# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE /	MS MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	NICKNAME LAST	J	Date Received RECEIVED		
	Jeff Chency	ement of the second	JUL 15 2013 WW		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / POBOX; APT/SUITE#; CITY;	STATE; ZIP CODE	Cliv Secretoxy's Office  Date Hand-delivered or Postmarked		
ADDRESS  change of address	Frisco Tx 75033		Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed		
PHONE	(214) 707 7320				
6 CAMPAIGN TREASURER NAME	ms/mrs(mr) First Chad	MI	Date Imaged		
	NICKNAME LAST RUCY	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street ADDRESS (NO PO BOX PLEASE); OAPT/SUITE#, 12/186 Kennedale D Frisco Tx 75033	CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 705-8509	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Dey / 30 /	Year 2013		
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff (	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	City Council Place 2				
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	ITTEE TYPE COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5900		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	RIZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8010,58		
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E	*4,425.98		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD			
18 AFFIDAVIT					
WINNY PURCE	WENDY E. WITHERS by Commission Expir November 12, 2014	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
AFFIX NOTARY STAME	P / SEAL ABOVE				
Sworn to and subs	cribed before n		y hand and seal of office.		
Merdy W.	July _	Wendy W. Mers	Notary		
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath		

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sc	hedule A:
2 FILER NAME			3 ACCOUNT#(	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2.18.13	Troy Villarreal 6 Contributor address; City; State; Zip Code 8277 Stone River Pr		\$500∞	1
	Freisw Tx 75034		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#_	)	Amount of	In-kind contribution
a (1 12	Daniel Pellar Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
3.4.13	5974 Brookhill Lane	,	\$10000	 
	FREISW TX 75034		(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	•	
Date	Full name of contributor	)	Amount of	In-kind contribution
a 22.13	Teresa Perry Contributor address; City; State; Zip Code 2029 Remnington in		contribution (\$)	description (if applicable)
3.27.13			\$10000	<u>.</u>
Deinging!	Hersia TV 75033			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ii	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.28.13	Qontributor address, City, State; Zip Code 4128 Veneto D		200	
į.	50210 to 7.6023		1	
	161510 FX 73053			of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ir	istructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	trepac	ļ	contribution (\$)	description (if applicable)
3.21.13	Contributor address; City; State; Zip Code PO BOX 2246		-	
ļ	Austin TX 78768		(If traval outside s	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		reves' combiere acriedine ()

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sc	nedule A:
2 FILER NAMI	Ξ		3 ACCOUNT # (I	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1.26.13	3613 Flying A Tr	•	100 ap	
	McKinney TX 75070	,	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	•
Date	Full name of contributor  ut-of-state PAC (ID#_	)	Amount of	In-kind contribution
00 12	Emily Clark	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
1.28.13	Contributor address; City; State; Zip Code		2600	
, ,	8580 California Dr			} •
	Friscoty 75033		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Date & Tammena Hawks Contributor address; City; State; Zip Code		contribution (\$)	description (If applicable)
1.28.13	5242 Buena Vista Dr		5000	
	Meisw MX 75034		(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
. 00 12	TERRY BOYN Contributor address; City; State; Zip Code	, , , , , <sub>-</sub> , , , ,	contribution (\$)	description (if applicable)
1.28.13	PO BOX 5161		10000	\$ 4
	Coppell IX 75035		(If travel outside of	f Texas, complete Schedule T)
Principal occup	pation ) Job title (See Instructions)	Employer (See Ir		
Date	Full name of contributor  out-of-state PAC(ID#:	1	Amount of	In-kind contribution
	Cheis & Melsnie Royer		contribution (\$)	description (if applicable)
1.28.13	Contributor address; City; State; Zip Code 5159 Still Water Trl		3000	
	Ficisio 1x 75034	Acquire	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		control ochedule ()
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#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

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The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	3		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1.28.B	6 Contributor address; City; State; Zip Code 13430 NOrthwest Frwy	. 11	25000	<u> </u> 
a District and	Houston Tx 77040	1 (0)	<del></del>	I of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	*
Date	Full name of contributor out-of-state PAC (ID#_ HBA OF Greater Dulbs	Homepac	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.28.13	Contributor address; City; State; Zip Code 5816 W. Plano Pkwy	×	50000	i, 
Principal occur	pation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
( ) ( ) and and a =	Patron 1 Door and Cook Mondon 10,	Employer (coo	isu dedocto)	:
Date	Full name of contributor out-of-state PAC (ID#_	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-28.13	Contributor address; City; State; Zip Code  7091 Glen Abbey CT		10000	
Principal occur	11656 X +5034 pation / Job title (See Instructions)	Sanda (Specia		of Texas, complete Schedule T)
i iiiopai oosap	Audit / Job me (dee insulucions)	Employer (See in	istructions)	
Date	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.98.13	Contributor address; City; State; Zip Code  3156 White Spruce Pr		10000	
Principal occup	TRSW TX +5034 pation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
	2007, 500 000 (000 1100 000 110)	Епроуст (	Structionis	····
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.98.13	Contributor address; City; State; Zip Code 1500 Wade Haven G		10000	
Principal occup	eation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
			•	SCHIO (Plantistic di altito Cinado kombono del del consendo con con consendo con consendo con consendo con con
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE A	S NEEDED	

Texas Ethics Co.	mmission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS schedule A						
Th	e Instruction G	Guide explains how t	o complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Ξ				3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name	of contributor 000	ut-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1.28.13	6 Contribute 4163 F	eace py	State; Zip Code		10000	
9 Principal occu	pation / Job title	e (See Instructions)		10 Employer (See	<del></del>	of Texas, complete Schedule T)
Date	Full name	of contributor 00  Abenath	out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.28.13	Contribute 7-422	St. Peters	Sburg F	X	10000	
Principal occu	pation / Job title	(See Instructions)	22¢	Employer (See I		f Texas, complete Schedule T)
Date	Full name	of contributor 0	ut-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.28.B	Contributo 7701 Faisin	Pasatiem	tate; Zip Code		10000	
Principal occu	pation / Job title	(See Instructions)	<u> </u>	Employer (See In		f Texas, complete Schedule T)
Date	Full name	Hodes	it-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.28.13	4704	Gables Ct	ate; Zip Code		50000	
Principal occup	pation / Job title	(See Instructions)		Employer (See In	·	Texas, complete Schedule T)
D-1-	r					
Date	DWW Contributor	and Sandi	t-of-state PAC (ID#: AC St. N ate; Zip Code	Martin	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.90,10	5/a59	Cape Cod	Dr U		100	Town and to October 19
Principal occup	pation / Job title	(See Instructions)		Employer (See In		Texas, complete Schedule T)
					<del> </del>	

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Texas Ethics Co	mmission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	) (TDD 1-800-735-298
		NTRIBUTION PLEDGES	-	NS		SCHEDULE A
The	e Instruction G	uide explains how	to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	<u> </u>		<u> </u>		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	Drus	16 Newmo	out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1 00 10	1255 FRISU	t Legacy	Dr 3		(If travel outside	   
9 Principal occu	pation / Job title	(See Instructions)		10 Employer (See	Instructions)	
Date	Full name	dliner	out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.28.13	Contribute 47-45	or address; City; Star Ru	state; Zip Code dge Un	ı	20000	. :
Principal occu	pation / Job title	(See Instructions)	<u>rq</u>	Employer (See		of Texas, complete Schedule T)
						:
Date	Full name	Jean M	out-of-state PAC (ID#_ CL_LY LY State; Zip Code	) 	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.28.13	5778 Fris		Star Ro	L	10000	·
Principal occu	pation / Job title	(See Instructions)	94	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Date	David	Arbuckle	ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.28.13	31074 Fleisin	Vanguara	tate; Zip Code  J DY		5000	
Principal occup	pation / Job title	(See Instructions)	r	Employer (See I		f Texas, complete Schedule T)
Date	Full name	of contributor 01	ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.28.13	Contributor	) MBOM address; City; St 2 offe ction	ate; Zip Code		1200	assemble (II abblicable)
100.	TRISLO	TX 750	34			Texas, complete Schedule T)
Principal occup	eation / Job title	(See Instructions)		Employer (See Ir	nstructions)	

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Texas Ethics Cor	mmission	P.O. Box 120	70 Austin,	Texas 78711-2070	(512) 463-5800	) (TDD 1-800-735-298
		ONTRIBU I PLEDGE		ANS		SCHEDULE A
The	e Instruction	Guide explains h	now to complete	this form.	1 Total pages Sch	nedule A:
2 FILER NAME	<b>3</b>		W 1981		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full nar	ne of contributor	out-of-state PAC (ID	# <u></u> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1.28.13	6 Contrib 7614 FRI 51	A . 1 1.	ty; state; zip co UPO Dr 1341	de	50 0D	 
9 Principal occu	upation / Job t	itle (See Instruction	ns)	10 Employer (See	- Control of the Cont	
Date	Tim	ne of contributor  NUSTY  Itor address; Cit	out-of-state PAC (IE		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.1.13	1	Nocl Dr	n36	ue	250 80	of Texas, complete Schedule T)
Principal occu	pation / Job t	tle (See Instruction	is)	Employer (See		r rexas, complete scriedule 1)
Date	Full nan	ne of contributor IC Rondo	out-of-state PAC (ID		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.11.13	Contribution 1798	r- ~	y; State; Zip Coo	de	\$25000	
Principal occup	pation / Job ti	tle (See Instruction	)) s)	Employer (See		of Texas, complete Schedule T)
Date	Jake	e of contributor PCHAS tor address; City	Out-of-state PAC (ID)		Amount of contribution (\$)	In-kind contribution description (if applicable)
6.1.13	2774 Fris	Bandolia TX 750	r; State; Zip Coo LY M 22	ie	5000	
Principal occup	pation / Job tit	le (See Instructions	S)	Employer (See I		f Texas, complete Schedule T)
Date	Drew	and Care	out-of-state PAC (ID#	tiv	Amount of contribution (\$)	In-kind contribution description (if applicable)
5. H.D	11305 Fleisu	Deep Car	yon.Tr			Texas, complete Schedule T)
runcipal occup	eduon / Job titi	e (See Instructions	")	Employer (See li	nstructions)	
lf co	ontributor is			OF THIS SCHEDULE.		equirements.

(512) 463-5800

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

				:
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sc	hedule A:
2 FILER NAME	:		3 ACCOUNT# (	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#_  Junes May Chesano  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
100	11916S. Chanite Ave	,	\$200 °C	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	<del></del>	<u> </u>
Date	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.30.13	Contributor address; City; State; Zip Code 11377 DECP Canyon TV Fel Sub TX 75033		2500	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.8.13	Contributor address; City; State; Zip Code 12186 Kennedale Dr	, , , , , , , , , ,	1000	 
	hasio IX +5033		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.16.13	T254 Bay Hill Dr		10000	
Principal occup	action / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.18.13	contributor address; city; state; zip code 3549 Pinnacle Bay Pt Little Elm TV 75068		\$ 10000	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		rionas complete outleadie 1)

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Texas Ethics Cor	nmission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS					
The	Instruction Guide explains how to complete t	his form.	1 Total pages Sch	nedule A:	
2 FILER NAME	Jeff Chency		3 ACCOUNT# (E	Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/28/13	6 Contributor address; City; State; Zip Co 5450 Quail Run	de	200	;   	
9 Principal occu	Pation / Job title (See Instructions)	10 Employer (See	· <del></del>	of Texas, complete Schedule T)	
3 Frincipal occu	panon / Job due (See mstructions)	10 Employer (See	instructions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/28/13	Contributor address; City; State; Zip Contributor address; City; C	de	300		
	Austin Tx 78768		(If travel outside o	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/2/13	Lealie Kise Contributor address; City; State; Zip Coo 603 Pine Hills Dr		50	·	
	Frisco Tx 75034		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID)	<b></b>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/2/13	303 Steeple Chase Dr	le	200		
	WVING 1x 75062			f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor 🔲 out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Cod	,	 	70 mm	
Dring!as!	otion I lab title (Co.	 		f Texas, complete Schedule T)	
Frincipal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	; !:	
	1,	- <del>[</del>	****		
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PLEDO	SED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	dule B:
2 FILER NAME			3 ACCOUNT# (Eti	nics Commission Filers)
4 TOT	AL OF UNITEMIZED PLEDGES:	다 다 다	⇒ ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
			,	Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See Ir	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		1	
			 (If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	estructions)	
Date	Full name of pledgor 🔲 out-of-state PAC (iD#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		1	
			l (If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
e e e e e e e e e e e e e e e e e e e	Pledgor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	<del></del>	Texas, complete Schedule T)
			<u> </u>	
If co	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instru-			equirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Jeff Chency		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	() AL OF UNITEMIZED LOANS:		⇒ \$
5 Date of loan  128 [3] 6 Is lender a financial Institution? Y N  12 Principal occupat	Jeff Chency 8 Lender address; City; State 11377 Deep Cans	Zip Code  13 Employer (See Instructions)	9 Loan Amount (\$)  4,000  10 Interest rate  11 Maturity date
14 Description of Col	lateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION  not applicable  Principal Occupat		State; Zip Code  21 Employer (See Instructions)	19 Amount Guaranteed (\$)
Date of loan	Name of lender [	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;		Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were o	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable		State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
if lend	ATTACH ADDITIONAL COPIE fer is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEED uction guide for additional repo	

#### **POLITICAL EXPENDITURES**

SCHEDULE F

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

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F:	2 FILER NAME JEHT Chencus	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 1/28/13	5 Payee name Pizzena Testa			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
3,000	8660 Church St Fr	1800 Tx 15034		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Event Expense	Campaign Fundraiser		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date	Payee name			
<u> 1/28/13                                    </u>	Payee address; City; State; Zip Code			
Amount (\$)	Payee address; City; State; Zip Code			
23.97	110 5th St San Francisc	e Ca 94103		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If Iravel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Account ra/Banking	Service Fees		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
2 3 13	Payee name Embroid Mc			
Amount (\$)	Payee address; City; State; Zip Code			
277.12	3411 Preston Rd Fris	sco Tx 15034		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Expense	Marketing Materials		
Complete ONLY if direct	Candidate Officeholder name	Office sought Office held		
expenditure to benefit C/O	H			
2/14/13	Payee name EmbroidMe			
Amount (\$)	Payee address; City; State; Zip Code			
25.98	3411 Preston Rd Fris	co TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Expense	Markether materials		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought O Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED		

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

### **POLITICAL EXPENDITURES**

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
, 000	= -	explains how to complete this fo	,
1 Total pages Schedule F:	2 FILER NAME JOSEPH (	nenew	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2 14 13	6 Payee name First G	raphic Service	\$
6 Amount (\$)	7 Payee address; City; Sta	ate, Zip Code	
1445,14	229 Garvons	St Garland Tx	75040
8 PURPOSE	(a) Category (See calegories listed at the top	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Ex	ioense sign:	S
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholde name	Office soug	ht Office held
Date 3/7/13	Payee name Vista P	rint, com	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
493.99	Lexington, N	A	
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Expens	ie Marke	ting Materials
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officehölder name H	Office sough	nt () Office held
Date 4 13	Payee name First Gro	aphic Services	Ŝ
Amount (\$)	Payee address; City; Sta	te; Zip Code	No. of the second secon
870.06	229 Garyon	St Garland <sup>5</sup>	TX 75040
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Havertising Ex	pense signs	>
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sough	nt Office held
Date 41013	Payee name FARW		
Amount (\$)	Payee address; City; Sta		<b>1</b>
20	Stonebriar Con	try Club Fn	sco Tx 75034
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	(if travel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	1 lunch	con
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED

(512) 463-5800

## **POLITICAL EXPENDITURES**

Texas Ethics Commission

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME  Teff (Nency)  3 ACCOUNT # (Ethics Commission Filers)
4 Date 4 21 13	6 Payee name Debby Clark
6 Amount (\$)	7 Payee address; City; State; Zip Code
200.16	41 tranguil Pond Frisco Tx 75034
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Bayerage Reinhurse tood expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held
Date	Payee name
42613	Misco Lakes Golt Course
Amount (\$)	Payee address; City; State; Zip Code
400	7170 Anthern Dr Frisco Tx 75034
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense Neighborhood Breaktast
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held
Date	Payee name
4/23/13	Frisco lakes member Gott Association
Amount (\$)	Payee address; City; State; Zip Code
150	7170 Anthem Dr Frisco Tx 75034
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Finence Hale Sponsor
Complete ONLY if direct	Candidate / Office holds Office held
expenditure to benefit C/O	<b>H</b>
Date )	Payee name
5/6/13	Frisco Priating (Poter
Amount (\$)	Payee address; City; State; Zip Code
135.85	8585 John Wesley Dr Frisco Tx 75034
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Sypense   Markotice Materials
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office hold Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

## **POLITICAL EXPENDITURES**

Texas Ethics Commission

Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By
Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee  Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
1.662	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME + (Ethics Commission Filers)
	Jett Cheney
4 Date	5 Payee name Mcho Mailer
6 Amount (\$)	7 Payee address; City; State; Zip Code
311.11	5719 & Rosedale St Ft Worth Tx 76112
B PURPOSE	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense Mailer
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office hold Office sought Office held
Date	Payee name
5/14/13	Beluxe Check-First National Bank
Amount (\$)	Payee address; City; State; Zip Code
16	4500 Preston Rd Frisco Tx 75034
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting Banking Check Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office name Office sought Office held H
Date	Payee name Cool C
<u> S/II/(3</u>	Cost Co
Amount (\$)	Payee address; City; State; Zip Code
90	11220 Dallas Farkway Frisco Tx 75033
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	tood/Beverage Events
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office Sought Office held
Date	Payee name Charle C
1117[13]	aupres
Amount (\$)	Payee address; City; State; Zip Code
71.42	3333 Preston Rd Fasco Tr 75035
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Office Overhead Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **POLITICAL EXPENDITURES**

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME  Jeff Chency  3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name
1/28/13	IMG Sportswear
6 Amount (\$)	7 Payee address; City; State; Zip Code
190,90	POBOX 5604 Forsco Tx 75035
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Survey Marketing Materials
9 Complete ONLY if direct	Candidate / Office holder name Office sought Office held
expenditure to benefit C/C	OH STATE OF THE ST
Date /	Payee name
2/21/12	Rolly Grances
Amount (\$)	Payee address; Cily; State; Zip Code
	144 and St
5893	SOAT CA CILLAG
COIIC	Category (See categories listed at the top of his schedule)  Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of his schedule)  Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	ACCOUNTING/BONCING Service Charges
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder hame Office sought Office held
Date	Payee name ()
1/3/1/3	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
-1000	1601 Tranelo Road
19.95	Waltham MA 02451
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF	
EXPENDITURE	Advertising Expense   Zmail
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H
Date	Payee name
4123113	Mail Chimo
Amount (\$)	Payee address; City; State; Zip Code
$\kappa \wedge$	512 Means St Suite 404
.70	Atlanta GA 30318
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Synence   Smail
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held
,	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	A THE STREET STREET STREET STREET STREET

### POLITICAL EXPENDITURES

SCHEDULE F

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Poliing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/	•	ER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME JEFF (Mency		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
5 23 13	mail Chimp		
6 Amount (\$)	7 Payee address; City; State; Zip Gode	10.11	
50	5 D Means St Suit Atlanta GA 3	e 464 0318	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Email	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	PH		
Date 6/23/13	Payee name Mail (himp		
Amount (\$)	Payee address; City; State; Zip Code		
	512 Means St Suite	,404	
50	Atlanta GA 3031	8	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el oulside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Email	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholde) name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	loutside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if trave	outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel cutside of Texas, complete Schedule T)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions inlended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED			

#### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

Advertising Expense Accounting/Banking Consulting Expense

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

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Polling Expense Travel Out Of District Printing Expense Fees Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Date 5 Business name 6 Amount (\$) 7 Business address: City; State; Zip Code (a) Category (See categories listed at the top of this schedule) **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) 8 OF **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State; Zip Code Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how	w to complete this form.
1 Total pages Schedule I	i: 2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

_	_	 		_		 10
C.	$\boldsymbol{c}$		n	ı	H	K

Th	ne Instruction Guide explains how to complete this form.	Total pages Schedule K:	
2 FILER NAM	E 3	ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)	
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED	

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H PAC-C PAC-E Schedule N COH-UC COH-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule C Schedule D Schedule B Schedule F Schedule G Schedule H Schedule N PAC-E COH-UC PAC-C COH-T Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC PAC-C СОН-Т Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1 C/O	NAME  2 ACCOUNT # (Ethics Commission Filers)
3 SIG	ATURE
repor	et expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions are any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER  aplete A & B below <i>only</i> if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
Che	ck only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
B.	ASSETS
Che	ck only one:
	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	Signature of Candidate
	CEHOLDER uplete this section <i>only</i> if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder