


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. SHONA L NICKNAME LAST SUFFIX HUFFMAN		<b>OFFICE USE ONLY</b>  Date Received <b>RECEIVED</b> <b>JAN 13 2016</b>  Secretary's Office   4:40 pm  Date Hand-delivered or Date Postmarked  Receipt # Amount \$ Date Processed Date Imaged
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10324 Fire Ridge Dr. Frisco TX 75033		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 789-6860		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. KURT NICKNAME LAST SUFFIX NORTH		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1189 Timber Lane, Frisco TX 75034		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 925-6373		
<b>9</b> 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)		
<b>10</b> PERIOD COVERED	Month Day Year    Month Day Year 7 / 1 / 15    THROUGH    12 / 31 / 15		
<b>11</b> ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 7 / 16 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)  N/A	<b>13</b> OFFICE SOUGHT (if known)  Frisco City Council Place 2	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

*Shona Huffman*

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

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ 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)

\$ 2725.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 404.11

CONTRIBUTION  
BALANCE

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

\$ 2320.89

OUTSTANDING  
LOAN TOTALS

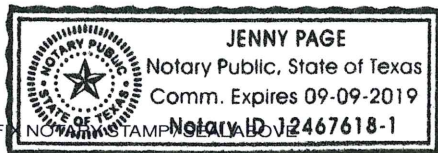
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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.

*Shona Huffman*  
Signature of Candidate or Officeholder



AFFIDAVIT NOTARY PUBLIC SEAL ABOVE

Sworn to and subscribed before me, by the said *Shona Huffman*, this the \_\_\_\_\_ day of *13*, 20 *016*, to certify which, witness my hand and seal of office.

*Jenny Page*  
Signature of officer administering oath

*Jenny Page*  
Printed name of officer administering oath

*Notary/City Secretary*  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME

Shona Huffman

**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2725.00
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 404.11
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Shona Huffman

3 Filer ID (Ethics Commission Filers)

4 Date

7/5/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kurt & Bernita North

6 Contributor address;

City; State; Zip Code

1189 Timber Ln. Frisco TX 75034

7 Amount of contribution (\$)

\$1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/2/15

Full name of contributor

☐ out-of-state PAC (ID#:

Jill Angelo

Contributor address;

City; State; Zip Code

5003 N. Rim Rd. Austin TX 78731

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/15

Full name of contributor

☐ out-of-state PAC (ID#:

Geoff & Emily Brenner

Contributor address;

City; State; Zip Code

5712 Thackery, Plano TX 75093

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/22/15

Full name of contributor

☐ out-of-state PAC (ID#:

Loren & Kristi Sauer

Contributor address;

City; State; Zip Code

22 Fireberry Ct. Frisco TX 75033

Amount of contribution (\$)

\$200.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Shona Huffman

3 Filer ID (Ethics Commission Filers)

4 Date

12/5/15

5 Full name of contributor

Ray Lenow

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

11056 Southwyck Dr. Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/20/15

Full name of contributor

Tim + Kathi Schacherer

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

4544 Biltmore Dr Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/24/15

Full name of contributor

Greg Carter

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

9429 Windmill Pt. Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/15

Full name of contributor

Paul Sheldon

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$75.00

Contributor address;

City; State; Zip Code

2048 Remington Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Shona Huffman

3 Filer ID (Ethics Commission Filers)

4 Date

12/30/15

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Haynie & Paige Mayhew

6 Contributor address;

City; State; Zip Code

2509 Valley Glen Ct. Carrollton TX 75010

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/30/15

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John & Melanie Classe

Contributor address;

City; State; Zip Code

14688 Ballentrac Frisco TX 75035

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/15

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kristi & Craig Derrick

Contributor address;

City; State; Zip Code

10616 Birmingham Frisco TX 75035

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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 POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: <u>2</u>		<b>2</b> FILER NAME <u>Shona Huffman</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>9/24/15</u>		<b>5</b> Payee name <u>Eyecatch Design Services</u>			
<b>6</b> Amount (\$) <u>\$324.75</u>		<b>7</b> Payee address; City; State; Zip Code <u>15311 Trails End Dr. Dallas TX 75248</u>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		<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 <u>Photography Services</u>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>Date</b> <u>10/30/15</u>		<b>Payee name</b> <u>Eyecatch Design Services</u>			
<b>Amount (\$)</b> <u>\$27.06</u>		<b>Payee address; City; State; Zip Code</b> <u>15311 Trails End Dr. Dallas TX 75248</u>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <u>Printing Expense</u>		<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 <u>Photography Services</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>Date</b> <u>12/31/15</u>		<b>Payee name</b> <u>Anedot Inc</u>			
<b>Amount (\$)</b> <u>\$3.22</u>		<b>Payee address; City; State; Zip Code</b> <u>5555 Hilton Suite 106 Baton Rouge LA 70808</u>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <u>Accounting/ Banking</u> <u>Credit Card Fees</u>		<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 <u>Credit Card Fees</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE 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  
Credit Card Payment

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.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Shona Huffman</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8/25/15</b>	5 Payee name <b>Go Daddy Inc.</b>
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6 Amount (\$) <b>\$19.08</b>	7 Payee address; City; State; Zip Code <b>14455 N. Hayden Rd Ste 219 Scottsdale AZ 85260</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</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>Website Services</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/1/15</b>	Payee name <b>Verve Hosting Inc.</b>
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Amount (\$) <b>\$30.00</b>	Payee address; City; State; Zip Code <b>145 S. Livernois Rochester Mills, MI 48307</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</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>Website Services</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED