

# 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="font-size: 2em; text-align: center;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mrs.</b> <small>NICKNAME</small></div> <div>FIRST <b>Shona</b> <small>LAST</small></div> <div>MI <b>L</b> <small>SUFFIX</small></div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;"><b>Huffman</b></div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received   <div style="font-size: 1.5em; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.2em; margin: 5px 0;">JUL 15 2016</div> <div style="font-size: 1.1em; margin: 5px 0;">City Secretary's Office</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <b>10324</b></div> <div>APT / SUITE #; <b>Fire Ridge Dr.</b></div> <div>CITY; <b>FRISCO TX</b></div> <div>STATE; <b>TX</b></div> <div>ZIP CODE <b>75033</b></div> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>(469)</b></div> <div>PHONE NUMBER <b>789-6860</b></div> <div>EXTENSION</div> </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mr.</b> <small>NICKNAME</small></div> <div>FIRST <b>Kurt</b> <small>LAST</small></div> <div>MI <b>D</b> <small>SUFFIX</small></div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;"><b>North</b></div>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <b>1189 Timber Lane</b></div> <div>APT / SUITE #;</div> <div>CITY; <b>FRISCO TX</b></div> <div>STATE;</div> <div>ZIP CODE <b>75034</b></div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>(214)</b></div> <div>PHONE NUMBER <b>725-6373</b></div> <div>EXTENSION</div> </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month   Day   Year  <b>6 / 10 / 16</b> </div> <div>THROUGH</div> <div> Month   Day   Year  <b>6 / 30 / 16</b> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month   Day   Year  <b>6 / 18 / 16</b> </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> Runoff   <input type="checkbox"/> Other Description  <input type="checkbox"/> General   <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any) <b>FRISCO City Council Pl. 2</b></div> <div>13 OFFICE SOUGHT (if known)</div> </div>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <span style="font-size: 1.2em;">Shona Huffman</span>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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 checked="" type="checkbox"/> Additional Pages	<b>COMMITTEE TYPE</b>  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b> <span style="font-size: 1.1em;">Frisco Fire Fighters Assn. Com. for a Resp. Gov't</span>
		<b>COMMITTEE ADDRESS</b>  <span style="font-size: 1.1em;">PO Box 1206 Frisco TX 75034</span>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <span style="font-size: 1.1em;">Stephen W. Hyatt</span>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <span style="font-size: 1.1em;">80 Derby Dr. Van Alstyne TX 75495</span>

<b>17 CONTRIBUTION TOTALS</b>	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)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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

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

Shona Huffman

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.

Frisco Police Officers Assoc. PAC

PO Box 2263 Frisco TX 75034

Grant Cottingham

PO BOX 2263 FRISCO TX 75034

\$

\$

D

\$

\$

2788.97

\$

\$

6578.44

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.

*Sona Hoffman*

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

Title of officer administering oath



# 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  
☒ GENERAL  
☐ SPECIFIC

COMMITTEE NAME  
Texas Realtors PAC

COMMITTEE ADDRESS  
PO Box 2246 Austin TX 78768-2246

COMMITTEE CAMPAIGN TREASURER NAME  
Kaki Lybbert

COMMITTEE CAMPAIGN TREASURER ADDRESS  
3537 Teasley Lane Denton TX 76210

☐ 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)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2788.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <del>2788.97</del>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6578.44

18 AFFIDAVIT

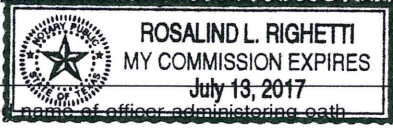
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shona Huffman  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shona Huffman, this the 13 day of July, 20 16, to certify which, witness my hand and seal of office.

Rosalind L. Righetti  
Signature of officer administering oath

 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

Shona Huffman

**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 MADE FROM POLITICAL CONTRIBUTIONS	\$2188.97
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	\$

# 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: <b>1/3</b>	2 FILER NAME <b>Shona Huffman</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/12/16</b>	5 Payee name <b>True Works</b>	
6 Amount (\$) <b>1572.72</b>	7 Payee address; City; State; Zip Code <b>5850 Town &amp; Country Blvd Frisco TX 75034</b>	
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>Printing / Mailers</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>6/12/16</b>	Payee name <b>True Works</b>	
Amount (\$) <b>238.70</b>	Payee address; City; State; Zip Code <b>5850 Town &amp; Country Frisco TX 75034</b>	
<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>Printing / Mailers</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>6/12/16</b>	Payee name <b>True Works</b>	
Amount (\$) <b>67.12</b>	Payee address; City; State; Zip Code <b>5850 Town &amp; Country Frisco TX 75034</b>	
<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>Printing / Push Cards</b>	
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**



# 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: <u>4 2/3</u>	<b>2</b> FILER NAME <u>Shona Huffman</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>6/27/16</u>	<b>5</b> Payee name <u>Fred Lusk</u>	
<b>6</b> Amount (\$) <u>230.21</u>	<b>7</b> Payee address; City; State; Zip Code <u>9912 Mallory Dr. Frisco TX 75035</u>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <u>Advertising 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>Sign Installation/Repair</u>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <u>6/27/16</u>	Payee name <u>Go Daddy Inc.</u>	
Amount (\$) <u>42.33</u>	Payee address; City; State; Zip Code <u>14455 N. Hayden Rd Ste 219 Scottsdale AZ 85260</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <u>Advertising Expense</u>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Web Hosting</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <u>6/18/16</u>	Payee name <u>Matthew Sowell</u>	
Amount (\$) <u>194.85</u>	Payee address; City; State; Zip Code <u>13407 Lyndhurst Frisco TX 75035</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <u>Contract Labor</u>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Sign Repair, Delivery, help</u>	
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**

# 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: 3/3	<b>2</b> FILER NAME Shona Huffman	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/29/16	<b>5</b> Payee name Anedote	
<b>6</b> Amount (\$) 4.20	<b>7</b> Payee address; City; State; Zip Code PO Box 84314 Baton Rouge LA 70884	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	
	<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  Banking Fees	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

<b>Date</b> 6/12/16	<b>Payee name</b> US Postmaster	
<b>Amount (\$)</b> 163.84	<b>Payee address; City; State; Zip Code</b> 8700 Stonebrook Pkwy Frisco TX 75035	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  Advertising Expense	
	<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  Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

<b>Date</b> 6/18/16	<b>Payee name</b> Costco	
<b>Amount (\$)</b> 275.00	<b>Payee address; City; State; Zip Code</b> 11220 Dallas Pkwy Frisco TX 75033	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  Event Expense	
	<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  Food/Beverage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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