

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) MR FIRST MI Jeff NICKNAME LAST SUFFIX Cheney | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</td> </tr> <tr> <td colspan="2" style="text-align: center;">Date Received JAN 11 2008 <i>JP</i></td> </tr> <tr> <td colspan="2" style="text-align: center;">City Secretary's Office</td> </tr> <tr> <td colspan="2" style="text-align: center;">Date Hand-delivered or Date Postmarked JAN. 11, 2007</td> </tr> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | | OFFICE USE ONLY | | RECEIVED | | Date Received JAN 11 2008 <i>JP</i> | | City Secretary's Office | | Date Hand-delivered or Date Postmarked JAN. 11, 2007 | | Receipt # | Amount | Date Processed | | Date Imaged | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | |
| RECEIVED | | | | | | | | | | | | | | | | | | | |
| Date Received JAN 11 2008 <i>JP</i> | | | | | | | | | | | | | | | | | | | |
| City Secretary's Office | | | | | | | | | | | | | | | | | | | |
| Date Hand-delivered or Date Postmarked JAN. 11, 2007 | | | | | | | | | | | | | | | | | | | |
| 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 4783 Preston Rd #100 Frisco, TX 75034 | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 707-7320 | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS (MR) MR FIRST MI Sheila NICKNAME LAST SUFFIX Elliott | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6839 Valley Brook Frisco, TX 75035 | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION () | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <input checked="" 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 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 7 / 15 / 2007 01 / 15 / 2008 | | | | | | | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) City Council, Place 2 | 13 OFFICE SOUGHT (if known) | | | | | | | | | | | | | | | | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

**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 filers) | |
| 4 Date <u>12/19/07</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Collin County Association of Realtors</u> | 7 Amount of contribution (\$) <u>\$250</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <u>6821 Coit Rd Plano, TX 75024</u> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <u>8/15/07</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Collin County Association of Realtors</u> | Amount of contribution (\$) <u>\$500</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <u>6821 Coit Rd Plano, TX 75024</u> | | (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) |
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| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
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| 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.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

*** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ***

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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)

\$

750⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

—

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

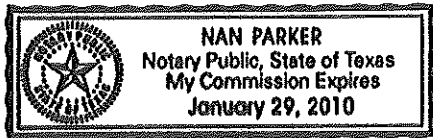
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeff Cheney, this the 11th day of January, 2008, to certify which, witness my hand and seal of office.

Nan Parker Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath