

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 <input checked="" type="radio"/>	FIRST <i>Jeff</i>	MI
	NICKNAME	LAST <i>Cheneay</i>	
OFFICE USE ONLY			
Date Received RECEIVED			
APR 12 2007 <i>[Signature]</i>			
City Secretary's Office			
Date Hand-delivered or Date Postmarked			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		5 CANDIDATE / OFFICEHOLDER PHONE	
<input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4783 Preston Rd #100 Frisco TX 75034</i>		AREA CODE PHONE NUMBER EXTENSION <i>(214) 707-7370</i>	
6 CAMPAIGN TREASURER NAME		7 CAMPAIGN TREASURER ADDRESS	
MS / MRS / MR <input checked="" type="radio"/> FIRST <i>Sheila</i> LAST <i>Elliott</i>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>6939 Valley Brook Frisco TX 75035</i>	
8 CAMPAIGN TREASURER PHONE		9 REPORT TYPE	
AREA CODE PHONE NUMBER EXTENSION <i>(972) 675-0117</i>		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
10 PERIOD COVERED		11 ELECTION	
Month Day Year THROUGH Month Day Year <i>2 / 13 / 07 4 / 12 / 07</i>		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <i>05 / 12 / 07</i>	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		<i>Frisco City Council Seat 2</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS			
** 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			
<input type="checkbox"/> additional pages			

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)

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 7,921.49

CONTRIBUTION BALANCE

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

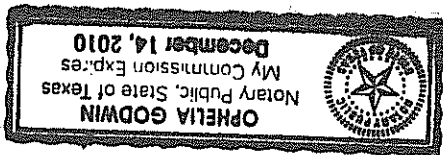
\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 0

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff Cheney, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

Jeffrey Thomas Cheney, Jr.

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (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:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

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

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

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

2 FILER NAME **3** ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See instructions) **13** Employer (See instructions)

14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation **20** Employer

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
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
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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
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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)	** Complete if direct expenditure to benefit C/OH ** 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)	** Complete if direct expenditure to benefit C/OH ** 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)	** 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: 5

2 FILER NAME

Jeff Cheney

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Printing & Mailing Services

6 Payee address; City; State; Zip Code

2134 72nd Street North Saint Petersburg FL 33713

7 Purpose of expenditure (See instructions regarding type of information required.)

Post cards
(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

\$652.76

Reimbursement from political contributions intended

03/12/07

Date

Payee name

Printing & Mailing Services

Payee address; City; State; Zip Code

2134 72nd Street North Saint Petersburg FL 33713

Purpose of expenditure (See instructions regarding type of information required.)

Post Card Design
(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$49.00

Reimbursement from political contributions intended

03/27/07

Date

Payee name

Embroid Me

Payee address; City; State; Zip Code

2411 Preston Rd #16 Frisco TX 75034

Purpose of expenditure (See instructions regarding type of information required.)

Name Badges
(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$181.86

Reimbursement from political contributions intended

03/22/07

Date

Payee name

First Graphic Services

Payee address; City; State; Zip Code

229 Garvon St, Garland TX 75040

Purpose of expenditure (See instructions regarding type of information required.)

Signs and Banner
(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$608.91

Reimbursement from political contributions intended

2/20/07

Date

Payee name

Post Net

Payee address; City; State; Zip Code

7548 Preston Rd #141 Frisco TX 75034

Purpose of expenditure (See instructions regarding type of information required.)

Printing Services
(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$51.42

Reimbursement from political contributions intended

04/29/07

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: 5

2 FILER NAME

Jeff Cheney

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Dowling & Associates

6 Payee address; City; State; Zip Code

5336 Alpha Rd St # B Dallas TX 75210

7 Purpose of expenditure (See instructions regarding type of information required.)
Collapsible Can Holders Advertising
(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

\$281.46

Reimbursement from political contributions intended

03/23/07

Date

Payee name

Collin County

Payee address; City; State; Zip Code

7010 Redbud Blvd. St 1023 McKinney TX 75049

Purpose of expenditure (See instructions regarding type of information required.)
Electron Supplies
(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$40.00

Reimbursement from political contributions intended

02/16/07

Date

Payee name

Denton County

Payee address; City; State; Zip Code

401 W Hickory St 112 Denton TX 76201

Purpose of expenditure (See instructions regarding type of information required.)
Open Records Request
(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$50.00

Reimbursement from political contributions intended

2/15/07

Date

Payee name

FSPN

Payee address; City; State; Zip Code

6707 Wilminston Dr. Frisco TX 75035

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

Amount (\$)

\$1450.-

Reimbursement from political contributions intended

3/20/07

Date

Payee name

Staples

Payee address; City; State; Zip Code

3333 Preston Rd Frisco TX 75035

Purpose of expenditure (See instructions regarding type of information required.)
Choose Cheney Stamp
(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$83.77

Reimbursement from political contributions intended

3/16/07

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: <u>5</u>
2 FILER NAME <u>Jeff Choney</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>04/05/07</u>	5 Payee name <u>Printing & Mailing Services</u> 6 Payee address; City: State; Zip Code <u>2434 22nd Street North St Petersburg FL 33713</u>	8 Amount (\$) <u>\$ 835.54</u> <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Door hangers & cards</u> (If travel outside of Texas, complete Schedule T)		
Date <u>03/29/07</u>	Payee name <u>Printing & Mailing Services</u> Payee address; City: State; Zip Code <u>2434 22nd Street North St Petersburg FL 33713</u>	Amount (\$) <u>\$ 799.54</u> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Post cards</u> (If travel outside of Texas, complete Schedule T)		
Date <u>03/28/07</u>	Payee name <u>Embroid Me</u> Payee address; City: State; Zip Code <u>3411 Preston Rd Frisco TX 75034</u>	Amount (\$) <u>\$ 30.31</u> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Name Badges</u> (If travel outside of Texas, complete Schedule T)		
Date <u>04/02/07</u>	Payee name <u>The Home Depot</u> Payee address; City: State; Zip Code <u>5995 Alvarado Pkwy Frisco TX 75034</u>	Amount (\$) <u>\$ 34.76</u> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Yard Signs stakes</u> (If travel outside of Texas, complete Schedule T)		
Date <u>03/29/07</u>	Payee name <u>Vista Print</u> Payee address; City: State; Zip Code <u>100 Hayden Ave Lexington MA 02421</u>	Amount (\$) <u>\$ 74.04</u> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Business Cards for Campaign</u> (If travel outside of Texas, complete Schedule T)		

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: 5

2 FILER NAME
Jeff Cheney

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>04/10/07</u>	5 Payee name <u>Frisco MPO</u>	8 Amount (\$) <u>\$1,170.00</u>
	6 Payee address; City; State; Zip Code <u>8700 Stonebrook Pkwy Frisco Tx 75034</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Lib Flag PS</u> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

4 Date <u>04/02/07</u>	5 Payee name <u>Frisco MPO</u>	8 Amount (\$) <u>\$606.68</u>
	6 Payee address; City; State; Zip Code <u>8700 Stonebrook Pkwy Frisco TX 75034</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Permit Imprint</u> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

4 Date <u>3/30/07</u>	5 Payee name <u>First Graphic Service Garland</u>	8 Amount (\$) <u>\$59.54</u>
	6 Payee address; City; State; Zip Code <u>229 Garvon St Garland Tx 75040</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

4 Date <u>3/13/07</u>	5 Payee name <u>Vista Print</u>	8 Amount (\$) <u>\$111.03</u>
	6 Payee address; City; State; Zip Code <u>100 Handers Ave Lexington MA 02421</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

4 Date <u>4/10/07</u>	5 Payee name <u>Flyer Facet (Printing & Mailing Services)</u>	8 Amount (\$) <u>\$18.00</u>
	6 Payee address; City; State; Zip Code <u>2434 22nd Street North St. Petersburg FL 33713</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>shipping blw ground & 2day</u> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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: 5

2 FILER NAME: *Self: Cheney* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>01/05/07</i>	5 Payee name <i>ASAP Printing</i> 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <i>\$ 345.38</i> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <i>04/09/07</i>	Payee name <i>Office Max</i> Payee address; City; State; Zip Code <i>8900 Preston Rd Still Plano TX 75024</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Labels for mailing</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>\$ 78.44</i> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <i>4/2/07</i>	Payee name <i>Vista Print</i> Payee address; City; State; Zip Code <i>100 Hayden Ave Lexington MA 02421</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Note Cards</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>320.90</i> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <i>3/13/07</i>	Payee name <i>McDowell Label</i> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <i>Purchase of campaign stickers</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>426.15</i> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <i>3/23/07</i>	Payee name <i>Ace Imaging</i> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <i>Purchase of T-Shirts for Campaign</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>398.90</i> <input type="checkbox"/> Reimbursement from political contributions intended
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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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Go.Daddy.com</i>	8 Amount (\$) <i>\$16.40</i>
<i>2/1/07</i>	6 Payee address; City; State; Zip Code <i>14455 N Hayden Rd Suite 219 Scottsdale, AZ 85260</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Website</i> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <i>Sign-A-Rama</i>	Amount (\$) <i>\$143.70</i>
<i>3/19/07</i>	Payee address; City; State; Zip Code <i>2930 Preston Rd #930 Frisco, TX 75034</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Signs</i> (If travel outside of Texas, complete Schedule T)	
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.) (If travel outside of Texas, complete Schedule T)	
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.) (If travel outside of Texas, complete Schedule T)	
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.) (If travel outside of Texas, complete Schedule T)	

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 <i>Jeff Cheney</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/12/07</i>	5 Business name <i>Frisco - Online, com</i> 6 Business address; City; State; Zip Code <i>7548 Preston Rd #141-139 Frisco Tx 75034</i>	7 Amount (\$) <i>\$1200.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>Jeff Cheney Frisco City Council Seat 2</i>	
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 filers)

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

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

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

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

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

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	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

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

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

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

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

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:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-T SPAC-T

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)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-T SPAC-T

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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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-T SPAC-T

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