# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

(512) 463-5800

		1 ACCOUNT#	2 Total pages filed
The C/OH Instruction	Guide explains how to complete this form.	(Ethios Commission Filers)	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS(MR) FIRST Thomas	<u>"</u>	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	* RECEIVED 07/15/011
	Jeff Chency	JR	City Secretary's Office 4:45 pm tif via email
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE +: CITY:	STATE, ZIP CODE	Date Hand-delivered or Postmarked
change of address	Fisco Tx 75034		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 707-7320	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST	MI	Date Imaged
Tevne	NICKNAME LAST	SUFFIX	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE), APT SUITE .	CITY, STATE,	ZIP CODE
TREASURER ADDRESS (residence or business)	11377 Decap Canyon	TR Frisco	TX 75034
8 CAMPAIGN TREASURER PHONE	(214) 707 - 7320	EXTENSION	
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff Exceeded \$500 irm1	15th day after campaign treasurer appointment (officeholder only)  Final report (Atlach CACH - FR)
10 PERIOD COVERED	Menth Day Year THROUGH	Manth Day	/2011
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runofi	General Special
12 OFFICE	City Courcil, Place 2	13 OFFICE SOUGHT (if know	wn)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	URES MADE BY OTHERS WITHOUT TO	
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #, City, State; Zip Co	xde	
	GO TO PA	GE 2	

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

### FORM C/OH COVER SHEET PG 2

AE COUL NAME			
16 C/OH NAME J	eff Ch	ency	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA SHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN TEG AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION DINLY B	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME  COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000
EXPENDITURE TOTALS	3, TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	NIZED \$ \$
	4. TOTAL	POLITICAL EXPENDITURES	s Ø
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	s 1,886.35
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	\$ 1,886.35 THE \$ 8,000
19 AFFIDAVIT			
		is true and correct and includes all me under Title 15, Election Code.	of perjury, that the accompanying report
			and a sinceriology
AFFIX NOTARY STAN		me, by the said JCFF Chency	
Sworn to and sub	of July		my hand and seal of office.
Signature of officer adm	ninistering oath	Dana Draper Printed name of officer administering oat	DANA DRAPER Notary Public, State of Texas My Commission Expires Transaction Capital Commission Capital Commission Capital Commission Capital Commission Capital Commission Capital Cap
		AND CONTRACTOR OF THE PROPERTY	Junuary 29, 2018

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
		-35,07093		
FILER NAM	" Jeff Cheney		3 ACCOUNT# (E	thics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (IDW		7 Amount of	8 In-kind contribution
1 1	Thomas Teague		contribution (\$)	description (if applicable)
114/11	6 Contributor address; City: State; Zip Code			
1. 1	3198 Parkwood BW	d	200	
	Frisco TX 75034			
Principal occ	upation / Job title (See Instructions)	10 Employer (See	-	of Texas, complete Schedule T)
Bu	ilder		wood Resi	dential
Date	Full name of contributor cut-of-state PAC (ID#	)	Amount of	In-kind contribution
32	John Carmichael	7	contribution (\$)	description (if applicable
ساييا	Contributor address; City; State; Zip Code	٠. <u>.</u>		
119111	3198 Farkwood Bl	v el	500	
1			l i	
Delegioni		F 1 10		f Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See 1	instructions) 1)	1. 1.
	uilder		good 14	SICKETICK
	Full name of contributor   aut-of-state PNC (ID#_	Wester	Amount of	In-kind contribution
<u>R</u>	Full name of contributor aut-of-state PAC (ID#		Amount of contribution (\$)	
Date	Full name of contributor aut-of-state PAC (ID#		Amount of contribution (\$)	description (if applicable
Date	Full name of contributor   aut-of-state PMC (D#_	Wester,	Amount of contribution (\$)  (if travel outside of instructions)	description (if applicable) of Texas, complete Schedule T)  In-kind contribution
Date Principal occ	Full name of contributor aut-of-state PMC (ID#	Wester,	Amount of contribution (\$)  (if travel outside of instructions)	description (if applicable of Texas, complete Schedule T)
Date Principal occ	Full name of contributor aut-of-state PMC (ID#	Wester,	Amount of contribution (\$)  (if travel outside of instructions)	description (if applicable) of Texas, complete Schedule T)  In-kind contribution
Date Principal occ	Full name of contributor   aut-of-state PMC (ID#	Wester,	Amount of contribution (\$)  (if travel outside of instructions)	description (if applicable) of Texas, complete Schedule T)  In-kind contribution
Date Principal occ	Full name of contributor   aut-of-state PMC (ID#	Wester,	Amount of contribution (\$)  (if travel outside of instructions)  Amount of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occ	Full name of contributor   aut-of-state PMC (ID#	Wester,	Amount of contribution (\$)  (if travel outside of contribution (\$)  Amount of contribution (\$)	description (if applicable) of Texas, complete Schedule T)  In-kind contribution
Date Principal occ	Full name of contributor   aut-of-state PMC(IDW	Employer (See	Amount of contribution (\$)  (if travel outside of contribution (\$)  Amount of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occ	Full name of contributor   aut-of-state PMC(IDW	Employer (See	Amount of contribution (\$)  (if travel outside of contribution (\$)  Amount of contribution (\$)  (if travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable of Texas, complete Schedule T)
Principal occ	Full name of contributor   aut-of-state PMC (IDW	Employer (See	Amount of contribution (\$)  (if travel outside of instructions)  Amount of contribution (\$)  (if travel outside of instructions)	of Texas, complete Schedule T)  In-kind contribution description (if applicable of Texas, complete Schedule T)
Principal occ	Full name of contributor   aut-of-state PMC (IDW	Employer (See	Amount of contribution (\$)  (if travel outside of contribution (\$)  Amount of contribution (\$)  (if travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable of Texas, complete Schedule T)
Principal occ	Full name of contributor   aut-of-state PMC (ID#   Contributor address; City; State; Zip Code  supation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#   Contributor address; City; State; Zip Code  supation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#	Employer (See	Amount of contribution (\$)  (if travel outside of contribution (\$)  Amount of contribution (\$)  (if travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable of Texas, complete Schedule T)
Principal occ	Full name of contributor   aut-of-state PMC (ID#   Contributor address; City; State; Zip Code  supation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#   Contributor address; City; State; Zip Code  supation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#	Employer (See	Amount of contribution (\$)  (if travel outside of contribution (\$)  (if travel outside of contributions)  Amount of contributions)	In-kind contribution description (if applicable to texas, complete Schedule T)  In-kind contribution description (if applicable to texas, complete Schedule T)  In-kind contribution description (if applicable to texas)
Principal occ  Date  Principal occ  Date	Full name of contributor   aut-of-state PMC (ID#   Contributor address; City; State; Zip Code  supation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#   Contributor address; City; State; Zip Code  supation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#	Employer (See	Amount of contribution (\$)  (if travel outside of contribution (\$)  (if travel outside of contribution (\$)  Amount of contributions)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable of Texas, complete Schedule T)

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

#### PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES: 0 $\Rightarrow$ 0 0 S 5 Date Amount of 6 Full name of pledgor 9 In-kind description ut-of-state PAC (ID#\_ piedge (\$) (if applicable) 7 Piedgor address; City; State; Zip Code (if travel outside of Texas, complete Schedule T) 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Full name of pledgor Date Amount of In-kind description ut-of-state PAC (D#) pledge (\$) (if applicable) City; State; Zip Code Pledgor address: (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor ut-of-state PAC (ID#\_ **Amount of** In-kind description pledge (\$) (if applicable) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor In-kind description out-of-state PAC (ID#) Amount of pledge (\$) (if applicable) City; State; Zip Code Piedgor address: (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor ut-of-state PAC (ID#) Amount of In-kind description pledge (\$) (if applicable) Piedgor address; City; State: Zip Code (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

P.O. Box 12070

LOANS			SCHEDULE E
The I	nstruction Guide explains how to con	aplete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers
4 TOTAL	OF UNITEMIZED LOANS:	* * * * * *	\$
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#	9 LoanAmount (\$)
6 Islender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	teral		
15 GUARANTOR INFORMATION	16 Name of guarantor		18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;		
19 Principal Occupation	n (See Instructions)	20 Employer (See Instructions)	
Date of loan	Name of lender	Out-of-state PAC (ID#	Loan Amount (\$)
is lender a financial institution?	Lender address; City; State;	Zip Code	Interest rate
YN			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	eral		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	1
If lend	ATTACH ADDITIONAL CO er is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NEED struction guide for additional repo	

#### POLITICAL EXPENDITURES

#### SCHEDULE F

	EVERTIBLE	0175000150	500 DOV 04-1		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel in District Travel Out Of Dis Office Overhead/F	ontract Labor hising Expense trict Rental Expense	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Offi OTHER (enter a c	uipment & Related Expense
	The Instruction Guide	explains how to	complete this fo		
1 Total pages Schedule F;	2 FILER NAME			3 ACCOUN	T# (Ethics Commission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule).	(b) Description	(If travel outside of Tex	as, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sough	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	I (iftravel outside of Tex	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sough	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	uss, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sough	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(if travel outside of Ter	ras, complete Schedule T)
Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder name OH		Office soug	ht	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense	EXPENDITURE CATEGORII Gift/Awards/Memoriais Expense Salaries/Wage	ES FOR BOX 8(a	구입 아이라 그리 저 살아서 살아가지 않아 있다는 그래요? 하는 것같
Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	ndraising Expense rict District	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
rees	Printing Expense Office Overhe.  The Instruction Guide explains how	ad/Rental Expense to complete this fo	OTHER (enter a category not listed above)  orm.
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	77.0	
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 fravel 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	n (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions extended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	n (if travel outside of Taxas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political centributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	n (Iffravel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

#### SCHEDULE H

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a	)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Git/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundr Travel In District Travel Out Of Dis Office Overhead/	ontract Labor alsing Expense strict	Loan Repayment/F Transportation Equ Contributions/Done Candidate/Office	ipment & Related Expense
	The Instruction Guid	te explains how to	complete this fo	rm.	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; 5	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lated at the	top of this schedule)	(b) Description	(if travel outside of Tex	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	е	Office soug	ht	Office held
Date	Business name				
Amount (\$)	Business address; Gity; S	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description	(If travel outside of Tex	ss, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	· o	Office sough	ht	Office held
Date	Business name				
Amount (\$)	Business address; City; S	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description	) (If travel outside of Texa	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam	e	Office soug	ht	Office held
Date	Business name				
Amount (\$)	Business address; City; 8	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description	(If travel outside of Texo	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	e	Office soug	ht	Office held
22	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS	NEEDED	

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

P.O. Box 12070

#### SCHEDULE |

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Legal Services Food/Beverage Expense Polling Expense Printing Expense

Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing 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)

(512) 463-5800

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payee name	
Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required )
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

# **CREDITS** (optional)

P.O. Box 12070

#### SCHEDULE K

Т	he instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NAM	NE .	3 ACCOUNT # (Ethics Commission Filers)
Date	6 Payor address; City; State; Zip Co	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Co	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Co	
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Co	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Co	Amount (\$)
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

me msa acaon G	uide explains how to complete this form.	1 Total pages Schedule T:
FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
Name of Contributor / Corpora	ition or Labor Organization / Pledgor / Payee	
Contribution / Expenditure rep  Schedule A  Schedule H  Dates of travel 7 Nat	Schedule B Schedule C Sc	chedule D Schedule F Schedule G
	parture city or name of departure location	
9 Des	stination city or name of destination location	
Means of transportation	11 Purpose of travel (including name of confere	nce, seminar, or other event)
Name of Contributor / Corporati	ion or Labor Organization / Pledgor / Payee	
Contribution / Expenditure repor	rted on:	
Schedule A	Schedule B Schedule C Sc	hedule D Schedule F Schedule G
Schedule H	Schedule N COH-UC CO	DH-T PAC-C PAC-E
Dates of travel Name	of person(s) traveling	
Depar	ture city or name of departure location	
Destin	nation city or name of destination location	
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)
Name of Contributor / Corporati	ion or Labor Organization / Piedgor / Payee	
Contribution / Expenditure repor	rted on:	
Schedule A	Schedule B Schedule C Sc	hedule D Schedule F Schedule G
Schedule H	Schedule N COH-UC CO	DH-T PAC-C PAC-E
Dates of travel Name	of person(s) traveling	
Depart	ture city or name of departure location	
Destina	ation city or name of destination location	