

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b>  <div style="text-align: center; font-size: 1.2em;">5</div>																						
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:20%; text-align: center;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. John</td> <td style="text-align: center;">P.</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">Keating</td> </tr> </table>		MS / MRS / MR	FIRST	MI			Mr. John	P.		NICKNAME	LAST	SUFFIX			Keating			<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>OFFICE USE ONLY</b> </div> <div style="margin-bottom: 5px;"> Date Received  </div> <div style="margin-bottom: 5px;"> BY: <i>JRM</i> </div> <div style="margin-bottom: 5px;"> Date Hand-delivered or Date Postmarked </div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 0.8em;">Receipt #</td> <td style="width:50%; font-size: 0.8em;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																							
	Mr. John	P.																							
NICKNAME	LAST	SUFFIX																							
	Keating																								
Receipt #	Amount \$																								
Date Processed																									
Date Imaged																									
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:10%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:20%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:30%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5">4749 Jerral Drive, Frisco, TX 75034</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	4749 Jerral Drive, Frisco, TX 75034																	
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																					
4749 Jerral Drive, Frisco, TX 75034																									
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:40%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>( 214 )</td> <td>587-0827</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	( 214 )	587-0827																		
AREA CODE	PHONE NUMBER	EXTENSION																							
( 214 )	587-0827																								
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:20%; text-align: center;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Ms. Kelly</td> <td style="text-align: center;">C.</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">Little</td> </tr> </table>		MS / MRS / MR	FIRST	MI			Ms. Kelly	C.		NICKNAME	LAST	SUFFIX			Little									
MS / MRS / MR	FIRST	MI																							
	Ms. Kelly	C.																							
NICKNAME	LAST	SUFFIX																							
	Little																								
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:10%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:10%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5">5302 Park Ridge Dr., Frisco, TX 75034</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5302 Park Ridge Dr., Frisco, TX 75034																
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																					
5302 Park Ridge Dr., Frisco, TX 75034																									
<b>8 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:40%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>( 972 )</td> <td>672-8552</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	( 972 )	672-8552																	
AREA CODE	PHONE NUMBER	EXTENSION																							
( 972 )	672-8552																								
<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)														
<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)																						
<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:10%; font-size: 0.8em;">Year</td> <td style="width:20%;"></td> <td style="width:20%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:10%; font-size: 0.8em;">Year</td> </tr> <tr> <td>01</td> <td>16</td> <td>15</td> <td style="text-align: center;">THROUGH</td> <td>06</td> <td>01</td> <td>15</td> </tr> </table>			Month	Day	Year		Month	Day	Year	01	16	15	THROUGH	06	01	15								
Month	Day	Year		Month	Day	Year																			
01	16	15	THROUGH	06	01	15																			
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; vertical-align: top;"> ELECTION DATE   <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">Month</td> <td style="width:20%; font-size: 0.8em;">Day</td> <td style="width:20%; font-size: 0.8em;">Year</td> </tr> <tr> <td>05</td> <td>11</td> <td>13</td> </tr> </table> </td> <td style="width:60%; vertical-align: top;"> ELECTION TYPE   <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff   <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div> </td> </tr> </table>			ELECTION DATE  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">Month</td> <td style="width:20%; font-size: 0.8em;">Day</td> <td style="width:20%; font-size: 0.8em;">Year</td> </tr> <tr> <td>05</td> <td>11</td> <td>13</td> </tr> </table>	Month	Day	Year	05	11	13	ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff   <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div>														
ELECTION DATE  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">Month</td> <td style="width:20%; font-size: 0.8em;">Day</td> <td style="width:20%; font-size: 0.8em;">Year</td> </tr> <tr> <td>05</td> <td>11</td> <td>13</td> </tr> </table>	Month	Day	Year	05	11	13	ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff   <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div>																		
Month	Day	Year																							
05	11	13																							
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>																						

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

John P. Keating

15 Filer ID (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 Pages

17 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 \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1051.78

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

\$ 58331.71

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

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Keating, this the 23rd  
day of June, 20 15, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Kristi Morrow  
Printed name of officer administering oath

Assistant City Secretary  
Title of officer administering oath

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**John P. Keating****20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

- |     |                                     |  |                  |
|-----|-------------------------------------|--|------------------|
| 1.  | <input type="checkbox"/>            | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$               |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$               |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$               |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$               |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ <b>351.78</b> |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$               |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$               |
| 8.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ <b>700.00</b> |
| 9.  | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$               |
| 10. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$               |
| 11. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>John P. Keating</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>02/05/15</b>	<b>5</b> Payee name <b>Constant Contact</b>				
<b>6</b> Amount (\$) <b>\$351.78</b>	<b>7</b> Payee address; City; State; Zip Code <b>1601 Trapelo Road, Suite 329 - Waltham, MA 02451</b>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See categories listed at the top of this schedule)  <b>Advertising Expense</b>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Email Distribution Service</b>			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME <b>John P. Keating</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> Date <b>10/29/14</b>	<b>5</b> Payee name <b>Fast Break Club</b>
----------------------------------	---

<b>6</b> Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>5729 Lebanon Rd., Ste #144, Box #344, Frisco, TX 75034</b>
---	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>01/16/15</b>	Payee name <b>FLMGA</b>
-------------------------	----------------------------

Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1094 Harbor Springs Drive, Frisco, TX 75034</b>
--	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED