

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">10</div>																												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:20%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Shona</td> <td>L</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td>Huffman</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs.	Shona	L	NICKNAME	LAST	SUFFIX		Huffman		<div style="text-align: center; font-weight: bold; font-size: 0.9em;">OFFICE USE ONLY</div> <div style="text-align: center; padding: 5px;"> <p>Date Received</p> <p style="font-size: 1.2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.2em; font-weight: bold;">APR 29 2016</p> <p style="font-size: 0.9em;">City Secretary's Office</p> <p style="font-size: 0.8em;">12:12 pm</p> </div>																	
MS / MRS / MR	FIRST	MI																													
Mrs.	Shona	L																													
NICKNAME	LAST	SUFFIX																													
	Huffman																														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:15%; font-size: 0.8em;">STATE;</td> <td style="width:25%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5">10324 Fire Ridge Frisco TX 75033</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	10324 Fire Ridge Frisco TX 75033																						
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5 CANDIDATE / OFFICEHOLDER PHONE	<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:20%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>(469)</td> <td>789-6860</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(469)	789-6860		Date Hand-delivered or Date Postmarked																					
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MS / MRS / MR	FIRST	MI																													
Mr.	Kurt	D																													
NICKNAME	LAST	SUFFIX																													
	North																														
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:15%; font-size: 0.8em;">STATE;</td> <td style="width:25%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5">1189 Timber Lane Frisco TX 75034</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1189 Timber Lane Frisco TX 75034																						
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9 REPORT TYPE	<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 type="checkbox"/> July 15</td> <td><input checked="" 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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																				
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> </tr> <tr> <td>4</td> <td>/</td> <td>1</td> <td></td> <td>4</td> <td>/</td> <td>27</td> </tr> <tr> <td></td> <td></td> <td>/</td> <td></td> <td></td> <td></td> <td>/</td> </tr> <tr> <td></td> <td></td> <td>16</td> <td></td> <td></td> <td></td> <td>16</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	4	/	1		4	/	27			/				/			16				16
Month	Day	Year	THROUGH	Month	Day	Year																									
4	/	1		4	/	27																									
		/				/																									
		16				16																									
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 0.8em;">ELECTION DATE</td> </tr> <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> </tr> <tr> <td>5</td> <td>/</td> <td>7</td> </tr> <tr> <td></td> <td></td> <td>/</td> </tr> <tr> <td></td> <td></td> <td>16</td> </tr> </table>	ELECTION DATE			Month	Day	Year	5	/	7			/			16	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special					
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12 OFFICE	OFFICE HELD (if any)  NA	13 OFFICE SOUGHT (if known)  Frisco City Council Place2																													

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.

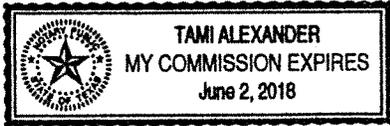
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ <u>9475.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5011.86</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7029.80</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u><del>10000.00</del></u>

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 SHONIA HUFFMAN, this the 27<sup>TH</sup> 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 Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9475.00
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	\$ 5011.86
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: <b>1/5</b>
2 FILER NAME <b>Shona Huffman</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/3/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick &amp; Stephanie Smith</b> 6 Contributor address; City; State; Zip Code <b>4615 Childress Frisco TX 75034</b>	7 Amount of contribution (\$) <b>300.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/3/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Puthoff</b> Contributor address; City; State; Zip Code <b>7946 Crampton Lane Frisco TX 75035</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/3/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dick Abernathy</b> Contributor address; City; State; Zip Code <b>PO Box 5544 Frisco TX 75035</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/5/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Wagner</b> Contributor address; City; State; Zip Code <b>5722 Stonegate Rd Dallas TX 75209</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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:

2/5

2 FILER NAME

Shona Huffman

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

John P Wagner

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

8401 N. Central Expwy St. 350 Dallas TX 75225

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/6/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Anthony Ruggeri

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

6159 Kenwood Dallas TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Richard Strauss

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

8401 N. Cent. Expway St. 350 Dallas TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Frank & Nancy McIlwain

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

11952 Cape Royal Ln. Frisco TX 75034

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: <b>3/5</b>
2 FILER NAME <b>Shona Heffman</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/7/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa &amp; Dean Stubbe</b> 6 Contributor address: City: State: Zip Code <b>4635 Pine Valley Frisco TX 75034</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/13/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Shaddock</b> Contributor address: City: State: Zip Code <b>5216 Corinthian Bay Plano TX 75093</b>	Amount of contribution (\$) <b>2500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Adams</b> Contributor address: City: State: Zip Code <b>5949 Sherry Ln. Dallas TX 75225</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peter Shaddock</b> Contributor address: City: State: Zip Code <b>58 Braewood Pl. Dallas TX 75248</b>	Amount of contribution (\$) <b>2000.00</b>
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:

4/5

2 FILER NAME

Shona Huffman

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/16

5 Full name of contributor  out of state PAC ID#

Steve South

6 Contributor address: City: State: Zip Code

3549 Pinnacle Bay Little Elm TX 75068

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/20/16

Full name of contributor  out of state PAC ID#

Cindy Randle

Contributor address: City: State: Zip Code

2550 Brazos Dr. Frisco TX 75033

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/16

Full name of contributor  out of state PAC ID#

Howard Akin

Contributor address: City: State: Zip Code

44 Armstrong Dr. Frisco TX 75034

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/16

Full name of contributor  out of state PAC ID#

Lynn Slaney

Contributor address: City: State: Zip Code

3201 Hampshire Frisco TX 75034

Amount of contribution (\$)

200.00

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:  
5/5

2 FILER NAME

Shona H. Hoffman

3 Filer ID (Ethics Commission Filers)

4 Date

4/20/16

5 Full name of contributor  out of state PAC ID#

Audra Mayberry

6 Contributor address: City: State: Zip Code

1150 Timber Lane Frisco TX 75034

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/25/16

Full name of contributor  out of state PAC ID#

John Keating

Contributor address: City: State: Zip Code

5900 Red Hill Ln. Frisco TX 75034

Amount of contribution (\$)

500.00

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)

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**

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/2	2 FILER NAME Shona Huffman	3 Filer ID (Ethics Commission Filers)
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4 Date 4/4/16	5 Payee name Uberprints
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6 Amount (\$) 377.52	7 Payee address; City; State; Zip Code 115 Ruth Dr. Athens GA 30601
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing 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 4/5/16	Payee name Frisco Tea Party
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Amount (\$) 25.00	Payee address; City; State; Zip Code 4992 Iroquois 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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Date 4/12/16	Payee name Voom Group
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Amount (\$) 182.94	Payee address; City; State; Zip Code 1825 E. Plano Pkwy Plano TX 75074
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2/2	<b>2</b> FILER NAME Shona Huffman	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/18/16	<b>5</b> Payee name Metro Mailer
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<b>6</b> Amount (\$) 1516.50	<b>7</b> Payee address; City; State; Zip Code 5719 E. Rosedale Stn. 809 Ft. Worth TX 76112
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19/16	Payee name Metro Mailer
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Amount (\$) 2909.90	Payee address; City; State; Zip Code 5719 E. Rosedale Stn. 809 Ft. Worth TX 76112
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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	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