CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Go	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MFS/MR FIRST NICKNAME LAST LAST	SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	Jett Cheney ADDRESS / PO BOX; APT / SUITE #; CO FYISCO, TX AREA CODE PHONE NUMBER		RECEIVED JUL 1 3 2018 City Secretary's Office (2)1:25 a-m. KRM	
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	MS/MRS) MR FIRST LOVIC- NICKNAME LAST Medina	MI SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 4308 S'hamrocl	JITE#; CITY; STATE; CDV) FVISCO(TX 75034	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 502-015	EXTENSION 3		
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH OG	Day Year / 30 / 18	
11 ELECTION	BLECTION DATE Month Day Year Primary 05/06/2017 General	ELECTION TYPI Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	/n)	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	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		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	SED \$ 100.00	
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 43,608.01.	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ -	
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 12,004.04	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 109, 874.			
18 AFFIDAVIT			•	
		I swear, or affirm, under penalty o	f perjury, that the accompanying report is nformation required to be reported by me	
NINITE OF THE PROPERTY OF THE	KRISTI MOI		normation required to be reported by the	
	Notary Public, Sta Comm. Expires (ate of Texas		
OF THE	Notary ID 129	0726233	//	
		Signature of Ca	andidate or Officeholder	
AFFIX NOTARY STA	MP/SEALABOVE		U	
Sworn to and subs	cribed before me	, by the said Jeff Cheney	, this the 13±4	
day of July	, 20_18	, to certify which, witness my hand and $oldsymbol{Q}$ eal of offic	e.	
Signature of officer	ADMOUT administering oath	Kristi Morrow To	Herim City Secretary Title of officer administering oath	
	U		•	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME Jeff Cheney	20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 39,425.01
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 4083.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 6
4. V SCHEDULE E: LOANS		\$ 4,500.00 \$ 32,714.25
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 32,714.25
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
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 FU	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU RETURNED TO FILER	TIONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Jeff' Cheney 7 Amount of contribution (\$) 500,00 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) 1/26/2018 Melissa Kessler Contributor address; City; State; Zip Code 1410 Dak Hill Lane, Murphy, TX 100-00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_____ Amount of contribution (\$) 1/26/2018 KVISTA Ramirez Contributor address; City; State; Zip Code 3757 Capitol Lane, Frisco, TX 75034 100,00 Employer (See Instructions) Principal occupation / Job title (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. 2 FILER NAME JEFF Cheney 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:______) 4 Date 1/26/2018 5 Full name of contributor out-of-state PAC (ID#:______) 6 Contributor address; City; State; Zip Code 5727 Arminta AVe, Frisco, TX 75034 7 Amount of contribution (\$) 100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAG (11)#: 1/25/2018 Rex and Sherese Glendenning Contributor address; City; State; Zip Code 13267 FM 428, Celina, TX 75009 Amount of contribution (\$) 2500,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) 1/25/2018 Kevin and Amanda Hail Contributor address; City; State; Zip Code 150,00 4185 Sicily Drive, Frisco, TX 75034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Min Chin Hour City; State; Zip Code 5055 Addison, TX 75001 5000.00 Employer (See Instructions) Principal occupation / Job title (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. 3 Filer ID (Ethics Commission Filers) Jeff Cheney 4 Date 5 Full name of contributor out-of-state PAC (ID#: _______) 1/25/2018 Matthew and Francesca Kiran 6 Contributor address; City; State; Zip Code 15504 WFM 455, Celina, TX 75009 7 Amount of contribution (\$) 1000-00 8 Principal occupation / Job title (See Instructions) Date Day and Dorothy Bollner 1/25/2018 Contributor address; City; State; Zip Code 4745 Star Ridge Ln., Frisco, TX 75039 Amount of contribution (\$) 250,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) 1/25/2016 Stan and Jessica Albrecht Contributor address; City; State; Zip Code 5893 Coral Ridge Ct, Frisco, TX 75034 500.00 Principal occupation / Job title (See Instructions) Taikuniar and Nahdini Kvishnaswamy Contributor address; City; State; Zip Code (516 Weslex Dr., Allen, TX 75013 Amount of contribution (\$) 250.00 Principal occupation / Job title (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 1 Total pages Schedule A1:, The Instruction Guide explains how to complete this form. 2 FILER NAME TEFF Chency 4 Date 5 Full name of contributor out-of-state PAC (ID#:______) 1/25/2018 6 Contributor address; City; State; Zip Code 6973 Memorial Dr., Frisco, TX 75034 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100,00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 200,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) 1000,00 4749 Jerval Dr, Frisco, TX 75034 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 100-00 Principal occupation / Job title (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 th	is form.	1 Total pages Schedule A1:5/8
2 FILER NAME TEFF Chency		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state F 1/25/2018 Teffvey and Brynn Evan 6 Contributor address; City; Sta		7 Amount of contribution (\$)
6 Contributor address; City; Sta 7 City		250.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	PAG (ID#:)	Amount of contribution (\$)
1/25/2018 Jeffrex and Ashley Ma Contributor address; City; St 5661 Arminta Ave, Fris	ate; Zip Code	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date Full name of contributor		Amount of contribution (\$)
1/25/2018 Lynn and Brian Reed Contributor address; City; St 6300 Caroline Dr., Fris	ate; Zip Code	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instruc	ptions)
Date Full name of contributor out-of-state 1/25/2018 Richard Roder Contributor address: City: S	PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; s 15280 Addison Rd, Suit	tate; Zip Code e 300, Addison, Ti 75001	5000,00
Principal occupation / Job title (See Instructions)	Employer (See Instruc	ptions)

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. 2 FILER NAME JEFF Chency 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor | out-of-state PAC (ID#: 2/02/2018 | Kimberly Engleman 6 Contributor address; City; State; Zip Code 5641 Arminta Ave, Erisco, TX 75034 7 Amount of contribution (\$) 100,00 8 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#: Amount of contribution (\$) Ed Curtis Contributor address; City; State; Zip Code 320 Forza Viola Way, Austin, TX 78738 500,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) 2/09/2018 Michael Barber Contributor address; City; State; Zip Code 100.00 7608 Regent Lane, Frisco, TX 75034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_____ 2/09/2018 Stacy Alberts Contributor address; City; State; Zip Code 6474 Lone Grove Ct, Frisco, TX 75034 100.00 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:	
FILER NAME	eff Cheney	3 Filer ID (Ethics Commission Filers)	
Date 23/2019	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)	
Date 421/2018	Full name of contributor out-of-state PAC (ID#:) TREPAC/TX ASSOC, of Realtors Contributor address; City; State; Zip Code 4783 Preston Rd, H100, Frisco TX 75034	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date 3/20/2018	Full name of contributor out-of-state PAC (ID#:) Crais Hall Contributor address; City; State; Zip Code Bol Agylord Parkway Suite 103 mation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)	
Date 5/24/2018	Full name of contributor Dout-of-state PAC (ID#:) Carter Family Office LLC Contributor address; City; State; Zip Code P.O. Box 2049, Frisco, TX 75034	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)	

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 The Instruction Guide explains how to complete this form. 2 FILER NAME JE F 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 2000,00 Park, SanAntonio, TX 78257 8 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:____ Date Amount of contribution (\$) Melanie Horton Contributor address; City; State; Zip Code 998 Memorial Dr., Frisco, TX 75034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ City; State; Zip Code Contributor address; 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME JEFF, Cheney			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 4083.00
5 Date 6 Full name of contributor out-of-state PAC (ID#: Jace and Melanie Horton 7 Contributor address; City; State; Zip Code 6998 Memorial Dr, Frisco Tx 758; 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employ			8 Amount of Solin-kind contribution description description food and beverage Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Co		Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
lf contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
II	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instruction		

Forms provided by Texas Ethics Commission

SCHEDULE E LOANS 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME JEFF Cheney 3 Filer ID (Ethics Commission Filers) \$ 4500.00 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) out-of-state PAC (ID#:_ /16/2018 4500.00 8 Lender address; City; State; Zip Code 11377 Deep Canyon Trail, Frisco, TX 75034 10 Interest rate Is lender a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) V none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ Interest rate Is lender Lender address: City; State; Zip Code a financial Institution? Maturity date Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION 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.

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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services		ages/Contract Labor	Other (enter a categ	ory not listed above)
	T		uide explains how to co	ompiete this form.	T	
1 Total pages Schedule F1:	2 FILER N	ame Jeff	Cheney	(3 Filer ID (Ethic	s Commission Filers)
4 Date / 02 / 2018	5 Payee na	ndrop T	echnolog	zies		
6 Amount (\$) 49,99	7 Payee at 4151 Leh		echnolog State; Zip Code Y evse Mtn. 4043	Blvd,#1-	-202	
8	(a) Category	/ (See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE	A #	150,00		Check if travel o	outside of Texas. Complete	Schedule T.
OF EXPENDITURE	Have	ertising		Check if Austi	n, TX, officeholder living	expense
EXPERIMENT	, (Expens	e			
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder na	ame	Office sought		Office held
Date	Payee na					
1/07/2018	Mo	ilchim	P			
Amount (\$)	Payee a	ddress; City	; State; Zip Code	. 11- 0	1 5000	
50.00	675 Atla	Ponce I	; State; Zip Code De Leon Ar 30308	re N± Jui	<u> </u>	
	Categor	y (See Categories listed a	t the top of this schedule)	Description		
PURPOSE			t. 1 2 52	Check if travel or	utside of Texas. Complete S	Schedule T.
OF EXPENDITURE	Adv	protising	Expense	Check if Austin	n, TX, officeholder living	expense
	71000	<i>J</i>	٧			
Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder na	ame	Office sought		Office held
	T					
Date 1/15/2018	Payee n	oes mar	+			
Amount (\$)	Payee a	ddress: City	; State; Zip Code		/ :	
1 1	274	9 Wade	Blvd, Fr	isco. TX	75034	
49.00	0/1	7 vvaac	Divaj 71	10 - 1 100	, - /	
	Categor	y (See Categories listed a	t the top of this schedule)	Description		
PURPOSE	1 At	her-		Check if travel o	outside of Texas, Complete	Schedule T.
OF EXPENDITURE		2	n 0	Check if Austi	in, TX, officeholder living	expense
		Storac) ~			
	<u> </u>	<u></u>	/	<u> </u>		
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder r	name	Office sought		Office held
	TA	TACH ADDITIONA	AL COPIES OF THIS	SCHEDULE AS NE	EDED	

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)

Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Date, 1/17/2018 5 Payee name NED INGUSA

Amount (\$) 7 Payee address; City; State; Zip Code Or, Frisco, TX 7503 P 5000.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Salary Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 1/26/2018 Payee address; City; State; Zip Code #109, Dallas, TX 75204 Amount (\$) 36.60 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Raindrop Technologies 2/02/2018 Payee address; City; State; Zip Code 4151 N. Travevse Mtn. Blvd. #1-202 Lehi, UT 84043 49.99 Description Check if travel outside of Texas, Complete Schedule T. Advertising **PURPOSE** ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee Event Expense 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

Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Payee address; City; State; Zip Code NE Suite 5000 50.00 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Medina USA 2/13/2018 Payee address; City; State; Zip Code 4308 Shamrock Dr, Frisco, TX 75034 Amount (\$) 5000.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Jalary OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Cubesmart Wade Blvd, Frisco, TX 75034 Amount (\$) 49.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 1) ther-OF __ Check if Austin, TX, officeholder living expense EXPENDITURE storase Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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		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 explain	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME JEFF Chen	ey	3 Filer ID (Ethics Commission Filers)	
4 Date 2/23/2018	5 Payee name Anedot	V		
6 Amount (\$) 71,70	7 Payee address; City; State; Z HO17 BUENG Vis DOLLAS, TX 75200	ta St. #109		
8	(a) Category (See Categories listed at the top of this s		autilia a(Taura Occa I a O I a I a T	
PURPOSE OF EXPENDITURE	Fees		outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 4/03/2018	Raindrop Techno	ologies		
Amount (\$) 49.99	Payee address; City; State; Z 4151 N. Traverse Lehi, UT 84043	Min. Blvd. 7	+1-202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertising Expense	Check if travel o	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 4/07/2018	Payee name Mailchim			
Amount (\$) 500	Payee address; City: State: 2 675 Ponce de Le Atlanta, GA 3030	_	suite 5000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertising Expense	Check if travel	outside of Texas, Complete Schedule T. stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense Prin	ing Expense ating Expense aries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains ho	-	,	
1 Total pages Schedule F1:	2 FILER NAME JEFF Chency)	3 Filer ID (Ethics Commission Filers)	
4 Date 4 09 2018	5 Payee name Medina USA			
6 Amount (\$) 5000,00	7 Payee address; City; State; Zip Co 4308 Shamrock D FVISCO, TX 75			
8	(a) Category (See Categories listed at the top of this schedu			
PURPOSE OF EXPENDITURE	Salary		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 4/16/2018	Payee name Cube Smowt			
Amount (\$) 49.00	Payee address; City; State; Zip Co 8749 Wade Blvd.,	Friscy TX	75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedules — Storage	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 4/23/2018	Say Thank U			
Amount (\$)	Payee address; City; State; Zip C			
1220.75	10618 Tobias Lone,	, Frisco, TX	75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel of	outside of Texas, Complete Schedule T. in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	Jett Cheney	3 Filer ID (Ethics Commission Filers)
$\frac{4 \text{ Date}}{3 / 02 / 2018}$	5 Payee name Raindrop Technole 7 Payee address; City; State; Zip Gode 4151 N. Traverse M+n	ogies
6 Amount (\$) 49,99	7 Payee address; City; State; Zip Code 4151 N. Traverse M+n Lehi, UT 84043	.Blvd. #1202
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date 3/07/2018	Payee name Mailchimp	
Amount (\$) 54,13	Payee address: City: State: Zip Code / 675 Ponce de Leon / Atlanta, GA 30308	tve NE Suite 5000
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date 3/13/2018	Medina USA	
Amount (\$) 5000,00	Payee address; City; State; Zip Code 4308 Shamroon Di Frisco, TX 75034	`.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salavy	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	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 Gitt/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 co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME JEFF Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3/15 /2018	5 Payee name Cube smart		
6 Amount (\$) 49,00	7 Payee address; City; State; Zip Code 8749 Wade Blvd,	Frisco,	TX 75034
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ohher Shova Se		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
3/26/2018	Payee name Goldcal Group		
Amount (\$)	Payee address; City; State; Zip Code		
487,13	10618 Tobias Ln, Fr	isco, TX	7503 ¥
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
5/03/2018	Raindrop Techno	logies	
Amount (\$) 49,99	Payee address; City; State; Zip Code 4151 N. Traverse Mi Lehi, UT 84043	tn Blvd. :	#1-202
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By 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 Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date Mail Chimp

7 Payee address; City; State; Zip Code
675 Ponce de Leon Ave, NE Suite 5000 50,00 Atlanta, GA 36308 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Advertising PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 5/14/2018 Medina USA Payee address; City; State; Zip Code Amount (\$) 4308 Shomrocle Dr. 5000,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Salary OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 5/15/2018 Cubesmart City; State; Zip Code
Wade Blvd, Frisco, TX 75034 49.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Other -Check if Austin, TX, officeholder living expense EXPENDITURE Storage Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a catego	
1 Total pages Schedule F1: $9/10$	2 FILER NAME JEFF Chency	3 Filer ID (Ethics	Commission Filers)
4 Date 6/04/2018	5 Payer name Raindrop Technolo	ogies	
6 Amount (\$) 49,99	7 Payee address; City; State; Zip Code 4151 Traverse Mtn. Bl Lehi, UT. 84043	vd.#1-202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Ce/08/2018	Payee name Mail chimp		
. Amount (\$) 50,00	Payee address; City; State; Zip Code le 75 Ponce de Leon Ave Atlanta, GA 30308	NE Suite 5000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
b / 12 /2018	Payee name Medina USA		
Amount (\$) 5000.00	Payee address; City; State; Zip Code 4308 Shamrock Dr	Frisco, TX 7503	4
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 Gitt/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)

Candidate/Officeholder/Politica	· · · · · · · · · · · · · · · · · · ·	Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date (18/2018	2 FILER NAME JE FF Cheney 5 Payee name Cube Smart	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
49.00	8749 Wade Blud.	Frisco, TX 75034
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	611	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Other-	Check if Austin, TX, officeholder living expense
	storage	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	category (ess satisfactor at the top of the contocate)	Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Oh		
Date	Payee name	
Amount (th)	Davis addus a Cit Cit Til Til	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		