# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR FIRST MI	OFFICE	USE ONLY
NAME	Thomas	Date Received	
	Jeff Chercy	REC	EIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; J CITY; STATE; ZIP CODE  3612 SILVEY Oaks In	4:01 8	5 2020 H. A.C. TARY'S OFFICE
Change of Address	MISW TX 75033	-	
5 CANDIDATE/ OFFICEHOLDER PHONE	area code phone number extension $(214)707-7320$	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS MR FIRST MI	Receipt #	Amount \$
TREASURER NAME	NICKNAME JAST SUFFIX	Date Processed	
	Pelham suffix	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE;	75033
8 CAMPAIGN TREASURER PHONE	area code Phone Number Extension (214) 878-3746		<b>\</b>
9 REPORT TYPE	January 15  30th day before election  Runoff  July 15  8th day before election  Exceeded Modified Reporting Limit	treasurer ap (Officeholder	
10 PERIOD COVERED	OI OI 2020 THROUGH O6	Day Year / 30 / 20	120
11 ELECTION	ELECTION DATE ELECTION TYPE	<u> </u>	
	Month Day Year Primary Runoff Other Description General Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know	m)	
	Mayor Mayor		
	GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ff Chene	4	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITL OIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 82, 555 <del>%</del>
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 79,343.26
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD	\$ 9728.99
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAT OF THE REPORTING PERIOD	\$ 99, 374 <del>x</del> x
18 AFFIDAVIT			
HOLLY MCCALL Notary Public, State of Texas Comm. Expires 12-21-2020 Notary ID 130940259  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			
folly In Call Holly MCall 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	Jeff Change 20 File	er ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 65 155 xx
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 17, 400 %
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$ 79. 363. 26
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIL	BUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ETURNED \$

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	- Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 1/7/20	Full name of contributor out-of-state PAC (ID#:)  Robert Rowling  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 4001 Maple Ave Stc 600 Dallas TX 75215	\$ 1000 %
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Charles R Adams	Amount of contribution (\$)
1/7/20	Contributor address; City; State; Zip Code	\$2000 &
Dinainal agguna	5949 Shokky In 5th 810 Pallus 1x7522	
Principal occupa	ation / Job title (See Instructions)  Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
1/29/20	Contributor address; City; State; Zip Code  4364 San Carlos St Dallas TX 75205	\$ 1000 50
Principal occupa	ation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
1.27.20	Contributor address.  City: State: Zip Code  6331 Desco Dr Dallas TX 75225	21000 00
Principal occupa	tion / Job title (See Instructions) Employer (See Instructions)	ons)
	<b>,</b>	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

### SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
1.29.2020			
1.20			\$ 1000 00
	112000	·	\$ 1000 XX
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
•	(200	2 Employer (Gee mande	uoris)
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)
1.29.2020	Contributor address; City;		\$ 1 00
	Contributor address; City;	State; Zip Code	\$ 500
	2745 Montreaux Dr	MISW TX 7 503	<i>t</i>
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
1.29.2020	Ryan Griffin		φ,
1.29.20	Contributor address; City;	State; Zip Code	1100000
•			\$1000歲
Principal secur	PO Box 190829 Dalla		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
			· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
1.29.2020	JIM Newman		
1.00		State; Zip Code	\$3000 \$2
	12522 Winelands C+ F	15W7K 75032	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
			,

### SCHEDULE A1

The In	struction Guide explains how to complete this	form.	Total pages Schedule A1:
2 FILER NAME	Jeff Chency	3	Filer ID (Ethics Commission Filers)
1.24.2020 5	Full name of contributor out-of-state PAC WILLOW Shir Ley Contributor address; Cay; Pros	State; Zip Code  Spe 1, TX 75078	Amount of contribution (\$)  \$\bigs\  000 \frac{\bigs\}{\chi\chi}\$
	ion / Job title (See Instructions)	9 Employer (See Instruction:	s)
Date   -28 - 2020	Full name of contributor out-of-state PAC  CJohn Scheef III  Contributor address; City;	State; Zip Code	Amount of contribution (\$)
	on / Job title (See Instructions)	Employer (See Instructions	\$)
	Full name of contributor out-of-state PAC  LENOT Landon of John Contributor address; City;  LOD WILLOW BEND DT PL	Landon State; Zip Code No 1x 75093	Amount of contribution (\$)  \$ 2500 \( \frac{06}{\text{X}} \)
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions	5)
7.3.20	Full name of contributor out-of-state PAC out-of-state PA	State; Zip Code	Amount of contribution (\$) \$5000 \$\frac{2}{3}\$
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions	)

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 寸5000 % City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) \$1000 % Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Zip Code \$ 2000 % Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) \$ 1000 E Principal occupation / Job title (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME (Ethics Commission Filers) Date 7 Amount of contribution (\$) \$1000 % Pintail In Prisotx 75034 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) \$1000 8 OS LBJ Frwy SkA Dallas 7x752 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Chkis Kleinert Contributor address; City; State; Zip Code 6909 Steuben Court Dallas TX 752 \$1000 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 1.28.2020 Christopher Kleinert Contributor address; City; State; Zip Code 5909 Steuben Court Dullas TX 75248 打000 %

### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	eff Chence		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
1.29.2020	Johns Uslie Klating 6 Contributor address; City; 4749 TURKEL Drive f	State; Zip Code	\$500 &	
8 Principal occu	pation / Job title (See Instructions)			
• Findpar occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
1.10.2020	Contributor address; City;		\$250%	
	5402 coolwater Cove Fri	Sw 1x 15034		
	sation / Job title (See Instructions)	Employer (See Instruction		
116	3101011	lone Star P	ACE	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
1500	Muhammad Saeed		.,	
1.10.2020	Contributor address; City;	State; Zip Code	\$100 8%	
	13040 Allenwood Ave Fr	IS10 TX 75035		
	ation / Job title (See Instructions)	Employer (See Instruction Navin Haff	Ty & Associates	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)	
2020	Kathy Britton			
.13.2020	Contributer address; City;	State; Zip Code	\$1000 00	
	3445 Willowick Rd +	touston TX 77019	G, or XX	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction		
	Ceo	perry Home	83	

#### SCHEDULE A1

			741
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Jeff Cheneu		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
1.16.2020	Janine Marshell 6 Contributor address; City;		\$100 %
8 Principal occu	2704 Marshall Dr Frisu	on 75033	, -
Bank	(	a Employer (See Instruc	K and Trust
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
1.23.2020	Contributor address; City;	State; Zip Code	\$ 200 8
70-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	3192 White Spruce Dr	Frisio 7x 7503	3
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	•
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
1.24.2020	Jeremy Howell  Contributor address; City;  9622 Datholder Dr Fine  Contributor address; City;  Contributor address		\$10000
,	9622 Dartndge Dr Frie	510 TX 75238	***
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
1.25.2020	Chent Underly Contributo address; City;		\$25%
	11202 RAVENEAUX DY HÖSU ation / Job title (See Instructions)	O 1 75 033 Employer (See Instruct	ione)
- тиограг оссир	audit 7 oob title (Gee Instituctions)	Employer (See Instruct	ions)
r			

SCHEDULE A1

The	Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A1:
2 FILER NAME	Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
1.25.2020		ate; Zip Code	J50 %
	16342 Rad Stock Kd Frisw	N 75033	
8 Principal occu		Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
1.25.2020		ate; Zip Code	\$ 50 <del>x</del>
•	5002 Lakeland Dr Frisco Tx	75035	
7 (		Employer (See Instruction BGE TWO	· ·
Date	Full name of contributor		Amount of contribution (\$)
1.25.2000	Bryan Linder  Contributor address; City; Sta		\$100%
	2204 Triton Dr McKinne	47/275071	
Principal occup	ation / Job title (See Instructions)  Figure 1. The second	Employer (See Instruction	•
Date	Full name of contributor	)	Amount of contribution (\$)
1.25.2020		ate; Zip Code	\$50 %
	14080 Red Wood Circle South	Frisw 1×7507	
A .	ation / Job title (See Instructions)	Employer (See Instructio	ons)
Cop 1001		mous	

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 7	Total pages Schedule A1:
2 FILER NAME	Teff Cheney	3 F	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:		Amount of contribution (\$)
1.25.2020	6 Contributor address; City; State; Zip Co	de	岁100%
	26 Fireberry Court Frisio TX 750	33	
8 Principal occu	pation / Job title (See Instructions)	Bucge	s & Road
Date	Full name of contributor		Amount of contribution (\$)
1.30.2020	William Shaddock Contributor address; City; State; Zip Co		\$1030 <b></b>
Principal occup		ee Instructions)	
	Shadde	u Deve	clopment Co.
Date	Full name of contributor		Amount of contribution (\$)
1.30. 2020	Contributor address; City; State; Zip Co	de \$	2500 50
	8343 Douglas Ave St 340 Dallas M.	15225	
Principal occup	eation / Job title (Sed Instructions) Employer (Se	ee Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		amount of contribution (\$)
1.30.2020	Richard R. Reupke  Contributor address; City; State; Zip Contributor a	 de	\$1000 \$0
Dringing Logger	5107 Spanish Oaks Frisw 1x 750	34	
г ппыраг оссир	ation / Job title (See Instructions) Employer (Se	e Instructions)	

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributo out-of-state PAC (ID#:	7 Amount of contribution (\$)
1.29.2020	Steven W. Van Amburgh 6 Contributor address; City; State; Zip Code 3945 Marguette Dollas N. 75225	\$2500 00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
2.10.2020	Contributor address; City; State; Zip Code	\$ 5000 %
	11359 Lenox In Friswx 75038	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#: C00163903)	Amount of contribution (\$)
2.19.2070	HDR Drc Political Action Committee Contributor address; City; State; Zip Code	\$1000 %
	1917 S 67th Street anaha NE 68106	
Principal occup	ation / Job title (See Instructions)  Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1.31.2020	Contributor address; City; State; Zip Code	\$2500 %
	4011 Cochron Chopel Rd Dallas IX 75209	
Principal occupa	ation / Job title (See Instructions)  Employer (See Instructions)	ons)
	ATTAOU ADDITIONAL CODIES OF THE	

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME (Ethics Commission Filers) Date 7 Amount of contribution (\$) \$5000 8 Principal occupation / Job title (See Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) \$100 8 Sucator Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) 2.20.2020 Date out-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (See

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pag	es Schedule A1:
2 FILER NAME	Jeff Cheneu	3 Filer ID	(Ethics Commission Filers)
4 Date	5 Full name of contribut ☐ out-of-state PAC (ID#:	<b>7</b> Amount	of contribution (\$)
2.22.3020	Angela Blackston 6 Contributor address; City; State; 3341 Barkwood Line Frish	Zip Code	100 袋
8 Principal occu		er (See Instructions)	
Date	Full name of contributor	Amount	of contribution (\$)
2.22.2020	Contributor address; City; State;	Zip Code \$2	NÃ
	1493 Overlook or fish IN 75	733	
Principal occup	eation / Job title (See Instructions)  Employ	er (See Instructions)	
Date	Full name of contributor	Amount	of contribution (\$)
3.4.2020	Contributor address; City; State; Z	ip Code	<b>%</b>
	6703 Canpon Lake Dr Friswi	c 75036	
Procipal occup		er (See Instructions)	
Date	Full name of contributor	) Amount o	of contribution (\$)
1.27 m 20	Contributor address; City; State; Z	p Code	150 00
	2014 Rough Leaf Lane Rowett to Employed Employed	75089	* * * * * * * * * * * * * * * * * * * *

### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME JEFF CHENCY	3 Filer ID (Ethics Commission Filers)
Date  5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)  de \$ 100 \( \frac{100}{200} \)
8 Principal occupation / Job title (See Instructions) 9 Employer (Se	e Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2.20.2000 Charles R Brazil Je Contributor address; City; State; Zip Co. 1173 Timber Lane Frisw X 75	D/ 00 XX
Principal occupation / Job title (See Instructions)  Employer (See	
Date  Full name of contributor  Bonita L FORRIS  Contributor address;  City: State; Zip Coor  Ball Dutch Hollow Dr Tis W 7502  Principal occupation / Job title (See Instructions)  Employer (See	3
Date  Full name of contributor  GLOFFICY LAPPIM MBAKU.  Contributor address; City; State; Zip Cod  15175 Palo Pirko Dr Fiscot 750  Principal occupation / Job title (See Instructions)  Employer (See	85 X

### SCHEDULE A1

The Instr	uction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	eff Chaneu		3 Filer ID (Ethics Commission Filers)
4 Date 5 F	=ull name of contributor   out-of-state PAC (IE	D#:)	7 Amount of contribution (\$)
3.1.2020 6	•	State; Zip Code	\$1000
8 Principal occupation	1/Job title (See Instructions)  9	Employer (See Instruction	ons)
	Full name of contributor		Amount of contribution (\$)
VM. 2020 110	NYC H. A SEMINASO Contributor address; City;		\$100 毙
Principal occupation	Job title (See Instructions)	Employer (See Instruction	ns)
Date F	iull name of contributor out-of-state PAC (ID:		Amount of contribution (\$)
V 24. 2020 A		State; Zip Code	\$100 🛱
	284 Majestic Prince Cir	, –	5
Principal occupation	/ Job title (See Instructions)	Employer (See Instruction	ns)
Date F	ull name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)
1.20.2020	out-of-state PAC (IDA  OD PChand  Devadoss  City;	State Zip Code	\$500%
2	578 Colbone br frisks  Job title (See Instructions)	Employer (See Instruction	ns)

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME (Ethics Commission Filers) Date 7 Amount of contribution (\$) 350% Zip Code Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) \$4000 3 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 3.11.2020 \$100% Contributor address: Principal occupation / Job title (See Instructions) me Mobile Ph kbotomu Date out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages, Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date 7 Amount of contribution (\$) \$1000 Amount of contribution (\$) 500 % Principal occupation / Job title (See Instructions) Full name of contributor Date 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)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Th	e Instruction Guide explains how to complete this forn	n.	1 Total pages Schedule A2: 2		
2 FILER NAME	Jeff Chaneu		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 17,400.00		
5 Date 2 2 0	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description \$\frac{4}{2,000.00}\$ Food + Beverage.  Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
<b>14</b> Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 2-20-20	Full name of contributor out-of-state PAC (ID#:  Angelia + Dono Pelham  Contributor address; City; State;  11323 Lenox Ln., Frisco	Zip Code	Amount of : In-kind contribution Contribution \$ : description  # 400.00 : FOOD + Beverase  Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME	Jeff Cheney		3 Filer ID (Ethics Commission Filers)
	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 1-29-20	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ 9 In-kind contribution description \$ Venue, Food + Beverage Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	ahan Companies
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		THIS SOUTH	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

### 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

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,
1 Total pages Schedule F1:	2 FILER NAME JEFF Chency		3 Filer ID (Ethics Commission Filers)
4 Date 	5 Payee name Mail Chimp		
6 Amount (\$) 59.99	7 Payee address; 67 5 Punce de Leon Ave S PA Junta, Exergia 303		State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Gnail S	ierrice
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1.13.2020	RMG Apparel Corp		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1385.60	116 Rose In Ste 101	Misw to	75036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advutising Expense	Description 7-Shi AS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1.14.2020	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$14.25	4017. Buena Vista Ste	109 Dalla	STX 75204
PURPOSE OF EXPENDITURE	Solicitation   Solicitation   Supplies   Solicitation   Supplies   Supplies	Description Funda	aising he
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By 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

The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	·			
1 Total pages Schedule F1:	Jeff Chency		3 Filer ID (Ethics	Commission Filers)
4 Date 1-17-2020	5 Payee name City of Misuo			
6 Amount (\$)	7 Payes address;	City;	State;	Zip Code
\$20000	6101 Frisio Square Blvd	5th Floor	Frisw Yz	<i>45</i> 034
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	_	
PURPOSE OF EXPENDITURE	Fees	Filing	fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1.21.2020	Enin Swain			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 102.50	8107 Cheerey Springs Ct	misro	1/2	75036
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Barteno	ler	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1.22.2010	RMG APPAREL CORP			
Amount (\$)	Payee address;	City;	State;	Zip Code
* 974.15	116 Rose La Stelol Frish	J	tx ?	75034
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Flavurtising Expense	7- Sh	i48	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED	

## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME OF CHENCY		3 Filer ID (Ethics Commission Filers)
4 Date  - 22-\$070	Unite Supermarkets   Mark	et Street	State; Zip Code
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
952.41	130 / 100 / 100	SW	to 75033
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food & Beverage Expense	Pood	
	(c) Check if travel outside of rexas. Complete Schedule T.	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	Payee name		
1.22.2020	Recognition USA		
Amount (\$)	Payee address;	City;	State; Zip Code
1 434.35	113 E POIK St	Richardson	1 7x 75031
W.	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Lyourse	Nameta	igs
	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
Date	Payee name		
1.22.2020	Costeo		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 568.73	11220 Dallas Play	Frisw	tx 75034
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food & Beverage Expense	Drinks	
	Check if travel outside 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 NEED	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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not instead above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4/15	JEFF CHERRY		
4 Date  -13.1010	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 44.00	4017 Buena Vista Stot109	Dallas	X 75204
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Solicitation/	Fund	mising Re
EXPENDITURE	Fundraising Expelie		
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office field
Date	Payee name		
1.24.2020	Say Traank V		
Amount (\$)	Payee address;	City;	State; Zip Code
\$481.71	10618 Tobias Lane,	Frisco, T	X 75033
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Giffs	Thank y	gifts
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1.24.2020	KMG Apparel Corp		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 123.41	116 Rose In Stc101	Frisw	X 75034
44	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	T-Shir	15
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica CreditCard Payment	l Committee	Legal Services The Instruct	tion Guide expla		ges/Contract Labor mplete this form.	Other (enter a cate	egory not listed above)
1 Total pages Schedule F1:	2 FILER N	<sup>AME</sup> Chan	cy			3 Filer ID (Eth	ics Commission Filers)
4 Date  . 24. 1010	5 Payee na		ol Valet	•			
\$ 500 pe	7 Payee as	ddress; 0 Sed o	na Lane	. Plan	0, TX 750	25	Zip Code
8	(a) Categor	y (See Categories	listed at the top of thi	s schedule)	(b) Description	_	
PURPOSE OF EXPENDITURE	Eve	nt Ex	pense		Valet S	service	
	(c)	Check if travel outs	ide of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder liv	ing expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF		late / Officehol	der name		Office sought		Office held
Date	Payee na	ame					
1.24.2020	fris	d Prin	ting			01.1	7'r Oada
Amount (\$)	Payee a	104000000000000000000000000000000000000			City;	State;	Zip Code
\$ 114.42	85	85 Jo	hn Wa	esley I	x#200 G	iso 1x	: 75034
PURPOSE OF EXPENDITURE	Category PNV	(See Categories)	Expension of this	s schedule)	Description	righ (	alds
		Check if travel outs	ide of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder liv	ring expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officehol	der name		Office sought		Office held
Date	Payee n	ame					
1.24.2020	Mea	lina V	SA				
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
\$5000.00	430	8 Shar	mrock	Dr	Misw	1/2	75034
PURPOSE OF EXPENDITURE	Sala	(See Categories	gellab	s schedule)	Salary	)	
		Check if travel outs	ide ofTexas. Complete	Schedule T.	Check if Austi	n, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeho	lder name		Office sought		Office held
	AT	TACH ADDIT	IONAL COPIE	S OF THIS S	SCHEDULE AS NE	EDED	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District

Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a categor	y not noted above)
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
4 Date   . 27 · 2020	5 Payee name Lindsau Baranski			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$75%	1801 McCord Way # 548	Misw	X	75033
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Barten	dcr	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1.27.2020	Suad Bejtonic Photograp	hy		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$250 %	2949 Parkwood Blvd	fisw	1/4	75034
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Photo, 9	vaphy	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aut	in, TX, office oder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1. V1 NO 10	Vurona VIIIa			
Amount (\$)	Payee address;	City;	State;	Zip Code
250 \$	6591 Dalles Plewy	Misw	1	75034
	Category (See Categories listed at the top of this squedule)	Description		•
PURPOSE OF EXPENDITURE	Event Expense	Event	Venue	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
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

Contributions/Donations Made By Candidate/Officeholder/Political		nse Travel Out Of District es/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to com	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME JCFF CHENCY	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		1
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$ 28.73	4017 Buena Vista St #109	1 Jules 1/4 75204	
8		(b) Description	
PURPOSE OF EXPENDITURE	Solicitation/ Fundaising Exp	Fundraising Re	
	(C) Check if travel outside of Texas. Cymplete Schedule T.	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	Payee name		
1.29.7020	DR Sians LLC		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 405.93	607 Leander Jr Ste	100 Leangler TX 78641	
4.4	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Sopzi Repeat	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
1.29.70%	ema Apparel Corp		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 449.24	116 Pose In Sc101	Misw 1/2 75836	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	T-Shirts	
	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	CHEDULE AS NEEDED	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica CreditCard Payment	al Committee Legal Services  The Instruction Guide explains	s how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
<b>8 / 13</b> 4 Date	5 Payee name		
1.30.2020	Sugal Beitovic Photo	Daraphy	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
寸200%	2949 Parkwood Bl	vd Frisw	to 750.34
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	•
PURPOSE OF EXPENDITURE	Event Expense	Photogra	phy
	(c) Check if travel outside of Texas. Complete Sc	heduleT. Check if Austin	, TX, office holder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
30.2020	Office Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 102.83	2930 Prestopa Rd.	#700 Frisw	TX 75034
	Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	event Expense	Name	-Tags
	Check if travel outside of Texas. Complete Sc	hedule T. 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	Payee name		
2.04.2020	Amedot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$40.47	4017 Buena Vista	7#109 Dallas	tx 75204
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Solicitation / Fundraising to	Description  Fundais	sing fre
	Check if travel outside of Texas. Complete So	hedule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

Advertising

Candidate / Officeholder name

Candidate / Officeholder name

(c)

Pavee name

### 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

2.6.2020

**PURPOSE** 

OF **EXPENDITURE** 

9 Complete ONLY if direct expenditure to benefit C/OH

08.25

**PURPOSE** 

OF **EXPENDITURE** 

Complete ONLY if direct expenditure to benefit C/OH

Date

8

1 Total pages Schedule F1: 2 FILER NAME

**Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor 3 Filer ID (Ethics Commission Filers) Zip Code City; Carland 75040 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Zip Code City; State: Sweat S Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought City; State; Zip Code ing expense Office held

59.99	Category (See Categories listed at the top of this schedule)	NE SE AHIZINTO
PURPOSE OF EXPENDITURE	Check if travel outside of Toxas. Complete Schedule T.	Email Service  Check if Austin, TX, officeholder liv
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica CreditCard Payment		ages/Contract Labor Other (enter	Of District ra category not listed above)
1 Total pages Schedule F1:	7 FILER NAME CHICAGO	3 Filer ID	(Ethics Commission Filers)
4 Date 2. 19. 1010	5 Payee name		
6 Amount (\$)	7 Payee address;		ate; Zip Code
\$4.20	4017 Buena Vista St #	109 Dallas T	X 75204
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Solicitation /	fundraising	Le rouse.
OF EXPENDITURE	fundraising 60	imiditaising	apeno
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	lder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2.19.2020	Russ Hewitt		
Amount (\$)	Payee address;		ate; Zip Code
\$ 250 %	1804 E Branch Hollow	J, Carrollton, 7	X 75007
4	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Music/En	tertainment
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	lder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2.24.2020	Medina USA		
Amount (\$)	Payee address;	City; Si	tate; Zip Code
\$5000 00	4308 Shamrock Dr	Frisw D	x 75034
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salaxies/Wages/Labor	Soldie	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	older living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held

## 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/Vanes/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		satisgery not not as a speciely	
1 Total pages Schedule F1:	2 Teff Choney	3 Filer ID (	Ethics Commission Filers)	
4 Date 2 · 24 · 2020	Payee name Misus Printing			
6 Amount (\$)	7 Payee address;	City; State	e; Zip Code	
\$259 蒙	8585 John Weste	ey Dr frisw 7	C 75034	
8	(a) Category (See Categories listed at the top of this schedu	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expens	e Cards		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholde	r living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1.24.2020	Anedot			
Amount (\$)	Payee address;	City; State	e; Zip Code	
\$122.45	4017 Buena Vista St		75204	
PURPOSE OF EXPENDITURE	Solicitation / fundas	Description Fundraising F	le .	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholde	r living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3.3.20	DaNuU			
Amount (\$)	Payee address;	City; State	e; Zip Code	
\$ 300	8750 E Main St	Frisw TX	75034	
	Category (See Categories listed at the top of this schedule	Description	-	
PURPOSE OF EXPENDITURE	Food Berelage Expen	ise Crawfish B	DI (	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholde	r living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica CreditCard Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	/ages/ContractLabor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 3. U.202 D	6 Payee name Go UYAI ANUR		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2959 &x	124 Roseln Ste Ste	Frisw	the 75035
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Video	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3.7.2020	Mailchimp		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 59.99	675 Ponce de Leon t	soon Atla	uta GA 30308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description	l Service
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3.10.2020	Arredot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 2.25	4017 Buena Visita St +	+109 Dullas	N 75204
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Solicitation  Fundraising Open Check if travel outside of Texas. Complete Schedule T.	Description  Turburau  Check if Austin	Sing Fee
	Check it travel outside of Texas, Complete Schedule 1.		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held

## 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 Magnet/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ny normana above)
1 Total pages Schedule F1:	2 ELER CHEVEU		3 Filer ID (Ethics	s Commission Filers)
4 Date 3.17.2020	6 Payee name Medina USA			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$5000000	4308 Shamrock Dr	misw	7×	75034
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salary/Wage/Labor	Salan	7	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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			
5.6.2020	Medina USA			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$3000 00	4308 Shamrock Dr	Frisw	W :	75034
PURPOSE OF EXPENDITURE	Salay Wage / Labor	Salary	<u> </u>	
	Checkeff travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5.7.2010	Mailchimp			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 59.99	675 Ponce de Lebn Al	NE SKS	1000 AHa	nta GA 30
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising typense	Emai'l	Senie	nta GA 30
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEI	EDED	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

**Event Expense** Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

CreditCard Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
14/15	5 Payee name			
4 Date 4 . 10710	Mail Chimp			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$59.99	675 Ponce de Leon Ave	NESC S	DOU AHAN	ta 6A 3030
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		,
PURPOSE OF EXPENDITURE	Advertising Expense	Email	Service	e
	(c) Check if travel outs de of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2.20.2020	Jeffcheneu			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$30,000 💥	3612 Silver Oaks L	n Frisu	o tx	75033
	Category (See Categories listed at the top of this schedule)	Description	0.	
PURPOSE OF	Loan Repayment	, Loa	in Ref	ayment
EXPENDITURE	Reimbursemen			
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder livin	g expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office field
Date	Payee name			
2.26.2020	Oeff Chency			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$5000 %	3612 Silver Oalcs Un	Frisw	TC	75033
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/ Reimbursement	. loan	Repay	ment
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL CODIES OF THE	SCHEDIII E AS NES	- DED	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDOLE AS NEE	-טבט	

### 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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	other (enter a category ne	or nated above)
1 Total pages Schedule F1:	2 FILER NAME JEFF CHENCY		3 Filer ID (Ethics Co.	mmission Filers)
4 Date 4. 20. 2020	5 Payee name JCFF Cheney			
6 Amount (\$)	7 Payee address;	City;	State; Z	Zip Code
\$10000 %	3612 Silver Daks Un	Misw	1× 75 _ Repaym	5033
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	<b>1</b> 2.	,
PURPOSE OF EXPENDITURE	Wan Repayment	loan	. Repaym	ient-
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expe	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offic	ce held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Z	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	***	
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	От	ce held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Z	Zip Code
	Catagoni (Car Catagonia listadatika taratiki sahadati	Description		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	nse
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Offi	ce held
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				