

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: 23 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR | FIRST Thomas | MI | <div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em;">JUL 13 2018</div> City Secretary's Office <div style="font-size: 1.2em;">@ 11:25 a.m. KRM</div> </div> | | | |
| | NICKNAME Jeff | LAST Cheney | SUFFIX Jr | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">11377 Deep Canyon Trail, Frisco, TX 75034</div> | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | | | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(214) 707-7320</div> | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR | FIRST Lorie | MI | Date Hand-delivered or Date Postmarked | | | |
| | NICKNAME | LAST Medina | SUFFIX | Receipt # Amount \$ Date Processed Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4308 Shamrock Dr., Frisco, TX 75034</div> | | | | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(214) 502-0153</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 <div style="font-size: 1.2em;">01 / 01 / 18</div> </div> <div> THROUGH </div> <div> Month Day Year <div style="font-size: 1.2em;">06 / 30 / 18</div> </div> </div> | | | | | |
| 11 ELECTION | | <div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year <div style="font-size: 1.2em;">05 / 06 / 2017</div> </div> <div style="flex: 1;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div> </div> </div> | | | | | |
| 12 OFFICE | | <div style="display: flex;"> <div style="flex: 1;"> OFFICE HELD (if any) <div style="font-size: 1.5em;">Mayor</div> </div> <div style="flex: 1;"> 13 OFFICE SOUGHT (if known) </div> </div> | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 43,608.01

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 32,714.25

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

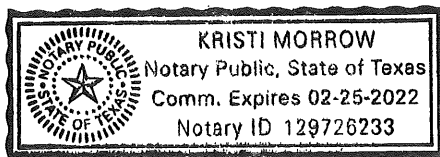
\$ 12,004.04

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 109,874.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeff Cheney, this the 13th day of July, 2018, to certify which, witness my hand and seal of office.

[Signature] Kristi Morrow Interim City Secretary
Signature of officer administering 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 <i>Jeff Cheney</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>39,425.00</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>4083.00</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0</i> |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ <i>4,500.00</i> |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>32,714.25</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/8

2 FILER NAME Jeff Cheney

3 Filer ID (Ethics Commission Filers)

4 Date 1/12/2018

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Nikki DiBella

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
4621 Bronco Blvd, Carrollton, TX 75010

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 1/19/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Tracy and Lee Constantino

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
5180 Shoreline Dr., Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1/26/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Melissa Kessler

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
1410 Oak Hill Lane, Murphy, TX 75094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1/26/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Kristin Ramirez

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
3757 Capitol Lane, Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/9

2 FILER NAME Jeff Cheney

3 Filer ID (Ethics Commission Filers)

4 Date 1/26/2018

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Angie Smart

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
5727 Arminta Ave, Frisco, TX 75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 1/25/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Rex and Sherese Glendeaning

Amount of contribution (\$)

2500.00

Contributor address; City; State; Zip Code
13267 FM 428, Celina, TX 75009

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1/25/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Kevin and Amanda Hail

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code
4185 Sicily Drive, Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1/25/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Min Chin Hsu

Amount of contribution (\$)

5000.00

Contributor address; City; State; Zip Code
5055 Addison Cir, Addison, TX 75001

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: 3/9

2 FILER NAME

Jeff Cheney

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/2018

5 Full name of contributor

☐ out-of-state PAC (ID#:

Matthew and Francesca Kiran

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

15504 W FM 455, Celina, TX 75009

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/25/2018

Full name of contributor

☐ out-of-state PAC (ID#:

Dan and Dorothy Bollner

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4745 Star Ridge Ln., Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/2018

Full name of contributor

☐ out-of-state PAC (ID#:

Stan and Jessica Albrecht

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

5893 Coral Ridge Ct, Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/2018

Full name of contributor

☐ out-of-state PAC (ID#:

Jaikumar and Nandini Krishnaswamy

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1516 Wesley Dr., Allen, TX 75013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/8

2 FILER NAME
Jeff Cheney

3 Filer ID (Ethics Commission Filers)

4 Date
1/25/2018

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Dr. Trevor and Kathleen Bonilla

6 Contributor address; City; State; Zip Code
6973 Memorial Dr, Frisco, TX 75034

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/25/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kevin and Kristin Klembara

Contributor address; City; State; Zip Code
6365 Shady Oaks, Frisco, TX 75034

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/25/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Leslie and John Keating

Contributor address; City; State; Zip Code
4749 Jerral Dr, Frisco, TX 75034

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/25/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Dana Yasilli

Contributor address; City; State; Zip Code
4983 Stillwater Trail, Frisco, TX 75034

Amount of contribution (\$)
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: 5/9

2 FILER NAME

Jeff Cheney

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/2018

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeffrey and Brynn EVANSON

6 Contributor address;

City; State; Zip Code

6960 Memorial Dr, Frisco, TX 75034

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/25/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeffrey and Ashley Marshall

Contributor address;

City; State; Zip Code

5661 Arminta Ave, Frisco, TX 75034

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn and Brian Reece

Contributor address;

City; State; Zip Code

6300 Caroline Dr, Frisco, TX 75034

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard Roder

Contributor address;

City; State; Zip Code

15280 Addison Rd, Suite 300, Addison, TX 75001

Amount of contribution (\$)

5000.00

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: 6/8

2 FILER NAME Jeff Cheney

3 Filer ID (Ethics Commission Filers)

4 Date 2/02/2018

5 Full name of contributor Kimberly Engleman ☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
5641 Arminta Ave, Frisco, TX 75034

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 2/02/2018

Full name of contributor Ed Curtis ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
320 Forza Viola Way, Austin, TX 78738

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2/09/2018

Full name of contributor Michael Barber ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
7608 Regent Lane, Frisco, TX 75034

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2/09/2018

Full name of contributor Stacy Alberts ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

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: 7/8 |
| 2 FILER NAME Jeff Cheney | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/23/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank McGuigan 6 Contributor address; City; State; Zip Code 3010 Gaylord Hwy, Suite 200, Frisco, TX 75034 | 7 Amount of contribution (\$) 1000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2/21/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/TX Assoc. of Realtors Contributor address; City; State; Zip Code 4783 Preston Rd, #100, Frisco TX 75034 | Amount of contribution (\$) 1500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/20/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Hall Contributor address; City; State; Zip Code 6801 Gaylord Parkway Suite 100 Frisco TX 75034 | Amount of contribution (\$) 5000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5/24/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter Family Office LLC Contributor address; City; State; Zip Code P.O. Box 2049, Frisco, TX 75034 | Amount of contribution (\$) 10,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <u>8/8</u> |
| 2 FILER NAME <u>Jeff Cheney</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>5/24/2018</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Aron and Rachel Lofton</u> 6 Contributor address; City; State; Zip Code <u>43 Avalon Park, San Antonio, TX 78257</u> | 7 Amount of contribution (\$) <u>2000.00</u> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <u>2/16/2018</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Melanie Horton</u> Contributor address; City; State; Zip Code <u>6998 Memorial Dr., Frisco, TX 75034</u> | Amount of contribution (\$) <u>1725.01</u> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>1</u> | |
| 2 FILER NAME <u>Jeff. Cheney</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>4083.00</u> | |
| 5 Date <u>2/16/2018</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jace and Melanie Horton</u> | 8 Amount of Contribution \$ <u>4083.00</u> | 9 In-kind contribution description <u>food and beverage</u> |
| 7 Contributor address; City; State; Zip Code <u>6998 Memorial Dr, Frisco TX 75034</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | |

LOANS**SCHEDULE E**

| | | | |
|--|--|---|---------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: | |
| 2 FILER NAME <i>Jeff Cheney</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ <i>4500.00</i> | |
| 5 Date of loan <i>1/16/2018</i> | 7 Name of lender <i>Jeff Cheney</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) <i>4500.00</i> | |
| 6 Is lender a financial institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code <i>11377 Deep Canyon Trail, Frisco, TX 75034</i> | 10 Interest rate | |
| | | 11 Maturity date | |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) | |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> | |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) | |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) | |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate | |
| | | Maturity date | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; 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. | | | |

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
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)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: 1/10 | | 2 FILER NAME Jeff Cheney | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 1/02/2018 | | 5 Payee name Raindrop Technologies | | | |
| 6 Amount (\$) 49.99 | | 7 Payee address; City; State; Zip Code 4151 N. Traverse Mtn. Blvd. #1-202 Lehi, UT 84043 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) 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 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1/07/2018 | | Payee name Mailchimp | | | |
| Amount (\$) 50.00 | | Payee address; City; State; Zip Code 675 Ponce DeLeon Ave NE Suite 5000 Atlanta, GA 30308 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1/15/2018 | | Payee name Cubalmart | | | |
| Amount (\$) 49.00 | | Payee address; City; State; Zip Code 8749 Wade Blvd, Frisco, TX 75034 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Other - storage | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: <i>2/10</i> | 2 FILER NAME <i>Jeff Cheney</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: <i>1/17/2018</i> | 5 Payee name <i>Medina USA</i> | |
| 6 Amount (\$): <i>5000.00</i> | 7 Payee address; City; State; Zip Code <i>4308 Shamrock Dr, Frisco, TX 75034</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Salary</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date <i>1/26/2018</i> | Payee name <i>Anedot</i> | |
| Amount (\$) <i>36.60</i> | Payee address; City; State; Zip Code <i>4017 Buena Vista St #109, Dallas, TX 75204</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Fees</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date <i>2/02/2018</i> | Payee name <i>Raindrop Technologies</i> | |
| Amount (\$) <i>49.99</i> | Payee address; City; State; Zip Code <i>4151 N. Traverse Mtn. Blvd. #1-202 Lehi, UT 84043</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |

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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: 3/10 | 2 FILER NAME Jeff Cheney | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/07/2018 | 5 Payee name Mailchimp | |
| 6 Amount (\$) 50.00 | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

| | | |
|--|--|---|
| Date 2/13/2018 | Payee name Medina USA | |
| Amount (\$) 5000.00 | Payee address; City; State; Zip Code 4308 Shamrock Dr, Frisco, TX 75034 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salary | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

| | | |
|--|---|---|
| Date 2/15/2018 | Payee name Cubesmart | |
| Amount (\$) 49.00 | Payee address; City; State; Zip Code 8749 Wade Blvd, Frisco, TX 75034 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other - storage | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

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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
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)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule F1: 4/10 | | 2 FILER NAME Jeff Cheney | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 2/23/2018 | | 5 Payee name Anedot | | | |
| 6 Amount (\$) 71.70 | | 7 Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/03/2018 | | Payee name Raindrop Technologies | | | |
| Amount (\$) 49.99 | | Payee address; City; State; Zip Code 4151 N. Traverse Mtn. Blvd. #1-202 Lehi, UT 84043 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/07/2018 | | Payee name Mailchimp | | | |
| Amount (\$) 50.00 | | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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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
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)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1: 5/10 | | 2 FILER NAME Jeff Cheney | | 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 Code 4308 Shamrock Dr Frisco, TX 75034 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Salary | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/16/2018 | | Payee name Cubsmart | | | |
| Amount (\$) 49.00 | | Payee address; City; State; Zip Code 8749 Wade Blvd, Frisco TX 75034 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Other - Storage | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/23/2018 | | Payee name Say Thank U | | | |
| Amount (\$) 1220.75 | | Payee address; City; State; Zip Code 10618 Tobias Lane, Frisco, TX 75033 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Gift | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | |
|---|---|--|-------------------------------|---------------|
| 1 Total pages Schedule F1: <i>6/10</i> | 2 FILER NAME <i>Jeff Cheney</i> | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date <i>3/02/2018</i> | 5 Payee name <i>Raindrop Technologies</i> | | | |
| 6 Amount (\$) <i>49.99</i> | 7 Payee address; City; State; Zip Code <i>4151 N. Traverse Mtn. Blvd. #1202 Lehi, UT 84043</i> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Date <i>3/07/2018</i> | Payee name <i>Mailchimp</i> | | | |
| Amount (\$) <i>54.13</i> | Payee address; City; State; Zip Code <i>675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Date <i>3/13/2018</i> | Payee name <i>Medina USA</i> | | | |
| Amount (\$) <i>5000.00</i> | Payee address; City; State; Zip Code <i>4308 Shamrock Dr Frisco, TX 75034</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Salary</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|-------------------------------|---------------|-------------|
| 1 Total pages Schedule F1: 7/10 | 2 FILER NAME Jeff Cheney | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 3/15/2018 | 5 Payee name Cubesmart | | | | |
| 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) Other - storage | | | | |
| | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date 3/26/2018 | Payee name GoLocal Group | | | | |
| Amount (\$) 487.13 | Payee address; City; State; Zip Code 10618 Tobias Ln, Frisco, TX 75034 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | | | |
| | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date 5/03/2018 | Payee name Raindrop Technologies | | | | |
| Amount (\$) 49.99 | Payee address; City; State; Zip Code 4151 N. Traverse Mtn Blvd. #1-202 Lehi, UT 84043 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | | | |
| | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|-------------------------------|---------------|-------------|
| 1 Total pages Schedule F1: 8/10 | 2 FILER NAME Jeff Cheney | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 5/07/2018 | 5 Payee name Mailchimp | | | | |
| 6 Amount (\$) 50.00 | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE Suite 5000 Atlanta, GA 30308 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date 5/14/2018 | Payee name Medina USA | | | | |
| Amount (\$) 5000.00 | Payee address; City; State; Zip Code 4308 Shamrock Dr. Frisco, TX 75034 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salary | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date 5/15/2018 | Payee name Cubessmart | | | | |
| Amount (\$) 49.00 | Payee address; City; State; Zip Code 8749 Wade Blvd, Frisco, TX 75034 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other - Storage | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| 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.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: 9/10 | 2 FILER NAME Jeff Cheney | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/04/2018 | 5 Payee name Raindrop Technologies | |
| 6 Amount (\$) 49.99 | 7 Payee address; City; State; Zip Code 4151 Traverse Mtn. Blvd. #1-202 Lehi, UT. 84043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 |
| | <div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | |
| Date 6/08/2018 | Payee name Mailchimp | |
| Amount (\$) 50.00 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | |
| Date 6/12/2018 | Payee name Medina USA | |
| Amount (\$) 5000.00 | Payee address; City; State; Zip Code 4308 Shamrock Dr, Frisco, TX 75034 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salary | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: <i>10/10</i> | 2 FILER NAME <i>Jeff Cheney</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/18/2018</i> | 5 Payee name <i>Cubesmart</i> | |
| 6 Amount (\$) <i>49.00</i> | 7 Payee address; City; State; Zip Code <i>8749 Wade Blvd.; Frisco, TX 75034</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Other - Storage</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 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 | | |