

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: 6 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI MR JOHN P. <hr/> NICKNAME LAST SUFFIX KEATING | OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em;">JAN 17 2023</div> <div style="color: blue; font-style: italic;">@ 2:22pm J</div> <div style="font-weight: bold;">CITY SECRETARY'S OFFICE</div> | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 1.2em; width: 100%;"></div> | Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (<div style="background-color: black; width: 20px; height: 1.2em; display: inline-block;"></div>) <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> | Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MRS Terri <hr/> NICKNAME LAST SUFFIX Patterson (McElhaney) | Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3541 Greenbrier Drive, Frisco, TX 75033 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 632-2400 | | | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | | | |
| 10 PERIOD COVERED | <div style="display: flex; justify-content: space-between;"> <div> Month Day Year 07 / 01 / 22 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 2022 </div> </div> | | | | |
| 11 ELECTION | <div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 05 / 01 / 21 </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | | | |
| 12 OFFICE | OFFICE HELD (if any) Frisco City Council, Place 1 | 13 OFFICE SOUGHT (if known) Frisco City Council, Place 1 | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table> | | | | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

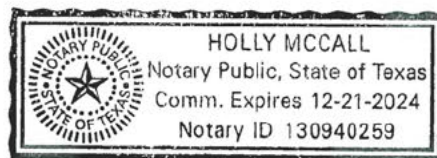
| | | |
|-------------------------|---|--|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 7312.09 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 20121.47 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by John P. Keating this the 17 day of January 2023, to certify which, witness my hand and seal of office.

Holly McCall Holly McCall public notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME

John P. Keating

20 Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-----------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$7312.09 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 3 | | 2 FILER NAME John P. Keating | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 09/22/2022 | | 5 Payee name Jared Patterson Campaign | | | |
| 6 Amount (\$) \$1000.00 | | 7 Payee address; City; State; Zip Code PO Box 5419, Frisco, TX 75035 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contribution Made By Candidate | | (b) Description Campaign Contribution | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 09/26/2022 | | Payee name Matt Shaheen Campaign | | | |
| Amount (\$) \$1000.00 | | Payee address; City; State; Zip Code 3917 Malton Drive, Plano, TX 75025 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution Made By Candidate | | Description Campaign Contribution | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 09/26/2022 | | Payee name Drew Springer for Texas | | | |
| Amount (\$) \$1000.00 | | Payee address; City; State; Zip Code PO Box 6, Muenster, TX 76252 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution Made By Candidate | | Description Campaign Contribution | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME John P. Keating | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/28/2022 | 5 Payee name Vici Media | |
| 6 Amount (\$) \$112.09 | 7 Payee address; City; State; Zip Code 5101 Bonneville Bend, Austin, TX 78744 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Website |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 10/21/2022 | Payee name WW1 Mobile Museum | |
| Amount (\$) \$1000.00 | Payee address; City; State; Zip Code 212 S 2nd Street, Marlow, OK 73055 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Sponsorship | Description Historical Preservation |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 10/24/2022 | Payee name Fellowship Power Lunch | |
| Amount (\$) \$1000.00 | Payee address; City; State; Zip Code PO Box 6072, Frisco, TX 75035 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Sponsorship | Description Veteran Luncheon |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

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**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS****SCHEDULE F1**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME John P. Keating | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/16/2022 | 5 Payee name Suad Bejtovic | |
| 6 Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code [REDACTED] | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Event Photographer |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11/17/2022 | Payee name Frisco VFW Post 8273 | |
| Amount (\$) \$1000.00 | Payee address; City; State; Zip Code PO Box 2848, Frisco, TX 75034 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Sponsorship | Description Holiday Party |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 12/07/2022 | Payee name Melody of Hope | |
| Amount (\$) \$1000.00 | Payee address; City; State; Zip Code 13783 Alden Lane, Frisco, TX 75035 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Sponsorship | Description Music on Main Street |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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