# 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:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Thomas  NICKNAME LAST	Date Received  RECEIVED	
	Jeff Cheney		JUL 1 5 2019
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO  11377 Deep Canyon Trail, Frisco  AREA CODE PHONE NUMBER	CITY SECRETARY'S OFFICE  © 3:27pm  pd	
5 CANDIDATE/ OFFICEHOLDER PHONE	( 214 ) 707-7320	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	James  NICKNAME  LAST		Date Processed
	Trombley		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER	1119 Polo Height Drive, Frisco,  AREA CODE PHONE NUMBER		ZIP CODE
9 REPORT TYPE	( 469 ) 323-2893  ☐ January 15 ☐ 30th day before e ☐ July 15 ☐ 8th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2019	THROUGH 06	Day Year 2019
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Mayor		
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Jeff Cheney			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 OF 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			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,150.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES \$48,418.91			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$2,982.16			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 142,874.00			
18 AFFIDAVIT				
JULIE DAVIDSON Notary Public, State of Texas Comm. Expires 10-29-2022 Notary ID 131776381  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 of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said				
day of July		to certify which, witness my hand and seal of office.		
Signature of officer administering oath  Julie Davidson  Assistant City Secretary.  Printed name of officer administering oath  Title of officer administering oath				

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)				
	Jeff Cheney					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 21,150.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	4. SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 47,776.44				
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 642.47				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$			

#### SCHEDULE A1

Revised 9/8/2015

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jeff Cher	ney		3 Filer ID (Ethics Commission Filers)
4 Date 06 / 27 / 19	5 Full name of contributor ☐ out-of-state PAC Lynn Silguero 6 Contributor address; City; State 4619 Pine Valley Drive, Frisco, T.	7 Amount of contribution (\$) \$1,000.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 06 / 27 / 19	Full name of contributor  out-of-state PAC  Jennifer Tangyie  Contributor address; City; State  11296 Majestic Prince Circle, Fris	Amount of contribution (\$) \$200.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)	
Date  06 / 27 / 19  Principal occup	Full name of contributor  out-of-state PAC  Shenna Lawless  Contributor address; City; State  10122 Loving Trail Drive, Frisco,  pation / Job title (See Instructions)		Amount of contribution (\$) \$100.00
Date 01 / 23 / 19 Principal occup	Full name of contributor out-of-state PAC Paul Cheng  Contributor address; City; State 6002 Rose Grove Court, Dallas, opation / Job title (See Instructions)	; Zip Code	Amount of contribution (\$) \$5,000.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jeff Cher	ney		3 Filer ID (Ethics Commission Filers)
4 Date 03 / 19 / 19	Jim Williams	; Zip Code	7 Amount of contribution (\$) \$2,500.00
8 Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
01 / 29 / 19	Contributor address; City; State		\$200.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)
Date Full name of contributor  Michael Berry  01 / 29 / 19 Contributor address; City; State; Zip Code  6217 Genoa Road, Fort Worth, TX 76116		Amount of contribution (\$) \$250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 01 / 29 / 19	Russell Laughlin	c (ID#:) c; Zip Code rth, TX 76109	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Employer (See Instruc		tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jeff Che	ney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
01 / 23 / 19	The Rudman Partnership  6 Contributor address; City; State;  4851 LBJ Freeway, Suite 210, Da		\$2,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)
04 / 03 / 19	William Shaddock Contributor address; City; State;	Zip Code	\$5,000.00
	5216 Corinthian Bay Drive, Planc	o, TX 75093	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)
06 / 26 / 19	Heather Bowers  Contributor address; City; State;  3115 Persimmon Lane, Frisco, TX		\$100.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
06 / 27 / 19	Sean Heatley  Contributor address; City; State;  1395 Horse Creek Drive, Frisco,	\$200.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jeff Cher	ney		3 Filer ID (Ethics Commission Filers)
4 Date 06 / 18 / 19	<ul> <li>Full name of contributor</li></ul>	7 Amount of contribution (\$) \$500.00	
9 Dringing cour			tions)
8 Principal occup Benefit C	pation / Job title (See Instructions)  Consulting	9 Employer (See Instruct Holmes Murphy	, and the second
Date 06 / 20 / 19	Full name of contributor	Amount of contribution (\$) \$500.00	
Principal occupation / Job title (See Instructions)  Physician  Employer (See Instructions)  US Anesthesia		,	
Date 06 / 25 / 19	Full name of contributor		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 06 / 25 / 19	Full name of contributor  out-of-state PAC  Michael Arvin  Contributor address; City; State  2520 Timber Cove Lane, Plano,	; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A					
2 FILER NAME Jeff Che	ney		3 Filer ID (Ethics Commission Filers)		
4 Date 06 / 30 / 19	5 Full name of contributor ☐ out-of-state PAC Brian Wysong 6 Contributor address; City; State 6751 Branch Trail, Frisco, TX	7 Amount of contribution (\$) \$200.00			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor		Amount of contribution (\$)		
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City; State				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	_	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City; State	e; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
·					
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1: 6
2 FILER NAME Jeff Cher	ney		3 Filer ID (Ethics Commission Filers)
4 Date 04 / 05 / 19	Veronica Birkenstock	Zip Code	7 Amount of contribution (\$) \$1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 04 / 24 / 19	Full name of contributor  uut-of-state PAC  Chad & Amy Rudy  Contributor address; City; State;  12186 Kennedale Drive, Frisco, TX 7		Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04 / 29 / 19	Full name of contributor out-of-state PAC  Christie Hutchinson  Contributor address; City; State;  11117 Potomac Lane, Frisco, TX		Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05 / 16 / 19	Full name of contributor		Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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	Total pages Schedule E:     3		
2 FILER NAME Jeff Cheney			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
01 / 23 / 19	Jeff Cheney		\$3,000.00
6 Is lender a financial	8 Lender address; City; S		10 Interest rate
Institution?	11377 Deep Canyon Trail, Fri	isco, TX 75033	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Owner		The Cheney Group	
14 Description of Collateral  15 Check if personal funds were account (See Instructions)		deposited into political	
none  16 GUARANTOR INFORMATION	17 Name of guarantor	L¥_	19 Amount Guaranteed (\$)
☑ not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
03 / 07 / 19	Jeff Cheney		\$15,000.00
ls lender a financial	Lender address; City; S	State; Zip Code	Interest rate
Institution?	11377 Deep Canyon Trail,	Frisco, TX 75033	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Owner		The Cheney Group	
Description of Collateral  Check if personal funds were account (See Instructions)  none		deposited into political	
✓ none  GUARANTOR INFORMATION	Name of guarantor	IV.	Amount Guaranteed (\$)
not applicable			
Principal Occupati	on (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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wi The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above)  omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 01 / 02 / 19	5 Payee name Raindrop Technologies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$49.99	4151 N. Traverse Mtn. Blvd. #1-202, L	∟ehi, UT 84043
8 PURPOSE OF	(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
EXPENDITURE		Texting Services
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01 / 07 / 19	MailChimp	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00	675 Ponce de Leon Avenue NE, Suite	e 5000, Atlanta, GA 30308
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 Email services
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01 / 15 / 19	Cubesmart	
Amount (\$)	Payee address; City; State; Zip Code	
\$54.00	8749 Wade Blvd., Frisco, TX 75034	
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 Storage Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)						
Credit Card Payment		The Instruction Gui	de explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA Jeff C				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee nan					
01 / 20 / 19		a USA				
6 Amount (\$)	7 Payee add	Iress; City;	State; Zip Code			
\$5,000.00	4308 \$	Shamrock Driv	e, Frisco, TX	75034		
8	(a) Category	(See Categories listed at th	e top of this schedule)	(b) Description		
PURPOSE				Check if travel or	utside of Texas. Complete Schedule T.	
OF	Salaries	s / Wages / Co	ontract Labor	Check if Austin	n, TX, officeholder living expense	
EXPENDITURE		_		Salary		
9 Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder nan	пе	Office sought	Office held	
Date	Payee nan	ne				
02 / 28 / 19	MailCl	nimp				
Amount (\$)	Payee add	lress; City;	State; Zip Code			
\$50.00	675 Pc	once de Leon	Avenue NE. S	uite 5000, Atlai	nta. GA 30308	
<b>4</b>					,	
	Category	(See Categories listed at th	e top of this schedule)	Description		
PURPOSE				Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense				, TX, officeholder living expense	
EXPENDITURE				Email services		
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder nan	ne	Office sought	Office held	
Date	Payee nar	ne				
02 / 09 / 19	Medin	a USA				
Amount (\$)	Payee add	lress; City;	State; Zip Code			
\$5,000.00	4308 \$	Shamrock Driv	e, Frisco, TX	75034		
	Category	(See Categories listed at th	e top of this schedule)	Description		
PURPOSE	0 1 .	////		Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Salaries	s / Wages / Co	ntract Labor	Check if Austin	n, TX, officeholder living expense	
				Salary		
					2	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te / Officeholder na	ne	Office sought	Office held	
	ATT	ACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS NEE	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** 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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jeff Cheney 4 Date 5 Payee name 04 / 16 / 19 Medina USA 6 Amount (\$) 7 Payee address; City; State; Zip Code \$5,000.00 4308 Shamrock Drive, Frisco, TX 75034 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Salaries / Wages / Contract Labor Check if Austin, TX, officeholder living expense EXPENDITURE Salary Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Cubesmart 04 / 15 / 19 Amount (\$) Payee address; City; State; Zip Code \$54.00 8749 Wade Blvd., Frisco, TX 75034 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Overhead / Rental Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Storage Rental Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Anedot 04 / 30 / 19 Amount (\$) City; State; Zip Code Payee address; \$95.80 4017 Buena Vista Street #109, Dallas, TX 75204 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Solicitation / Fundraising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE Fundraising Fee** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

## 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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 03 / 15 / 19	5 Payee name Cubesmart			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$50.00	8749 Wade Blvd., Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE			outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Rental	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04 / 07 / 19	MailChimp			
Amount (\$)	Payee address; City; State; Zip Code			
\$50.00	675 Ponce de Leon Avenue NE, Suite 5000, Atlanta, GA 30308			
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  Email services		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04 / 09 / 19	Anedot			
Amount (\$)	Payee address; City; State; Zip Code			
\$960.70	4017 Buena Vista Street #109, Da	llas, TX 75204		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Solicitation / Fundraising Expense		el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense sing Fee	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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 Gilt/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 complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jeff Cheney 5 Payee name 4 Date 02 / 19 / 19 Cubesmart 6 Amount (\$) 7 Payee address; City; State; Zip Code \$54.00 8749 Wade Blvd., Frisco, TX 75034 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Overhead / Rental Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Storage Rental Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03 / 07 / 19 MailChimp Amount (\$) Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Suite 5000, Atlanta, GA 30308 \$50.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE Email services** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Lorie Medina 03 / 11 / 19 Amount (\$) Payee address; City; State; Zip Code 4308 Shamrock Drive, Frisco, TX 75034 \$5,000.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Salaries / Wages / Contract Labor OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Salary Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS SCHEDULE E

The	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jeff Cheney			
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender		9 Loan Amount (\$)
03 / 08 / 19	Jeff Cheney		\$5,000.00
6 Is lender a financial	8 Lender address; City; S	State; Zip Code	10 Interest rate
Institution?	11377 Deep Canyon Trail, Frisco, TX 75033		11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Owner		The Cheney Group	
14 Description of Collateral 15 C		15 Check if personal funds were deposited into political account (See Instructions)	
none  16 GUARANTOR	17 Name of guarantor	<b>V</b>	19 Amount Guaranteed (\$)
INFORMATION	17 Name of gadranter		19 Amount duaranteeu (φ)
18 Guarantor address; City; State; Zip Code			
not applicable			
20 Principal Occupation (See Instructions)  21 Employer (See Instructions)			
Date of Ioan	Name of lender ☐ out-of-state F	PAC (ID#:	Loan Amount (\$)
05 / 14 / 19	Name of lender □ out-of-state PAC (ID#:)  Jeff Cheney		\$1,000.00
ls lender a financial		State; Zip Code	Interest rate
Institution?	11377 Deep Canyon Trail, Frisco, TX 75033		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)	
<u> </u>		$\checkmark$	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
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.

#### **LOANS** SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jeff Cheney 4 TOTAL OF UNITEMIZED LOANS \$ 7 Name of lender 9 Loan Amount (\$) Date of loan out-of-state PAC (ID#:\_\_\_\_\_ 06 / 14 / 19 Jeff Cheney \$5,000.00 10 Interest rate Is lender City; State; Zip Code a financial Institution? 11377 Deep Canyon Trail, Frisco, TX 75033 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) ✓ none $\square$ 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION City; State; Zip Code 18 Guarantor address; ✓ 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 Lender address; City; State; Zip Code Is lender a financial Institution? Maturity date N Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION City; State; Zip Code Guarantor address;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

not applicable

## 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

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:	2 FILER NAME Jeff Cheney	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	·			
05 / 15 / 19	Cubesmart				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$54.00	8749 Wade Blvd., Frisco, TX 7503	4			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Office Overhead / Rental Expense	Check if Austin, TX, officeholder living expense			
EXPENDITORE		Storage Rental			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
05 / 21 / 19	Anedot				
Amount (\$)	Payee address; City; State; Zip Code				
\$95.80	4017 Buena Vista Street #109, Dallas, TX 75204				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Solicitation / Fundraising Expense	Check if Austin, TX, officeholder living expense			
LAI LABITOTIL		Fundraising Fee			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
06 / 10 / 19	MailChimp				
Amount (\$)	Payee address; City; State; Zip Code				
\$50.00	675 Ponce de Leon Avenue NE, Suite 5000, Atlanta, GA 30308				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE					
		Email services			
Complete ONLY if direct expenditure to benefit C/OF	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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney	3 Filer ID (Ethics Commission Filers)		
4 Date 05 / 07 / 19	5 Payee name Anedot			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$47.75	4017 Buena Vista Street #109, Dallas, TX 75204			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation / Fundraising Expense  (b) Description  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Fee			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05 / 07 / 19	MailChimp			
Amount (\$)	Payee address; City; State; Zip Code			
\$50.00	675 Ponce de Leon Avenue NE, Suite 5000, Atlanta, GA 30308			
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 Email services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05 / 14 / 19	Lorie Medina			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	4308 Shamrock Drive, Frisco, TX 7	′5034		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Salaries / Wages / Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	:DED	

#### 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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	/ages/Contract Labor Other (enter a category not listed above)  omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jeff Cheney	3 Filer ID (Ethics Commission Filers)		
4 Date 06 / 24 / 19	5 Payee name Lorie Medina	·		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,000.00	4308 Shamrock Drive, Frisco, TX	75034		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Salarios / Wagos / Contract Labor	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Salaries / Wages / Contract Labor	Check if Austin, TX, officeholder living expense		
		Salary		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
06 / 25 / 19	Anedot			
Amount (\$)	Payee address; City; State; Zip Code			
\$960.40	4017 Buena Vista Street #109, Dallas, TX 75204			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Colinitation / Fundraining Evange	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Solicitation / Fundraising Expense			
		Fundraising Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
03 / 07 / 19	Phillip Carter			
Amount (\$)	Payee address; City; State; Zip Code			
\$15,000.00	PO Box 2049, Frisco, TX 75034			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Othor	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Other	Check if Austin, TX, officeholder living expense		
		Political contribution returned to donor		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (only a party and listed above)

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:	Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.		Travel In District Travel Out Of District Other (enter a category not listed above)	
Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$				\$		
5 Date 04 / 23 / 19	6 Payee Kro					
7 Amount (\$) \$221.23	8 Payee 267	address; City; State; 1 1 Little Elm Parkway, Little	·	75068		
9 TYPE OF EXPENDITURE	Z  Datistant     New Datistant   New Datistant     New Datista					
10 PURPOSE OF EXPENDITURE		ory (See Categories listed at the top of this		Check i	travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense for campaign event	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date <b>04 / 24 / 19</b>	Payee <b>Ma</b> r	name ket Street				
Amount (\$) \$421.24	Payee address; City; State; Zip Code 11999 Dallas Parkway, Frisco, TX 75033					
TYPE OF EXPENDITURE	$\checkmark$	Political	Non-Politica	I		
PURPOSE OF EXPENDITURE		ory (See Categories listed at the top of this		Check i	travel outside of Texas. Complete Schedule T.  f Austin, TX, officeholder living expense  or campaign event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate / Officeholder name	Office	sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						