

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: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST MI Mr. Thomas Jeff ----- NICKNAME LAST SUFFIX Cheney Jr	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 06 2023 AC. 9:42 A.M. City Secretary's Office </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3612 Silver Oaks Ln Frisco TX 75033		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 707-7320		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Wren ----- NICKNAME LAST SUFFIX Orard		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5004 Thackeray Dr Frisco TX 75034		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 679-6896		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2023 THROUGH 3 / 27 / 2023		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 06 / 2023 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Mayor	13 OFFICE SOUGHT (if known) Mayor	
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. COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL COMMITTEE ADDRESS <input type="checkbox"/> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

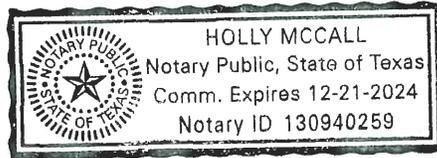
15 C/OH NAME Thomas Jeff Cheney 16 Filer ID (Ethics Commission Filers)

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)	\$ 40629.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 24819.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30697.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 99374

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 Jeff Cheney this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

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

Thomas Jeff Cheney

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$35,521
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,108.84
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 99,374
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$18453.72
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6365.34
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3.6.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Hons 6 Contributor address; City; State; Zip Code 7145 Yellowstone Dr Frisco TX 75033	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3.7.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Stricklan Birkenstock Contributor address; City; State; Zip Code 12300 Widing Hollow Ln Frisco TX 75033	Amount of contribution (\$) \$1000⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.8.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prashanth Upadrasta Contributor address; City; State; Zip Code 13804 Sheridan St Frisco TX 75035	Amount of contribution (\$) \$200⁰⁰/_{xx}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.9.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jodi Streff Contributor address; City; State; Zip Code 1541 Red Rock Canyon Rd Frisco TX 75034	Amount of contribution (\$) \$50⁰⁰/_{xx}
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Monument

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3.9.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Adams	7 Amount of contribution (\$) \$200⁰⁰xx
6 Contributor address; City; State; Zip Code 8810 Coleman Blvd Frisco TX 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3.9.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Wilcox	Amount of contribution (\$) \$501⁰⁰xx
Contributor address; City; State; Zip Code 2471 Loch Haven Ct Frisco tx 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.10.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Djinis	Amount of contribution (\$) \$100⁰⁰xx
Contributor address; City; State; Zip Code 12332 Godfrey Dr Frisco tx 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.9.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackshaw Partners LLC	Amount of contribution (\$) \$1000⁰⁰xx
Contributor address; City; State; Zip Code 3280 Peachtree Rd NE FL7 Atlanta GA 30305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3.10.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Roby	7 Amount of contribution (\$) \$250 ⁰⁰ / _{xx}
	6 Contributor address; City; State; Zip Code 6733 Bobo Link Dr Dallas TX 75214	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3.9.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted Xianzhong Su	Amount of contribution (\$) \$250 ⁰⁰ / _{xx}
	Contributor address; City; State; Zip Code 11241 Luckenbach Dr Frisco TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.10.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chinasa tyam Veernapu	Amount of contribution (\$) \$200 ⁰⁰ / _{xx}
	Contributor address; City; State; Zip Code 4424 Vista Terrace Dr Frisco TX 75034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.12.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey Siegele	Amount of contribution (\$) \$250 ⁰⁰ / _{xx}
	Contributor address; City; State; Zip Code 1340 Armstrong Ln Prosper TX 75078	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3.14.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammad B. Mobashirin 6 Contributor address; City; State; Zip Code 11257 Deep Canyon Trl Frisco TX 75033	7 Amount of contribution (\$) \$100 ⁰⁰/_{xx}
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3.15.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Glatsein Contributor address; City; State; Zip Code 4020 Colgate Ave Dallas TX 75225	Amount of contribution (\$) \$100 ⁰⁰/_{xx}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.25.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David H. Craig Contributor address; City; State; Zip Code 5816 Settlement Way McKinney TX 75070	Amount of contribution (\$) \$2000 ⁰⁰/_{xx}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.25.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan Anjaneyulu Contributor address; City; State; Zip Code 214 Geddington Sharano Park TX 78249	Amount of contribution (\$) \$5000 ⁰⁰/_{xx}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

Thomas Jeff Cheney

3 Filer ID (Ethics Commission Filers)

4 Date

3.26.23

5 Full name of contributor out-of-state PAC (ID#: _____)

Prem Kalidindi

6 Contributor address; City; State; Zip Code

7267 Notre Dame Dr Irving TX 75063

7 Amount of contribution (\$)

\$1000 ⁰⁰/_{xx}

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.26.23

Full name of contributor out-of-state PAC (ID#: _____)

Tarak Brahmhatt

Contributor address; City; State; Zip Code

957 Park Ridge Dr Allen TX 75013

Amount of contribution (\$)

\$2000 ⁰⁰/_{xx}

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.26.23

Full name of contributor out-of-state PAC (ID#: _____)

Janardhan Reddy

Contributor address; City; State; Zip Code

304 Cactus Ct Allen TX 75013

Amount of contribution (\$)

\$5000 ⁰⁰/_{xx}

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.27.23

Full name of contributor out-of-state PAC (ID#: _____)

Michael Schmidt

Contributor address; City; State; Zip Code

3010 Dogwood Tr Rowlett TX 75088

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3.27.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balaji Srinivas Pabbisetty	7 Amount of contribution (\$) \$1000 ⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code 12263 Princess Dr Frisco TX 75035		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3.27.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalyan Kodali	Amount of contribution (\$) \$1000 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 5508 Seapines Plano TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.27.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prasada R Nalluri	Amount of contribution (\$) \$2000 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 2284 Courtland Dr Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.27.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaspreeeth Kaur	Amount of contribution (\$) \$ 2000 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 7341 Beranger Dr Irving TX 75063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3.27.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goutham S. Srirapaneni	7 Amount of contribution (\$) \$100 ⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code 3848 Mc Divitt Dr West Bloomfield MT ⁴⁸²³¹/₄₈₂₃₁		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3.27.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venkat G. Gattipati	Amount of contribution (\$) \$500 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 7629 Edelweiss Tr Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.27.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Keene	Amount of contribution (\$) \$500 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 7901 Windrose Ave #2600 Plano TX 75024		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Keene luxury travel
Date 3.27.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Causey	Amount of contribution (\$) \$50 ⁰⁰/_{xx}
Contributor address; City; State; Zip Code 2438 Thorntree Dr Frisco TX 75033		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Frisco ISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 Date 3-27-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Webb	7 Amount of contribution (\$) \$2500⁰⁰xx
6 Contributor address; City; State; Zip Code 5652 Monterey Dr Frisco TX 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-9-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Shaddock	Amount of contribution (\$) \$500⁰⁰xx
Contributor address; City; State; Zip Code 2400 Dallas Pkwy Ste 500 Plano TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-8-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Hall	Amount of contribution (\$) \$6000⁰⁰xx
Contributor address; City; State; Zip Code 6801 Gaylord Pkwy Frisco TX 75034		
Principal occupation / Job title (See Instructions) CEO/Co-founder		Employer (See Instructions)
Date 3-27-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Fraites	Amount of contribution (\$) \$100⁰⁰xx
Contributor address; City; State; Zip Code 10618 Tobias Ln Frisco TX 75033		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Industrial Cigars

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 608.84	
5 Date 3-11-23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Woodard	8 Amount of Contribution \$ 108.84	9 In-kind contribution description
7 Contributor address; City; State; Zip Code 3599 Spruce Hills St Frisco TX 75033		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 3-9-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Meek	Amount of Contribution \$ \$500.00	In-kind contribution description
Contributor address; City; State; Zip Code 8625 Hickory St #2229 Frisco TX 75034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Added \$ 2000	
5 Date 3.9.23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Young	8 Amount of Contribution \$ 500.00	9 In-kind contribution description
7 Contributor address; City; State; Zip Code 1012 Woodcliff Dr McKinney TX 75072		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishna Nimmagadda	Amount of Contribution \$ 1500.00	In-kind contribution description
Contributor address; City; State; Zip Code 5804 Southwind Ln McKinney TX 75070		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2500	
5 Date 3.9.23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Ellis	8 Amount of Contribution \$ \$2500.00	9 In-kind contribution description
7 Contributor address; City; State; Zip Code 4441 Kessler Dr Ft Worth TX 76133		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date ?	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Personal Loan	9 Loan Amount (\$) 99,374.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 3612 Silver Oaks Ln Frisco TX 75033	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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 Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 1.19.23	6 Payee name City of Frisco	
6 Amount (\$) \$200 ⁰⁰ / _{xx}	7 Payee address; City; State; Zip Code 6101 Frisco Square Blvd Frisco TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee
	(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 2.23.23	Payee name Snad Bejovic Photography		
Amount (\$) \$500 ⁰⁰ / _{xx}	Payee address; City; State; Zip Code 6012 Pisa Ln Frisco TX 75034		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description photos	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 3.2.23	Payee name RMG Apparel		
Amount (\$) \$3,220.44	Payee address; City; State; Zip Code 116 Rose Lane Ste 101 Frisco TX 75036		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-shirts	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
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4 Date 3.2.23	5 Payee name Teacher By Day Services
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6 Amount (\$) \$225 ⁰⁰ / _{xx}	7 Payee address; 8107 Cherry Springs Dr Frisco TX 75036	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Bartenders
	(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
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Date 3.10.23	Payee name Spin DJ Entertainment
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Amount (\$) \$1000 ⁰⁰ / _{xx}	Payee address; 8625 Hickory St Frisco TX 75034 xxxxxx #2229	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description DJ for Party
	<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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Date 3.9.23	Payee name Xclusive Productions
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Amount (\$) 1797 ⁶⁶ / _{xx}	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Video
	<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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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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 Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
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4 Date 3.9.23	5 Payee name Medina USA
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6 Amount (\$) 5000 ⁰⁰ / _{xx}	7 Payee address; 5729 Lebanon Rd Ste 144 Friswo	City;	State; TX	Zip Code 75034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense	(b) Description Consulting
	(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
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Date 3.20.23	Payee name Friswo Printing and Graphics Center
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Amount (\$) 205.61	Payee address; 8585 John Wesley Dr Unit 200 Friswo TX	City;	State; TX	Zip Code 75034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Cards
	<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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Date 3.9.23	Payee name Fast Forward Valet
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Amount (\$) \$1175 ⁰⁰ / _{xx}	Payee address; 3420 Sedona Ln	City; Plano	State; TX	Zip Code 75025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Valet Service
	<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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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 Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 Date 3.22.23	5 Payee name Go Local Group	
6 Amount (\$) \$1424 ⁸⁹ / _{xx}	7 Payee address; 106 Highland Circle	City; State; Zip Code Little Elm TX 75068
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expenses	(b) Description Video
	(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 3.27.23	Payee name Fred Lusk	
Amount (\$) 279 ⁸³ / _{xx}	Payee address; 9912 Mallory Dr	City; State; Zip Code Frisco TX 75035
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Sign Placement
	<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 3.26.23	Payee name Community Impact	
Amount (\$) \$1500 ⁹⁰ / _{xx}	Payee address; 3600 E Palm Valley Blvd Box 3 Round Rock TX	City; State; Zip Code 78665
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad
	<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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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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 Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
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4 Date 3.22.23	5 Payee name Fred Lusk
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6 Amount (\$) \$517 ⁵⁶ / _{xx}	7 Payee address; 9912 Mallory Dr Frisio TX 75035	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) salaries / wages / contract labor	(b) Description Sign Placement
	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
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4 Date 3/31/23	5 Payee name Signarama Frisco
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6 Amount (\$) \$289.03 xx	7 Payee address; City; State; Zip Code 9416 Dallas Pkwy Unit 160 Frisco TX 75033
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Magnets
	(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
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Date 4/3/23	Payee name Frisco Printing & Graphics Center
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Amount (\$) 109.81 xx	Payee address; City; State; Zip Code 8585 John Wesley Dr Ste 200 TX 75034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Flyers
	<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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Date 3.27.23	Payee name Stripe
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Amount (\$) \$807.99 xx	Payee address; City; State; Zip Code 510 Townsend Dr San Francisco TX 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Credit Card Fee
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Thomas Jeff Cheney</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>3.9.23</i>	6 Payee name <i>H.E.B Frisco</i>	
7 Amount (\$) <i>121.07</i>	8 Payee address; City; State; Zip Code <i>4800 Main Street Frisco TX 75033</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Drinks & Food</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3.8.23</i>	Payee name <i>Costco Wholesale Frisco</i>		
Amount (\$) <i>\$ 807.20</i>	Payee address; City; State; Zip Code <i>11220 Dallas Pkwy Frisco TX 75034</i>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Drinks & Food</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3.27.23	6 Payee name First Graphic Services	
7 Amount (\$) \$490 ²³ / _{xx}	8 Payee address; City; State; Zip Code 229 Garrison St Garland TX 75040	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3.21.23	Payee name First Graphic Services	
Amount (\$) \$490 ²⁴ / _{xx}	Payee address; City; State; Zip Code 229 Garrison St Garland TX 75040	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2.28.23	6 Payee name Ernest B's BBQ Catering	
7 Amount (\$) \$757. ⁷⁵ / _{xx}	8 Payee address; City; State; Zip Code 6100 TX-121 FNSW TX 75034	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food for event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 3.22.23 3.20.23	Payee name First Graphic Services	
Amount (\$) \$1,778. ⁸² / _{xx}	Payee address; City; State; Zip Code 229 Farron St Garland TX 75040	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Thomas Jeff Cheney</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>3.7.23</i>	6 Payee name <i>SS events and Rentals LLC</i>	
7 Amount (\$) <i>\$397.28</i>	8 Payee address; <i>229 Pecan St</i>	City; State; Zip Code <i>Celina TX 75009</i>
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expense</i>	(b) Description <i>Table Linens</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3.8.23</i>	Payee name <i>SS events and Rentals LLC</i>	
Amount (\$) <i>35.17</i>	Payee address; <i>229 Pecan St</i>	City; State; Zip Code <i>Celina TX 75009</i>
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <i>Table linens</i>
	<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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3.9.23	6 Payee name Multi Print & Digital LLC	
7 Amount (\$) \$363.33 xx	8 Payee address; City; State; Zip Code 8113 S. Lemon Rd Danion IL 60521	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Nametags
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3.10.23	Payee name Frisco Printing & Graphics	
Amount (\$) \$514.29 xx	Payee address; City; State; Zip Code 8585 John Wesley Dr Unit 200 Frisco TX 75034	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Thomas Jeff Cheney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3.10.23	6 Payee name Full Bloom	
7 Amount (\$) 609 96/xx	8 Payee address; 116 Rose Ln Ste 103	City; State; Zip Code Frisco TX 75034
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Flowers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED