

## Jenny Page

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**From:** Jenny Page  
**Sent:** Friday, April 30, 2010 4:30 PM  
**To:** 'Jeff Cheney'  
**Subject:** RE: Cheney 8 Day report

Thanks Jeff,  
We will file and you can bring the original next time you are here. Your timestamp serves as your received date.

Have a great weekend,

Jenny Page  
City Secretary  
City of Frisco  
972-292-5010

-----Original Message-----

**From:** Jeff Cheney [mailto:jeff@jeffcheney.com]  
**Sent:** Friday, April 30, 2010 4:26 PM  
**To:** Jenny Page  
**Cc:** Jeff Cheney  
**Subject:** FW: Cheney 8 Day report

Jenny,

Attached is my report.

Thanks!

Jeff Cheney, CPA  
Keller Williams Realty  
4783 Preston Rd #100  
Frisco, Tx 75034  
214-707-7320 cell  
214-550-8200 office  
214-550-8201 fax  
[www.JeffCheney.com](http://www.JeffCheney.com)

-----Original Message-----

**From:** scanner8030@kwfrisco.com [mailto:scanner8030@kwfrisco.com]  
**Sent:** Friday, April 30, 2010 5:32 PM  
**To:** Jeff Cheney  
**Subject:** Cheney 8 Day report

Scanned files from B & W copier

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>Thomas</u>	MI <u>J</u>
	NICKNAME <u>Jeff</u>	LAST <u>Cheney</u>	SUFFIX <u>Jr</u>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>11377 Deep Canyon Tr Frisco Tx 75034</u>		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: <u>(214)</u> PHONE NUMBER: <u>707</u> EXTENSION: <u>7320</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Bill</u>	MI
	NICKNAME	LAST <u>Woodard</u>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>11545 La Grange Dr Frisco Tx 75085</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(214)</u> PHONE NUMBER: <u>551-7102</u> EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 16 <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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <u>4 / 8 / 10</u> <u>4 / 30 / 10</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 8 / 10</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <u>City Council, Place 2</u>		13 OFFICE SOUGHT (if known) <u>City Council, Place 2</u>
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		
	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**

15 C/OH NAME Jeff Cheney 16 ACCOUNT # (Ethics Commission File #)

17 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"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 45
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,302.92
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 3404.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ —
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,600

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 16, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff Cheney ~~Amanda K Varvel~~ AKV, this the 30th day of April, 20 10, to certify which, witness my hand and seal of office.

Amanda K Varvel  
Signature of officer administering oath

Amanda K Varvel  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Jeff Cheney</u>		3 ACCOUNT # (Ethics Commission file)	
4 Date <u>4/18/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>David Craft</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <u>\$ 175</u>
6 Contributor address; City; State; Zip Code <u>11356 Deep Canyon Frisco TX 75034</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Attorney</u>		10 Employer (See Instructions) <u>Walker Brought &amp; Lewis</u>	
Date <u>4/18/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Robin Craft</u>	Amount of contribution (\$)	In-kind contribution description (if applicable) <u>\$175</u>
Contributor address; City; State; Zip Code <u>11356 Deep Canyon Frisco TX 75034</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>homemaker</u>		Employer (See Instructions) <u>N/A</u>	
Date <u>4/18/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Robert Huck</u>	Amount of contribution (\$) <u>\$ 75</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11328 Adobe Tr Frisco TX 75034</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>AVP</u>		Employer (See Instructions) <u>US Aviation Underwriters</u>	
Date <u>4/29/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Frisco Fire Fighters PAC</u>	Amount of contribution (\$)	In-kind contribution description (if applicable) <u>5,877.92</u>
Contributor address; City; State; Zip Code <u>3712 Dacquet Ct Plano TX 75023</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>NA</u>		Employer (See Instructions) <u>NA</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form. 1 Total pages this Schedule B: 1

2 FILER NAME Jeff Cheney 3 ACCOUNT # (Ethics Commission file)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨      \$

5 Date <u>4/15/10</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <u>Collin County Association of Realtors</u> 7 Pledgor address; City; State; Zip Code <u>6821 Cort Rd Plano TX 75024</u>	8 Amount of pledge (\$) <u>500</u>	9 In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions) NA      11 Employer (See Instructions) NA

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

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

<b>LOANS</b>		<b>SCHEDULE E</b>
The instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Jeff Cheney</u>	3 ACCOUNT # (Ethics Commission file #)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan <u>2/8/10</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeff Cheney</u>	9 Loan Amount (\$) <u>2,000</u>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>11377 Deep Canyon Tr Frisco TX 75034</u>	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See instructions) <u>Realtor</u>		13 Employer (See instructions) <u>Keller Williams</u>
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor ..... 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan <u>3/29/10</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeff Cheney</u>	Loan Amount (\$) <u>6000</u>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <u>11377 Deep Canyon Tr Frisco TX 75034</u>	Interest rate —
		Maturity date —
Principal occupation / Job title (See instructions) <u>Realtor</u>		Employer (See instructions) <u>Keller Williams</u>
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>Jeff Cheney</u>		3 ACCOUNT # (Ethics Commission file)
4 Date <u>4/20/10</u>	5 Payee name <u>TMG Sportswear</u> 6 Payee address; City; State; Zip Code <u>5647 Buena Vista Dr Frisco Tx 75034</u>	7 Amount (\$) <u>1,175<sup>60</sup></u>
8 Purpose of payment (See instructions regarding type of information required.) <u>T-SHIRTS</u> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <u>4/20/10</u>	Payee name <u>Quick Cater</u> Payee address; City; State; Zip Code <u>PO BOX 2176 Frisco TX 75034</u>	Amount (\$) <u>295<sup>54</sup></u>
Purpose of payment (See instructions regarding type of information required.) <u>Meet and Greet</u> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <u>4/20/10</u>	Payee name <u>Style Publishing</u> Payee address; City; State; Zip Code <u>PO BOX 1676 Frisco TX 75034</u>	Amount (\$) <u>600<sup>00</sup></u>
Purpose of payment (See instructions regarding type of information required.) <u>Frisco Style</u> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <u>4/29/10</u>	Payee name <u>BOYS &amp; GIRLS Club</u> Payee address; City; State; Zip Code <u>701 South Church St McKinney TX 75069</u>	Amount (\$) <u>250<sup>00</sup></u>
Purpose of payment (See instructions regarding type of information required.) <u>Crawfish Boil Sponsor</u> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date 4/29/10	5 Payee name John Keating 6 Payee address; City; State; Zip Code 4932 Shoreline Dr Frisco TX 75034	7 Amount (\$) 529 <sup>66</sup>
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8 Purpose of payment (See instructions regarding type of information required.) Reimburse for 1/2 mailer cost (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
	..... <b>6</b> Payee address; City; State; Zip Code	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
	..... Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
	..... Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
	..... Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission files)

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
	..... <b>6</b> Payee address; City; State; Zip Code	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
	..... Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
	..... Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
	..... Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	.. 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**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G:
2 FILER NAME <b>Jeff Cheney</b>	3 ACCOUNT # (Ethics Commission files)

4 Date <b>2/18/10</b>	5 Payee name <b>Agent Evolution</b>	8 Amount (\$) <b>553.50</b>
	6 Payee address; City; State; Zip Code <b>PO Box 222 Riverbank CA 95367</b>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Website</b> <small>(If travel outside of Texas, complete Schedule T)</small>	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  ..... 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule I:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission file)

<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address; City; State; Zip Code ..... <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission File)

<b>4</b> Date	<b>5</b> Payor name ..... <b>6</b> Payor address; City; State; Zip Code ..... <b>7</b> Reason for credit	<b>8</b> Amount (\$)
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Date	Payor name ..... Payor address; City; State; Zip Code ..... Reason for credit	Amount (\$)
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Date	Payor name ..... Payor address; City; State; Zip Code ..... Reason for credit	Amount (\$)
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Date	Payor name ..... Payor address; City; State; Zip Code ..... Reason for credit	Amount (\$)
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Date	Payor name ..... Payor address; City; State; Zip Code ..... Reason for credit	Amount (\$)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filer)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		