

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 24px; text-align: center;">1/1</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Shona	MI L
	NICKNAME LAST SUFFIX Huffman		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10324 Fire Ridge Dr. Frisco, TX 75033		
	AREA CODE PHONE NUMBER EXTENSION (469) 789-6860		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mr. Kurt D		
	NICKNAME LAST SUFFIX North		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1189 Timber Lane, Frisco, TX 75034		
	AREA CODE PHONE NUMBER EXTENSION (214) 725-6373		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	9 REPORT TYPE		
	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
8 CAMPAIGN TREASURER PHONE	10 PERIOD COVERED		
	Month Day Year Month Day Year 1 / 1 / 2018 THROUGH 6 / 30 / 2018		
9 REPORT TYPE	11 ELECTION		
	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
10 PERIOD COVERED	12 OFFICE		
	OFFICE HELD (if any) Frisco City Council Place 2		
13 OFFICE SOUGHT (if known)			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Shona Huffman 15 Filer ID (Ethics Commission Filers)

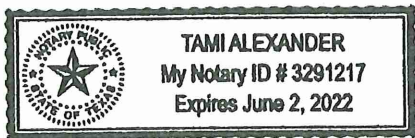
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 383.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6820.00

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.

Shona Huffman
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SHONA HUFFMAN, this the 23 day of OCTOBER, 20 18, to certify which, witness my hand and seal of office.

Tami Alexander TAMI ALEXANDER NOTARY
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>Shona Huffman</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	\$ 750.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 383.00
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

2 FILER NAME

Shona Huffman

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

TREPAC

6 Contributor address;

City; State; Zip Code

1115 San Jacinto, Suite 200 Austin, TX 78701

7 Amount of contribution (\$)

750.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <u>3</u>		2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)	
4 Date 1/16/18		5 Payee name All Storage Eldorado			
6 Amount (\$) 34.75		7 Payee address; City; State; Zip Code 6707 El Dorado Pkwy, Frisco, TX 75033			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 2/16/18		Payee name All Storage Eldorado			
Amount (\$) 34.75		Payee address; City; State; Zip Code 6707 El Dorado Pkwy, Frisco, TX 75033			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 3/16/18		Payee name All Storage El Dorado			
Amount (\$) 34.75		Payee address; City; State; Zip Code 6707 El Dorado Pkwy, Frisco, TX 75033			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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	

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
Accounting/Banking Fees Office Overhead/Rental Expense
Consulting Expense Food/Beverage Expense Polling Expense
Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor
Credit Card Payment

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: 3		2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)	
4 Date 4/16/18		5 Payee name All Storage Eldorado			
6 Amount (\$) 34.75		7 Payee address; City; State; Zip Code 6707 El Dorado Pkwy, Frisco, TX 75033			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 to benefit C/OH					
Date 5/16/18		Candidate / Officeholder name Payee name All Storage Eldorado			
Amount (\$) 34.75		Payee address; City; State; Zip Code 6707 El Dorado Pkwy, Frisco, TX 75033			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct to benefit C/OH					
Date 6/16/18		Candidate / Officeholder name Payee name All Storage El Dorado			
Amount (\$) 34.75		Payee address; City; State; Zip Code 6707 El Dorado Pkwy, Frisco, TX 75033			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct to benefit C/OH					
Date 6/16/18		Candidate / Officeholder name Payee name All Storage El Dorado			
Amount (\$) 34.75		Payee address; City; State; Zip Code 6707 El Dorado Pkwy, Frisco, TX 75033			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct to benefit C/OH					
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
Accounting/Banking Fees Office Overhead/Rental Expense
Consulting Expense Food/Beverage Expense Polling Expense
Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor
Credit Card Payment

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: 3		2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)	
4 Date 5/1/18		5 Payee name National Breast Cancer Foundation			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 2600 Network Blvd. Suite 300, Frisco TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Luncheon ticket		(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 to benefit C/OH					
Date		Candidate / Officeholder name		Office sought expenditure	
Payee name		Office held			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct to benefit C/OH					
Date		Candidate / Officeholder name		Office sought expenditure	
Payee name		Office held			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct to benefit C/OH					
Date		Candidate / Officeholder name		Office sought expenditure	
Payee name		Office held			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct to benefit C/OH					
Date		Candidate / Officeholder name		Office sought expenditure	
Payee name		Office held			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED