


# 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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. John P. NICKNAME LAST SUFFIX Keating		OFFICE USE ONLY Date Received 3:10 pm 7-11-14  Date Hand-delivered or 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 4749 Jerral Drive, Frisco, TX 75034		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 587-0827		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Kelly C. NICKNAME LAST SUFFIX Little		
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5302 Park Ridge Drive, Frisco, TX 75034		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 672-8552		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 01 / 14 / 14    07 / 10 / 14		
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 05 / 11 / 13		
12 OFFICE	OFFICE HELD (if any) Frisco City Council, Place 4		13 OFFICE SOUGHT (if known)
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

John P. Keating

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

Keating for Frisco

COMMITTEE ADDRESS

4749 Jerral Drive, Frisco, TX 75034

COMMITTEE CAMPAIGN TREASURER NAME

Kelly C. Little

COMMITTEE CAMPAIGN TREASURER ADDRESS

5302 Park Ridge Drive, Frisco, TX 75034

☐ additional pages17 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)

\$ 750.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 350.00

CONTRIBUTION  
BALANCE

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

\$ 1155.84

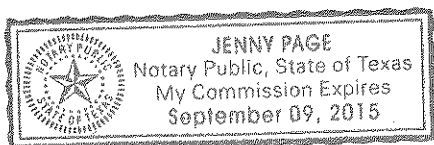
OUTSTANDING  
LOAN TOTALS

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

\$ 57396.81

18 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

*John P. Keating*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Keating, this the 11th day of July, 2014, 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

John P. Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/19/14

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

TREPAC/Texas Association of REALTORS PAC

6 Contributor address; City; State; Zip Code

P.O. Box 2246

Austin, Texas 78768-2246

7 Amount of contribution (\$)

\$750.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ 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

☐ 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

☐ 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

☐ 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 SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1</b>		<b>2</b> FILER NAME <b>John P. Keating</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <b>2/1/14</b>		<b>5</b> Payee name <b>Frisco Chamber of Commerce</b>			
<b>6</b> Amount (\$) <b>350.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code <b>6843 Main Street, Frisco, TX 75034</b>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Membership Renewal</b>	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED