; Zip Code <u>9704 Honeysuckle Dr Frisco TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 4.10.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann Kellam	7 Amount of contribution (\$) \$25⁰⁰xx
6 Contributor address; City; State; Zip Code 3582 Shell Ridge Dr Frisco TX 75033		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.10.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber Libby	Amount of contribution (\$) \$150⁰⁰xx
Contributor address; City; State; Zip Code 2092 Hague Dr Frisco TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.11.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Nenniger	Amount of contribution (\$) \$200⁰⁰xx
Contributor address; City; State; Zip Code PO Box 5744 Santa Fe NM 87502		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.11.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TJ Justice	Amount of contribution (\$) \$2000⁰⁰xx
Contributor address; City; State; Zip Code Twin Cities Ln McKinney TX 75070		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 4.12.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William J. Burkhalter	7 Amount of contribution (\$) \$1000 ⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code 7650 Cottonwood St Frisco TX 75032		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.13.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fang Wang	Amount of contribution (\$) \$50 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 8732 Majors Circle McKinney TX 75070		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.13.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H W Palmer	Amount of contribution (\$) \$100 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 8187 Flintrock Dr Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.14.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Bollner	Amount of contribution (\$) \$200 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 4745 Star Ridge Ln Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 4.18.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Stanley Silguero	7 Amount of contribution (\$) \$100⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code 4619 Pine Valley Dr Frisco TX 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.18.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber Solomon	Amount of contribution (\$) \$1000⁰⁰/_{xx}
Contributor address; City; State; Zip Code 6080 Water St Apt 1480 Plano TX 75024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.21.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Blackstock	Amount of contribution (\$) \$150⁰⁰/_{xx}
Contributor address; City; State; Zip Code 2888 Townsend Dr Frisco TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.25.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Thornthwaite	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 2749 Marshall Dr Frisco TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 9
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 4.25.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fariborz Massoudian	7 Amount of contribution (\$) \$200⁰⁰ xx
6 Contributor address; City; State; Zip Code 5925 Tiburon Dr Plano TX 75093		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.25.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sana Eshaya LLC	Amount of contribution (\$) \$300⁰⁰ xx
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.25.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khosrow Sabourian	Amount of contribution (\$) \$350⁰⁰ xx
Contributor address; City; State; Zip Code 4421 Oak Knoll Dr Plano TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.25.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoaman Sedighi	Amount of contribution (\$) \$1000⁰⁰ xx
Contributor address; City; State; Zip Code 13213 Glad Acres Dr Farmers Branch Plano TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 9
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 4.25.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soheila Saeedi Farhadi	7 Amount of contribution (\$) \$1000 00 ⁰⁰ / XX
6 Contributor address; City; State; Zip Code 3600 Wolcott Dr Flowermound TX 75028		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.25.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdi Dezhnam	Amount of contribution (\$) \$2500 00 ⁰⁰ / XX
Contributor address; City; State; Zip Code 6326 Lakehurst Ave Dallas TX 75230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.26.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John John Keating	Amount of contribution (\$) \$1000 00 ⁰⁰ / XX
Contributor address; City; State; Zip Code 8700 Stonebrooks Pkwy #201 Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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: 1
2 FILER NAME <i>Thomas Jeff Cheney</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Personal loan Jeff Cheney</i>	9 Loan Amount (\$) <i>99,374.00</i>
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code <i>3612 Silver Oaks Ln Frisco TX 75033</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> 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? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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 | 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:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 3.31.23	5 Payee name Signarama Friswo	
6 Amount (\$) 289 ⁰⁸ / _{xx}	7 Payee address; City; State; Zip Code 9410 Dallas Pkwy #160 Friswo TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Pm Advertising Expense	(b) Description Magnets
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4.4.23	Payee name Friswo Printing and Graphics	
Amount (\$) \$109 ⁸¹ / _{xx}	Payee address; City; State; Zip Code 8585 John Wesley Dr #200 Friswo TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4.6.23	Payee name Medina USA	
Amount (\$) \$5000 ⁰⁰ / _{xx}	Payee address; City; State; Zip Code 5729 Lebanon Rd Ste 144 Friswo TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
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4 Date 4.18.23	5 Payee name Frisco Printing & Graphics
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6 Amount (\$) \$184 ⁴⁷ / _{xx}	7 Payee address; City; State; Zip Code 8585 John Wesley Dr #200 Frisco TX 75034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Cards
	(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	Office sought	Office held
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Date 4.19.23	Payee name First Graphic Services
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Amount (\$) \$1319 ³⁰ / _{xx}	Payee address; City; State; Zip Code 229 Garron St Garland TX 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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	Office sought	Office held
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Date 4.19.23	Payee name Premier Political Communications
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Amount (\$) \$200 ⁰⁰ / _{xx}	Payee address; City; State; Zip Code 4103 Stuart Circle Ferndale WA 98248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Robo Call
	<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	Office sought	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:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 4.6.23	5 Payee name Frank Mesina	
6 Amount (\$) \$150.00 xx	7 Payee address; 15174 Fountain Ln Frisco TX 75035	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meet and Greet
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4.13.23	Payee name Star Local Media	
Amount (\$) \$1000.00 xx	Payee address; 5501 East Plano Parkway #200 Plano TX 75074	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4.18.23	Payee name First Graphics Services	
Amount (\$) 980.47 xx	Payee address; 229 Garmon St Garland TX 75040	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 4.20.23	5 Payee name Frisw Printing and Graphics	
6 Amount (\$) 407 ²⁴ / _{xx}	7 Payee address; City; State; Zip Code 8585 John Wesley Dr #200 Frisw TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Flyers
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4.24.23	Payee name Premiere Political	
Amount (\$) \$90 ²⁴ / _{xx}	Payee address; City; State; Zip Code 4103 Stuart Circle Ferndale WA 98240	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Robo Call
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4.25.23	Payee name Frisw Printing & Graphics	
Amount (\$) 365 ²⁰ / _{xx}	Payee address; City; State; Zip Code 8585 John Wesley Dr Frisw TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 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.

1 Total pages Schedule F1:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 4.26.23	5 Payee name Facebook	
6 Amount (\$) \$810 ⁰⁰ / _{xx}	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Facebook Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 4.26.23	Payee name Frisw Printing and Graphics		
Amount (\$) 205 ⁰¹ / _{xx}	Payee address; City; State; Zip Code 8585 John Wesley Dr Ste 200 Frisw TX 75034		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Cards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name	Office sought	Office held	

Date 4.26.23	Payee name Signarama		
Amount (\$) \$189 ⁴⁴ / _{xx}	Payee address; City; State; Zip Code 9410 Dallas Pkwy #1160 Frisw TX 75033		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name	Office sought	Office held	

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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:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 4.26.23	5 Payee name Stripe	
6 Amount (\$) \$761 ⁴⁰ / _{XX}	7 Payee address; City; State; Zip Code 510 Townsend Dr San Francisco TX 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Credit Card Fees
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4.26.23	Payee name Medina USA	
Amount (\$) \$2400	Payee address; City; State; Zip Code 5729 Lebanon Rd Ste 144 TX Friswo TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/contract Labor	Description Consulting fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4.26.23	Payee name Jeff Cheney	
Amount (\$) 3678.40	Payee address; City; State; Zip Code 3612 Silver Oaks Ln Friswo TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement	Description Reimbursement for expenses on personal card
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 4.15.23	5 Payee name Community Impact	
6 Amount (\$) \$3678.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3600 E Palm Valley Blvd Box 3 Roundrock TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad
	<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	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought Office held

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