

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>		OFFICE USE ONLY Date Received <u>4-8-2010</u> <u>12:25 pm</u> Date Hand-delivered or Date Postmarked Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____
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</u> <u>Frisco, TX 75034</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(214) 707 7320</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME <u>Bill</u> 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 75035</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(214) 551-7102</u>		
9 REPORT TYPE	<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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1 / 15 / 10</u> <u>4 / 8 / 10</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>5 / 8 / 10</u>		
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

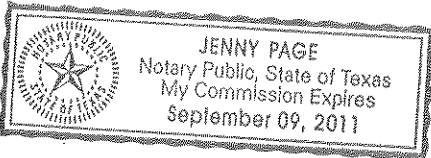
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

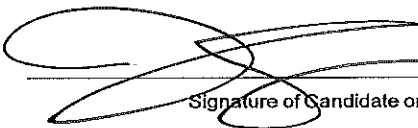
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,613.83
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,541.92
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	\$ 8,000

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.

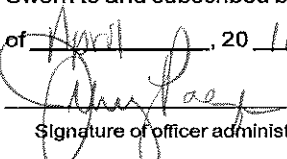


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeff Cheney, this the 8th day of April, 2010, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Jenny Page

Printed name of officer administering oath

City Secretary/Notary

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: 3	
2 FILER NAME Jeff Cheney		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/4/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earnie Ianace	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5980 Bozeman Rd #7207 Plano TX 75024		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Restaurateur		10 Employer (See Instructions) Bonnie Ruths	
Date 2/4/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Royer	Amount of contribution (\$) \$60	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5159 Stillwater Tr Frisco TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date 2/4/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Lusk	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9912 Mallory Dr Frisco TX 75035		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Senior Broker		Employer (See Instructions) Towerstone	
Date 2/4/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will Sowell	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6101 Wilmington Dr Frisco TX 75035		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Greencastle	
Date 2/4/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Arbuckle	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3674 Vanguard Frisco TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) AT&T	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Jeff Cheney		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/4/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen + Beverly Biel	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 12000 Paducah DR Frisco TX 75034		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) Compucon	
Date 2/4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Medigovich	Amount of contribution (\$) \$400	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8959 Woodstream DR Frisco TX 75035		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Community Relations		Employer (See Instructions) CWD	
Date 2/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dand Siciliano	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17915 Windflower Way Frisco TX 75032		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Siciliano Developments	
Date 2/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Snowden	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9778 La Mesa Dr Frisco TX 75035		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date 3/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick Abernethy	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7422 Saint Petersburg Frisco TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Armstrong Fan	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Jeff Cheney		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/31/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Nelson	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$100 In home event
6 Contributor address; City; State; Zip Code 10412 Noel Dr Frisco TX 75035		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Manager		10 Employer (See Instructions) Standard Renewable Energy	
Date 1/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Farris	Amount of contribution (\$)	In-kind contribution description (if applicable) \$75 printing
Contributor address; City; State; Zip Code 3700 Legacy #14203 Frisco TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Postnet	
Date 2/4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debby Clark	Amount of contribution (\$)	In-kind contribution description (if applicable) 33.83 printing
Contributor address; City; State; Zip Code 41 Tranquil Pond Frisco TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Clark Insurance	
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)	
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: <u>1</u>	
2 FILER NAME <u>Jeff Cheney</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$ <u>50</u>
5 Date <u>2/4/10</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mark Detrick</u>	8 Amount of pledge (\$) <u>\$50</u>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <u>10134 Western Hills DR Frisco Tx 75034</u>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions) <u>Realtor</u>		11 Employer (See Instructions) <u>Keller Williams</u>	
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)
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)
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)
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)
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.

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center; font-size: 2em;">1</div>
2 FILER NAME <div style="text-align: center; font-size: 1.5em;">Jeff Cheney</div>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <div style="font-size: 1.5em;">2/8/10</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">Jeff Cheney</div>	9 Loan Amount (\$) <div style="font-size: 1.5em;">2,000</div>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">11377 Deep Canyon Tr Frisco TX 75034</div>	10 Interest rate <div style="text-align: center;">—</div>
11 Maturity date		
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.5em;">Realtor</div>		13 Employer (See Instructions) <div style="font-size: 1.5em;">Keller Williams</div>
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 <div style="font-size: 1.5em;">3/29/10</div>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">Jeff Cheney</div>	Loan Amount (\$) <div style="font-size: 1.5em;">6,000</div>
Is lender a financial institution? Y N	Lender address; City; State; Zip Code <div style="font-size: 1.2em;">11377 Deep Canyon Tr Frisco TX 75034</div>	Interest rate
19 Principal Occupation		20 Employer
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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: 3
2 FILER NAME Jeff Cheney		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/22/10	5 Payee name Matrix Creative	7 Amount (\$) \$54.13
6 Payee address; City; State; Zip Code 5017 Sugarberry Dr McKinney TX 75071		
8 Purpose of payment (See instructions regarding type of information required.) LOGO <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 1/22/10	Payee name Embroidme	Amount (\$) 199.18
Payee address; City; State; Zip Code 3411 Preston Rd Suite 6 Frisco TX 75034		
Purpose of payment (See instructions regarding type of information required.) Name tags <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
Date 1/31/10	Payee name Debby Clark	Amount (\$) 44.00
Payee address; City; State; Zip Code 411 Tranquil Pond Frisco TX 75034		
Purpose of payment (See instructions regarding type of information required.) Postage <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
Date 2/2/10	Payee name TMG Sportswear	Amount (\$) 194.85
Payee address; City; State; Zip Code 5647 Buena Vista Dr Frisco, TX 75034		
Purpose of payment (See instructions regarding type of information required.) T-Shirts <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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Jeff Cheney		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/8/10	5 Payee name Frisco Sunrise Rotary	7 Amount (\$) \$150⁰⁰
6 Payee address; City; State; Zip Code 901 Waterfollas Way #205 Richardson TX 75080		
8 Purpose of payment (See instructions regarding type of information required.) Paddy Dash <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 2/8/10	Payee name Eventhaus	Amount (\$) 156,96
Payee address; City; State; Zip Code 6 Dominion Cir Frisco TX 75034		
Purpose of payment (See instructions regarding type of information required.) Marketing <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 3/20/10	Payee name First Graphic	Amount (\$) 2,992⁵⁷
Payee address; City; State; Zip Code 229 Garvon St Garland TX 75040		
Purpose of payment (See instructions regarding type of information required.) Signs <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 3/31/10	Payee name Dudley Wilson	Amount (\$) 400⁰⁰
Payee address; City; State; Zip Code 4162 Peace Dr Frisco TX 75034		
Purpose of payment (See instructions regarding type of information required.) Meet & Greet <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Jeff Cheney		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/31/10	5 Payee name TMG Sportswear 6 Payee address; City; State; Zip Code 5647 Buena Vista DA Frisco TX 75034	7 Amount (\$) 1,937⁶⁸
8 Purpose of payment (See instructions regarding type of information required.) T-Shirts (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/31/10	Payee name Dardiny & Associates Payee address; City; State; Zip Code 5408 Baton Rouge Frisco TX 75035	Amount (\$) 540.03
Purpose of payment (See instructions regarding type of information required.) Water Bottles (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/31/10	Payee name Frisco-Online.com Payee address; City; State; Zip Code 7548 Preston Rd #141-135 Frisco, TX 75034	Amount (\$) 500
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T)		** 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.) (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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME Jeff Cheney		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name Bonnie Ruths	8 Amount (\$)
2/4/10	6 Payee address; City; State; Zip Code 6959 Leblon Rd Frisco TX 75034	2,372.52
	7 Purpose of expenditure (See instructions regarding type of information required.) Kick-off Party <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

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 ** Complete if direct expenditure to benefit C/OH ** 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)		** Complete if direct expenditure to benefit C/OH ** 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)		** Complete if direct expenditure to benefit C/OH ** 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)		** Complete if direct expenditure to benefit C/OH ** 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.	1 Total pages Schedule I:
2 FILER NAME	3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 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 (\$)
------	---	-------------

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	---	-------------

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	---	-------------

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.	1 Total pages Schedule K:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
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Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	--	-------------

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 filers)
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)	

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED