

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:												
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:30%;">MS / MRS / MR <b>Mr.</b></td> <td style="width:30%;">FIRST <b>John</b></td> <td style="width:40%;">MI <b>P</b></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR <b>Mr.</b>	FIRST <b>John</b>	MI <b>P</b>	NICKNAME	LAST	SUFFIX	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">JAN 15 2019</div> City Secretary's Office <i>KRM @ 2:04 p.m.</i> Date Hand-delivered or Date Postmarked						
MS / MRS / MR <b>Mr.</b>	FIRST <b>John</b>	MI <b>P</b>													
NICKNAME	LAST	SUFFIX													
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <b>4749 Jerral Drive, Frisco, TX 75034</b>														
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  <b>( 214 ) 587-0827</b>														
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:30%;">MS / MRS / MR <b>Mrs.</b></td> <td style="width:30%;">FIRST <b>Sheacy</b></td> <td style="width:40%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> </table> <b>Thompson</b>		MS / MRS / MR <b>Mrs.</b>	FIRST <b>Sheacy</b>	MI	NICKNAME	LAST	SUFFIX							
MS / MRS / MR <b>Mrs.</b>	FIRST <b>Sheacy</b>	MI													
NICKNAME	LAST	SUFFIX													
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <b>13572 Ponder Lane, Frisco, TX 75035</b>														
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  <b>( 817 ) 683-8639</b>														
<b>9</b> REPORT TYPE	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 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)				
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<b>10</b> PERIOD COVERED	<table style="width:100%;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center;">07 / 01 / 2018</td> <td></td> <td style="text-align: center;">12 / 31 / 2018</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	07 / 01 / 2018		12 / 31 / 2018						
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07 / 01 / 2018		12 / 31 / 2018													
<b>11</b> ELECTION	<table style="width:100%;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month    Day    Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">05 / 05 / 2018</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month    Day    Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	05 / 05 / 2018	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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05 / 05 / 2018	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special													
<b>12</b> OFFICE	OFFICE HELD (if any)  <b>Frisco City Council, Place 1</b>	<b>13</b> OFFICE SOUGHT (if known)  <b>Frisco City Council, Place 1</b>													

**GO TO PAGE 2**

**FORM C/OH**  
**COVER SHEET PG 2**

# 18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Keating, this the 15<sup>th</sup> day of January 2019, to certify which, witness my hand and seal of office.

*Holly McCall*

Signature of officer administering oath

Holly McCall

Printed name of officer administering oath

Notary

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,500.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6196.15
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:**2** FILER NAME

John Keating

**3** Filer ID (Ethics Commission Filers)**4** Date  
10-15-18**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Phillip Carter

**7** Amount of contribution (\$)

\$5,000.00

**6** Contributor address; City; State; Zip Code

P.O. Box 2049, Frisco, TX 75034

**8** Principal occupation / Job title (See Instructions)

President/Owner

**9** Employer (See Instructions)

Carter Family Office LLC

Date  
10-22-18

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

TRE PAC

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

P.O. Box 2246, Austin, TX 78768

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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME John Keating		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11-20-18		<b>5</b> Payee name Booker Industries			
<b>6</b> Amount (\$) \$3096.15		<b>7</b> Payee address; City; State; Zip Code 2344 Farrington, Dallas, TX 75207			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		(b) Description Campaign Mailer <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-18-18		Payee name Linking Cultures of Frisco			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 11323 Lenox Lane, Frisco, TX 75033			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description Table Sponsorship <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 12-31-18		Payee name Frisco Chamber of Commerce #1 Gala			
Amount (\$) \$2,100.00		Payee address; City; State; Zip Code 6843 Main Street, Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description Table Sponsorship <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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