

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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Thomas</div> <div>MI Jeff</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Cheney</div> <div>SUFFIX Jr</div> </div>	OFFICE USE ONLY Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;"> RECEIVED APR 06 2023 AC. 9:42 A.M. City Secretary's Office </div> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">3612 Silver Oaks Ln Frisco TX 75033</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(214) 707-7320</div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs.</div> <div>FIRST Wren</div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Orard</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">5004 Mackery Dr Frisco TX 75034</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(214) 679-6896</div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" 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 01 / 01 / 2023</div> <div>THROUGH</div> <div>Month Day Year 3 / 27 / 2023</div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 05 / 06 / 2023 </div> <div> 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) 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.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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**

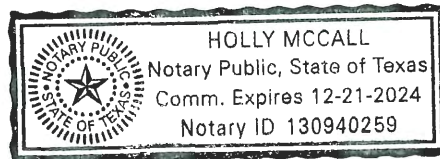
15 C/OH NAME <u>Thomas Jeff Cheney</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>40629.84</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>24819.06</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>30697.06</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>99374</u>

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

[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 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**

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 Strickland Birkenstock Contributor address; City; State; Zip Code 12300 Widing Hollow Ln Frisco TX 75033	Amount of contribution (\$) \$1000.00
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 Upadrashta Contributor address; City; State; Zip Code 13804 Sheridan St Frisco TX 75035	Amount of contribution (\$) \$200.00
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 (\$) \$50.00
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 6 Contributor address; City; State; Zip Code 8810 Coleman Blvd Frisco TX 75034	7 Amount of contribution (\$) \$200⁰⁰xx
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 Contributor address; City; State; Zip Code 2471 Loch Haven Ct Frisco tx 75036	Amount of contribution (\$) \$501⁰⁰xx
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 Contributor address; City; State; Zip Code 12632 Godfrey Dr Frisco tx 75035	Amount of contribution (\$) \$100⁰⁰xx
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 Contributor address; City; State; Zip Code 3280 Peachtree Rd NE FLT Atlanta GA 30305	Amount of contribution (\$) \$1000⁰⁰xx
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: <u>8</u>
2 FILER NAME <u>Thomas Jeff Cheney</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3.10.23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Clay Roby</u> 6 Contributor address; City; State; Zip Code <u>6733 Bobo Link Dr Dallas TX 75214</u>	7 Amount of contribution (\$) <u>\$250 ⁰⁰/_{xx}</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3.9.23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ted Xianzhong Su</u> Contributor address; City; State; Zip Code <u>11241 Luckenbach Dr Frisco TX 75035</u>	Amount of contribution (\$) <u>\$250 ⁰⁰/_{xx}</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3.10.23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Chinasa tyam Veernapu</u> Contributor address; City; State; Zip Code <u>4424 Vista Terrace Dr Frisco TX 75034</u>	Amount of contribution (\$) <u>\$200 ⁰⁰/_{xx}</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3.12.23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Stacey Siegel</u> Contributor address; City; State; Zip Code <u>1340 Armstrong Ln Prosper TX 75078</u>	Amount of contribution (\$) <u>\$250 ⁰⁰/_{xx}</u>
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 3.14.23	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 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: <u>8</u>
2 FILER NAME <u>Thomas Jeff Cheney</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3.26.23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Prem Kalidindi</u> 6 Contributor address; City; State; Zip Code <u>7267 Notre Dame Dr Irving TX 75063</u>	7 Amount of contribution (\$) <u>\$1000 ⁰⁰/_{xx}</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3.26.23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tarak Brahmabhatt</u> Contributor address; City; State; Zip Code <u>957 Park Ridge Dr Allen TX 75013</u>	Amount of contribution (\$) <u>\$2000 ⁰⁰/_{xx}</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3.26.23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Janardhan Reddy</u> Contributor address; City; State; Zip Code <u>304 Cactus Ct Allen TX 75013</u>	Amount of contribution (\$) <u>\$5000 ⁰⁰/_{xx}</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3.27.23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Schmidt</u> Contributor address; City; State; Zip Code <u>3010 Dogwood Tr Rowlett TX 75088</u>	Amount of contribution (\$) <u>\$50.00</u>
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 6 Contributor address; City; State; Zip Code 12263 Princess Dr Frisco TX 75035	7 Amount of contribution (\$) \$1000 ⁰⁰/_{xx}
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 Contributor address; City; State; Zip Code 5508 Seapines Plano TX 75093	Amount of contribution (\$) \$1000 ⁰⁰/_{xx}
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 Contributor address; City; State; Zip Code 2284 Courtland Dr Frisco TX 75034	Amount of contribution (\$) \$2000 ⁰⁰/_{xx}
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#: _____) Jaspreeth Kaur Contributor address; City; State; Zip Code 7341 Beranger Dr Irving TX 75033	Amount of contribution (\$) \$2000 ⁰⁰/_{xx}
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

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#: _____) Goutham Surapaneni 6 Contributor address; City; State; Zip Code 3848 Mc Divitt Dr West Bloomfield MI 48231	7 Amount of contribution (\$) \$100 ⁰⁰/_{xx}
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 Gottiapati Contributor address; City; State; Zip Code 7629 Edelweiss Tr Frisco TX 75034	Amount of contribution (\$) \$500 ⁰⁰/_{xx}
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 Contributor address; City; State; Zip Code 7901 Windrose Ave #2600 Plano TX 75024	Amount of contribution (\$) \$500 ⁰⁰/_{xx}
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 Contributor address; City; State; Zip Code 2438 Thorntree Dr Frisco TX 75033	Amount of contribution (\$) \$50 ⁰⁰/_{xx}
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Frisco ISD
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#: James Webb	7 Amount of contribution (\$) \$2500 ⁰⁰ / _{xx}
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 (\$) \$500 ⁰⁰ / _{xx}
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 (\$) \$6000 ⁰⁰ / _{xx}
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 (\$) \$100 ⁰⁰ / _{xx}
Contributor address; City; State; Zip Code 10618 Tobias Ln Frisco TX 75033		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Industrial Cigars
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 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		\$ 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.

SCHEDULE A2

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022

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: <u>1</u>
2 FILER NAME <u>Thomas Jeff Cheney</u>		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#: _____) <u>Personal loan</u>	9 Loan Amount (\$) <u>99,374.00</u>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>3612 Silver Oaks Ln Frisco TX 75033</u>	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 <input type="radio"/> N <input checked="" type="radio"/>	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
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:	2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)	
4 Date 1.19.23	5 Payee name City of Frisco			
6 Amount (\$) \$200 ⁰⁰ / _{xx}	7 Payee address; 6101 Frisco Square Blvd Frisco TX 75034		City;	State; Zip Code
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; 6012 Pisa Ln Frisco TX 75034		City;	State; Zip Code
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; 116 Rose Lane Ste 101 Frisco TX 75036		City;	State; Zip Code
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
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:		2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)	
4 Date 3.2.23		5 Payee name Teacher By Day Services			
6 Amount (\$) \$225⁰⁰ xx		7 Payee address; 8107 Cherry Springs Dr Frisco Tx 75036		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Bartenders		
	<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					
Date 3.10.23		Payee name Spin DJ Entertainment			
Amount (\$) \$1000⁰⁰ xx		Payee address; 8625 Hickory St Frisco Tx 75034		City; State; Zip Code	
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					
Date 3.9.23		Payee name Xclusive Productions			
Amount (\$) 1797⁶⁶ xx		Payee address;		City; State; Zip Code	
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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:		2 FILER NAME Thomas Jeff Cheney			3 Filer ID (Ethics Commission Filers)	
4 Date 3.9.23		5 Payee name Medina USA				
6 Amount (\$) 5000 ⁰⁰ / _{xx}		7 Payee address; 5729 Lebanon Rd Ste 144 Fnswo			City; TX	State; TX
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	
Date 3.20.23		Payee name Friswo Printing and Graphics Center				
Amount (\$) 205.61		Payee address; 8585 John Wesley Dr Unit 200 Fnswo TX			City; TX	State; TX
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	
Date 3.9.23		Payee name Fast Forward Valet				
Amount (\$) \$1175 ⁰⁰ / _{xx}		Payee address; 3420 Sedona Ln			City; Plano	State; TX
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	

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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 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:		2 FILER NAME <i>Thomas Jeff Cheney</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3.22.23</i>		5 Payee name <i>Go Local Group</i>			
6 Amount (\$) <i>\$1424 ⁸⁹/_{xx}</i>		7 Payee address; <i>106 Highland Circle</i>		City; <i>Little Elm TX</i>	State; Zip Code <i>75068</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expenses</i>		(b) Description <i>Video</i>		
	(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					
Date <i>3.27.23</i>		Payee name <i>Fred Lusk</i>			
Amount (\$) <i>279 ⁸³/_{xx}</i>		Payee address; <i>9912 Mallory Dr</i>		City; <i>Frisco TX</i>	State; Zip Code <i>75035</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>		Description <i>Sign Placement</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					
Date <i>3.26.23</i>		Payee name <i>Community Impact</i>			
Amount (\$) <i>\$1500 ⁹⁰/_{xx}</i>		Payee address; <i>3600 E Palm Valley Blvd Box 3 Round Rock TX</i>		City; <i>78665</i>	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Ad</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					
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:	2 FILER NAME <i>Thomas Jeff Cheney</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3.22.23</i>	5 Payee name <i>Fred Lusk</i>	
6 Amount (\$) <i>\$517 ⁵⁶/_{xx}</i>	7 Payee address; <i>9912 Mallory Dr</i>	City; State; Zip Code <i>Frisco TX 75035</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>salaries / wages / contract labor</i>	
	(b) Description <i>Sign Placement</i>	
(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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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

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:		2 FILER NAME Thomas Jeff Cheney		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/23		5 Payee name Signarama Frisco			
6 Amount (\$) \$289.03		7 Payee address; 9416 Dallas Pkwy Unit 160 Frisco TX		City; TX	State; TX
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 4/3/23		Payee name Frisco Printing & Graphics Center			
Amount (\$) 109.81		Payee address; 8585 John Wesley Dr Ste 200		City; TX	State; TX
Zip Code 75034					
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 3.27.23		Payee name Stripe			
Amount (\$) \$807.99		Payee address; 510 Townsend Dr		City; San Francisco TX	State; TX
Zip Code 94103					
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

\$

Office held

Revised 11/15/2022

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 Garron 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 Garron 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	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 2.28.23	6 Payee name Ernest B's BBQ Catering	
7 Amount (\$) \$757.75	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 3.2023 3.2023	Payee name First Graphic Services	
Amount (\$) \$1,778.82	Payee address; City; State; Zip Code 229 Harmon 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	
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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 <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; City; State; Zip Code <i>229 Pecan St Gelina 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; City; State; Zip Code <i>229 Pecan St Gelina 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	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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
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

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 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 <table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
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 <i>Thomas Jeff Cheney</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$
5 Date <i>3.10.23</i>	6 Payee name <i>Full Bloom</i>			
7 Amount (\$) <i>609 ⁹⁶/_{xx}</i>	8 Payee address; <i>116 Rose Ln Ste 103</i>	City; <i>Frisc</i>	State; <i>TX</i>	Zip Code <i>75036</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>Flowers</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	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