CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE/ OFFICEHOLDER	Ms/Mrs/Mr First Mr. Thomas	MI	OFFICE USE ONLY
NAME	Mr. Thomas		Date Received
	Jeff Cheney	Jr.	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	RECEIVED
OFFICEHOLDER MAILING ADDRESS	11377 Deep Canyon Trail Fri	isco, Texas 75033	APR 28 2017
Change of Address			City Secretary's Office
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Bate Postmarked
PHONE	(214) 707-7320		Date Hallu-delivered to balle i ostiliarred
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Mrs. Debby		Date Processed
	Clark		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / SU 41 Tranquil Pond Frisco, Texas 75034	JITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 977-2057	EXTENSION	
9 REPORT TYPE	January 15 30th day before electric July 15 X 8th day before electric X		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 / 5 / 2017	THROUGH $rac{ ext{Month}}{4}$	Day Year 26 / 2017
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE	
	Month Day Year	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	n/a	Frisco Mayor	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Jeff Cheney 15 Filer ID (Ethics Commission Filer			5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	COMMITTEE ADDRESS SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2399.64		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 664.38		
	4. TOTAL POLITICAL EXPENDITURES \$ 35608.17		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 68500.00		
18 AFFIDAVIT			
SHARON L PERRY SHARON EXP. 03-22-2018 NOTARY ID 128215849 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.			
		Signature of Cand	idate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		_ Hh
Sworn to and subsci	1 -		, this the
day of April		to certify which, witness my hand and seal of office.	, .
Mars	Leng	Sharon terry	Notary
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Jeff Cheney 20 Filer ID (Ethics Co		on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2281.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	118.64
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	X SCHEDULE E: LOANS	\$	68500.00
5.	$\overline{\mathrm{X}}$ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$	34943.79
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COI	NTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	*
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ls \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Jeff Cheney		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
4-7-2017	Joe Hockaday 6 Contributor address; City; State;		\$250.00	
	9702 ENMORE FRISCO TX 7503	35		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
4-3-2017	Contributor address; City; State;	Zip Code	\$51.00	
	14937 BEGONIA DRIVE FRISCO	TX 75035		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)	
4 < 2015	Will Sowell			
4-6-2017	Contributor address; City; State;		\$250.00	
	13407 LYNDHURST DR FRISCO	TX 75035		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor ut-of-state PAC Cindy Hons	(ID#:)	Amount of contribution (\$)	
4-7-2017		Zip Code	\$25.00	
7145 YELLOWSTONE DR FRISCO TX 75033				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
			l	

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 1 Total pages Schedule A1: 3 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jeff Cheney 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Charlie Adams 4-12-2017 \$1000.00 6 Contributor address; City; State; Zip Code 4323 BELCLAIRE AVE. DALLAS TX 75205 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Jaime Ronderos 4-18-2017 Contributor address; City; State; Zip Code \$100.00 FRISCO TX 75034 4501 VOYAGER DR Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Jennifer Eckert \$100.00 4-20-2017 Contributor address; City; State; Zip Code 11301 WILLIAMSBURG LANE FRISCO TX 75035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Glyn King Contributor address; City; State; Zip Code \$250.00 4-23-2017 4285 GLENHURST LANE FRISCO TX 75033 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	Jeff Cheney		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
4-24-2017	Karen Cunningham 6 Contributor address; City; State;		\$250.00			
	13309 DUESENBERG DR FF	RISCO TX 75033				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Date	_	(ID#:)	Amount of contribution (\$)			
4 24 2017	Michael Micheletti		ΦE 0.0			
4-24-2017	Contributor address; City; State; 2875 IZABELLA CT. FRISCO TX 7		\$5.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	Contributor address; City; State;	Zip Code				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)			
Contributor address; City; State; Zip Code						
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.

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Ages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
4-25-2017	Josh Farris			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$460.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	C. 1 /VAI / C I . 1	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense		
za zaza		Canvassing		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
3-28-2017	Frank Stacey			
Amount (\$)	Payee address; City; State; Zip Code			
\$575.00	15409 Fox Meadow, Frisco, TX 75	035		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Other Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
EXPENDITURE	Other			
		Supplies		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4-7-2017	Metroplex Piano			
Amount (\$)	Payee address; City; State; Zip Code			
\$1071.67	9292 LBJ Freeway, Dallas, TX 75243			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	D. A.B.	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense		
		Rental		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4-10-2017	Republican Women of Greater North'	Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$565.00	P.O. Box 2353 Frisco, TX 7503	4	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-18-2017	Frisco Lakes Veterans Association		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions by Candidate		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-20-2017	Woody's Sports Restaurant		
Amount (\$)	Payee address; City; State; Zip Code		
\$114.90	307 W Main St Frisco, TX 75034		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

Candidate/Officeholder/Politica	,	Vages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	•	
4-6-2017	Metro Mailer		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2773.87	Fort Worth, Texa	as	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	A.L. St. D	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
EXPENDITORE		Mail / Postage	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4-25-2017	Medina USA		
Amount (\$)	Payee address; City; State; Zip Code		
\$3000.00	4308 Shamrock Dr Frisco '	ГХ 75034	
	Category (See Categories listed at the top of this schedule)	Description County Statute T	
PURPOSE	PURPOSE OF Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Consulting Expense	Consulting	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4-25-2017	Fed Ex Kinko's		
Amount (\$)	Payee address; City; State; Zip Code		
\$192.24	Frisco, TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
		Printing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 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
Others (extension and listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Cuide explains how to complete this form			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
4-26-2017	Small Guy Music		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00		on, TX 75007	
	(2) O 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(h) Description	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4-8-2017	Market Street		
Amount (\$)	Payee address; City; State; Zip Code		
\$196.44	11999 Dallas Parkway, Frisco	Texas 75034	
		5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food / Beverage	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4-24-2017	Tom Thumb		
Amount (\$)	Payee address; City; State; Zip Code		
\$167.87	5550 FM 423 Frisco, TX 75035		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Other	Check if Austin, TX, officeholder living expense	
LAI LINDII OILL			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	-	
4-9-2017	Facebook		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$750.59	1 Hacker Way, Menlo Park, CA 94025		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	A desertising Francisco		ide of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense		TX, officeholder living expense
		Advertising	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-14-2017	Frisco Chamber of Commerce		
4-14-2017			
Amount (\$)	Payee address; City; State; Zip Code		
\$25.00	6843 Main Street, Frisco TX 75	5034	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE Check if travel outside of Texas. Complete Schedule T.			·
OF EXPENDITURE	Food / Beverage		TX, officeholder living expense
		FYP Luncheor	ı
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-20-2017	First Graphic Services		
Amount (\$)	Payee address; City; State; Zip Code		
\$2032.39	229 Garvon St, Garland, TX 75040		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			de of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, 1	TX, officeholder living expense
		Signage	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

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

Candidate/Officeholder/Politica	al Committee	Legal Services	Salaries/Wages/Contrac	ct Labor	Other (enter a ca	tegory not listed above)
Credit Card Payment		The Instruction Guide explain	is how to complete thi	is form.		
1 Total pages Schedule F1:	2 FILER N	AME Jeff Cheney			3 Filer ID (Et	hics Commission Filers)
4 Date	5 Payee na	ime				
4-8-2017	Raindı	rop Technologies				
6 Amount (\$)	7 Payee ad	ddress; City; State; Z	ip Code			
\$200.00	4151 N	Traverse Mountain Blv	d #1-202, Le	hi, UT 8	34043	
8	(a) Category	(See Categories listed at the top of this s	schedule) (b) Desc	ription		
PURPOSE				Check if travel o	outside of Texas. Comple	ete Schedule T.
OF EXPENDITURE	Advert	ising Expense		Check if Austi	in, TX, officeholder liv	ring expense
EXPENDITORE			Adver	tising		
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name	Office	sought		Office held
Date	Payee na	ıme				
4-6-2017	Comm	nunity Impact				
Amount (\$)	Payee address; City; State; Zip Code					
\$7370.47	7460 W	arren Parkway, Frisco '	ГХ 75034			
	Category	(See Categories listed at the top of this s	chedule) Desc	ription		
PURPOSE	Advert	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			e Schedule T.	
OF EXPENDITURE	Havert	ising Expense			n, TX, officeholder livi	ng expense
EXI ENDITORIE			Adver	tising		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office	sought		Office held
Date	Payee na	ame				
4-15-2017	Recog	gnition USA				
Amount (\$)	Payee ac	ddress; City; State; Z	ip Code			
\$427.59	113 E.	Polk Street, Richards	son TX 75081			
	Category	(See Categories listed at the top of this s	chedule) Desci	ription		
PURPOSE	A 1	tiain a Farman -	c	heck if travel ou	utside of Texas. Complet	e Schedule T.
OF EXPENDITURE	Adver	tising Expense	c	heck if Austin	n, TX, officeholder livi	ng expense
			Adve	rtising		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office	sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	·
4-7-2017	Frisco Printing	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$185.37	8585 John Wesley Dr Ste 200 Fr.	isco, Texas 75034
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Printing Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		Stationery
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
4-14-2017	Frisco Printing	
Amount (\$)	Payee address; City; State; Zip Code	
\$341.05	8585 John Wesley Dr Ste 200 Fr	isco, Texas 75034
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	D	Check if Austin, TX, officeholder living expense
EXI ENDITORE	Printing Expense	Stationery
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4-21-2017	Frisco Printing	
Amount (\$)	Payee address; City; State; Zip Code	
\$840.95	8585 John Wesley Dr Ste 200 Fr	risco, Texas 75034
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
		Stationery
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
4-20-2017	Metro Mailer				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$9239.96	5719 E. Rosedale St Ste 809, Fort Worth, TX 76112				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel out	tside of Texas. Complete Schedule T.		
OF	Advertising Expense				
EXPENDITURE		Mailers			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-25-2017	Metro Mailer				
Amount (\$)	Payee address; City; State; Zip Code				
\$1456.76	5719 E. Rosedale St Ste 809, Fort Worth, TX 76112				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Check if Austin, TX, officeholder living expense				
EXPENDITORE	Advertising Expense	Mailers			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-6-2017	RMG Apparel Corp				
Amount (\$)	Payee address; City; State; Zip Code				
\$904.97	110 Rose Ln Ste 210 Frisco, TX 7503	4			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expense	Check if Austin,	TX, officeholder living expense		
	<i>U</i> 1	T-Shirts			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

LOANS		SCHEDULE E			
The Instruction Guide explains how to	1 Total pages Schedule E: 2				
2 FILER NAME JEH Chen	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED LOANS	\$ 68500.00				
8 III Jeff Chent 6 Is lender a financial 8 Lender address; Cit	DEFF Chency 8 Lender address; City: State; Zip Code				
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	L. C.			
14 Description of Collateral	15 Check if personal funds were account (See Instructions)				
16 GUARANTOR INFORMATION 17 Name of guarantor 18 Guarantor address; Cit	ty; State; Zip Code	19 Amount Guaranteed (\$)			
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)				
Date of loan Name of lender Out	-of-state PAC (ID#:)	Loan Amount (\$)			
Is lender a financial Institution? Lender address; City; State; Zip Code (1377 DCC Caryon Tr		Interest rate A Maturity date F A			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		,			
Description of Collateral	Check if personal funds were caccount (See Instructions)				
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)			
Guarantor address; City not applicable	y; State; Zip Code				
Principal Occupation (See Instructions)	Employer (See instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

LOANS	SCHEDULE E				
The	1 Total pages Schedule E: 2				
2 FILER NAME JEff Chency			3. Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS			\$ 68500.00		
5 Date of loan 7 Name of lender out-of-state PAC (ID#:) 15/17 Jeff Cherry			9 Loan Amount (\$) 55,000		
16 Is lender a financial Institution? Y N Cany ON The Cony ON The C			10 Interest rate 11 Maturity date		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)					
14 Description of Coll inone	account (See Instructions)		deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor	19 Amount Guaranteed (\$)			
not applicable	18 Guarantor address; City; State; Zip Code				
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
Date of loan 4-24-2017	Name of lender		Loan Amount (\$) \$5,000		
Is lender a financial Institution?	Lender address; City; State; Zip Code 11377 Deep Canyon, Frisco TX 75033		Interest rate n/a		
Y N			Maturity date n/a		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions)			
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code					
not applicable Principal Occupation (See Instructions)		Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					