# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	tuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY			
NAME	Mrs. Shona  NICKNAME LAST  Huffman	L	Received: 11 July 2017 City Secretary's Office			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; Control of the suite of	JP @ 4:01 p.m.				
	ADDI ADDI DI	EVTENCION				
5 CANDIDATE/ OFFICEHOLDER PHONE	( 469 ) 789-6860	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
TREASURER NAME	Mr	Date Processed				
	North		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1189 Timber Lane Frisco, TX 75034	JITE #; CITY; STATE;	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 214 ) 725-6373	EXTENSION				
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	XK July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	1 / 1 / 2017	THROUGH 6	30 / 2017			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description				
	General	Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)				
	Frisco City Council Place 2					
GO TO PAGE 2						

Rec. 7/11/17 \$ 4:01 pm

# 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)	OLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
				e.		
		COMMITTEE CAMPAIG	N TREASURER NAME			
Additional Pages						
		COMMITTEE CAMPAIG	N 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 CONTR	IBUTIONS		00.00	
			ANS, OR GUARANTEES OF LOANS)	\$	00.00	
EXPENDITURE	3. TOTAL F	OLITICAL EXPENDIT	URES OF \$100 OR LESS,			
TOTALS	20 20 21 21 21 2 2 2 2 2 2	ITEMIZED	51125 51 \$100 511 2255,	\$		
	4. TOTAL POLITICAL EXPENDITURES \$ 28600				28600	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			TDAY \$		
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OU			THE &	0500.00		
LOAN TOTALS	LAST DA	Y OF THE REPORTIN	NG PERIOD	\$	6523.00	
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.						
then a tulton						
Signature of Candidate or Officeholder						
Sworn to and subscribed before me, by the said						
day of , 20 , to certify which witness my hand and seal of office.						
ROSALIND L. RIGHETTI My Notary ID # 188415					1 Istan	
Signature of officer administering oath  Printed ame of officer administering oath  Title of officer administering oath					icer administering oath	
		The same of the same of	STATE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE P		1 -	

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	Shona Huffman  20 Filer ID (Ethics Con	nmission Filers)	
21	SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 286.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
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 BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 c	complete this form.	care, (error a caregory normalist above)		
1 Total pages Schedule F1:	2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
2/14/17	RWGNT				
6 Amount (\$) 20.00	7 Payee address; City; State; Zip Code PO Box 2353 Frisco, TX 75034				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense Ficket		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
5/5/17	Frisco Lakes Veterans Memorial Ass	ociation			
Amount (\$)	Payee address; City; State; Zip Code				
100.00	7695 Riverwood Lane Frisco, TX 75034				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense		ntside of Texas. Complete Schedule T.  I, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
6/22/217	Storage Solutions Frisco				
Amount (\$) 166.00	Payee address; City; State; Zip Code 6707 Eldorado Pkwy Frisco, TX 75033				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Overhead Rental Expense	Check if Austin,	tside of Texas. Complete Schedule T. , TX, officeholder living expense ampaign Materials		
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					