

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Filer ID (Ethics Commission Filers)</p>	<p><b>2</b> Total pages filed: <u>8</u></p>
<p><b>3</b> CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR      FIRST      MI</p> <p><u>Mrs.</u>      <u>Shona</u>      <u>L</u></p> <p>NICKNAME      LAST      SUFFIX</p> <p style="text-align: center; font-size: 1.2em;"><u>Huffman</u></p>		<p><b>OFFICE USE ONLY</b></p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE</p> <p><u>10324 Fire Ridge Frisco TX</u> <u>75033</u></p> <p><input type="checkbox"/> Change of Address</p>		<p>Date Received</p> <p style="text-align: center; font-size: 1.2em;"><b>RECEIVED</b></p> <p style="text-align: center; font-size: 1.2em;"><b>APR 07 2016</b></p> <p style="text-align: center;">City Secretary's Office <u>10:51am</u></p>
<p><b>5</b> CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><u>(469)</u>      <u>789-6860</u></p>		<p>Date Hand-delivered or Date Postmarked</p>
<p><b>6</b> CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR      FIRST      MI</p> <p><u>Mr.</u>      <u>Kurt</u>      <u>D</u></p> <p>NICKNAME      LAST      SUFFIX</p> <p style="text-align: center; font-size: 1.2em;"><u>North</u></p>		<p>Receipt #      Amount \$</p>
	<p><b>7</b> CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p> <p>STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE</p> <p><u>1189 Timber Lane Frisco TX 75034</u></p>		<p>Date Processed</p>
	<p><b>8</b> CAMPAIGN TREASURER PHONE</p> <p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><u>(214)</u>      <u>725-6373</u></p>		<p>Date Imaged</p>
<p><b>9</b> REPORT TYPE</p>	<p> <input type="checkbox"/> January 15      <input checked="" 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)         </p>		
<p><b>10</b> PERIOD COVERED</p>	<p>Month    Day    Year      THROUGH      Month    Day    Year</p> <p style="text-align: center; font-size: 1.2em;"><u>1 / 1 / 16</u>      <u>3 / 31 / 16</u></p>		
<p><b>11</b> ELECTION</p>	<p>ELECTION DATE      ELECTION TYPE</p> <p>Month    Day    Year      <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description</p> <p><u>5 / 7 / 16</u>      <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special</p>		
<p><b>12</b> OFFICE</p>	<p>OFFICE HELD (if any)</p> <p style="text-align: center; font-size: 1.2em;"><u>N/A</u></p>	<p><b>13</b> OFFICE SOUGHT (if known)</p> <p style="text-align: center; font-size: 1.2em;"><u>Frisco City Council Place 2</u></p>	

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

COMMITTEE ADDRESS

☐ SPECIFIC

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

\$

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

\$ 3475.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3229.23

CONTRIBUTION  
BALANCE

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

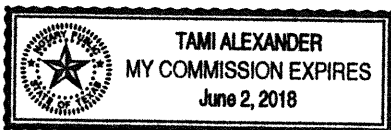
\$ 2566.66

OUTSTANDING  
LOAN TOTALS

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

\$ ~~2566.66~~

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SHONA HOFFMAN, this the 6TH day of APRIL, 20 16, to certify which, witness my hand and seal of office.

Tami Alexander

Signature of officer administering oath

TAMI ALEXANDER

Printed name of officer administering oath

NOTARY PUBLIC

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 SCHEDULE****SUBTOTAL  
AMOUNT**

- |     |                                                                                                             |            |
|-----|-------------------------------------------------------------------------------------------------------------|------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 3475.00 |
| 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   | \$ 3229.23 |
| 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: 34
2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shanna Keaveny 6 Contributor address: City: State: Zip Code 6053 Connely Dr. Frisco TX 75034	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/24/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve & Kappi Helms Contributor address: City: State: Zip Code 4970 Carnegie Frisco TX 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/24/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rick & Pamela Boss Contributor address: City: State: Zip Code 6469 Aylworth Frisco TX 75035	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chad & Amy Rudy Contributor address: City: State: Zip Code 12186 Kennedale Frisco TX 75033	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracie Shipman 6 Contributor address; City; State; Zip Code 10141 Calvery Ct. Frisco TX 75035	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Lynn Carl Contributor address; City; State; Zip Code 9804 Heather Ridge Frisco TX 75033	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Sheets Contributor address; City; State; Zip Code 10740 Big Horn Tr. Frisco TX 75035	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake & Kim Hodge Contributor address; City; State; Zip Code 4663 Newcastle Frisco TX 75033	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Cunningham 6 Contributor address; City; State; Zip Code 13309 Duesenberg Dr. Frisco TX 75033	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian & Shaye Dodson Contributor address; City; State; Zip Code 3554 Norwich Ln. Frisco TX 75033	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will & Bobby Sowell Contributor address; City; State; Zip Code 13407 Lyndhurst Frisco TX 75035	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hugh Coleman Contributor address; City; State; Zip Code 1720 Westminster, Ste 100 Denton TX 76205	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ed & Linda Kelly 6 Contributor address; City; State; Zip Code 4452 Harvard Frisco TX 75034	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathi & Tim Schacherer Contributor address; City; State; Zip Code 4544 Biltmore Frisco TX 75034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joanna Parker Contributor address; City; State; Zip Code 3189 Birchridge Frisco TX 75033	Amount of contribution (\$) \$25.00
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 (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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:	2 FILER NAME Shona Huffman	3 Filer ID (Ethics Commission Filers)
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4 Date 2/23/16	5 Payee name First Graphics
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6 Amount (\$) 1488.44	7 Payee address; City; State; Zip Code 229 Barron, Garland TX 75040
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) 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
--------------------------------------------	-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/1/16	Payee name First Graphics
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Amount (\$) 1735.79	Payee address; City; State; Zip Code 229 Barron, Garland TX 75040
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	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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Date 3/24/16	Payee name NTS Republican Women
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Amount (\$) 50.00	Payee address; City; State; Zip Code 7091 Glen Abbey Ct. Frisco TX 75034
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	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**