

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr. FIRST John MI P. NICKNAME LAST SUFFIX Heating		OFFICE USE ONLY Date Received RECEIVED APR 03 2013 3:19 p.m. City Secretary's Office WSW Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4749 Jerral Drive Frisco, TX 75034		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 587-0827		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Ms. FIRST Kelly MI C. NICKNAME LAST SUFFIX Little		
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5302 Park Ridge Dr Frisco, TX 75034		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 672-8552		
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 Day Year 1 / 16 / 13 4 / 4 / 13		
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 13	ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special	
12 OFFICE	OFFICE HELD (if any) Frisco City Council Place 4		13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

John P. Keating

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

Keating for Frisco

COMMITTEE ADDRESS

4749 Jerral Drive
Frisco, TX 75034

COMMITTEE CAMPAIGN TREASURER NAME

Kelly C. Little

COMMITTEE CAMPAIGN TREASURER ADDRESS

5302 Park Bridge Dr.
Frisco, TX 75034☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,400.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 14,726.95

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

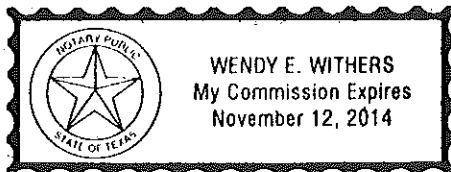
\$ 3,770.66

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 50,504.61

18 AFFIDAVIT



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.

John P. Keating
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Keating, this the 8th day of April, 20 13 to certify which, witness my hand and seal of office.

Wendy Withers
Signature of officer administering oath

Wendy Withers
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 6

2 FILER NAME

John P. Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-11-13

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Sarah Hodes

6 Contributor address; City; State; Zip Code

4704 Gables Ct
Frisco, TX 75035

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-11-13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Tony Ewing

Contributor address; City; State; Zip Code

6323 Karen's Ct.
Frisco, TX 75034

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Linda Denke

Contributor address; City; State; Zip Code

10251 Darkwood Dr.
Frisco, TX 75035

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Linda Woods

Contributor address; City; State; Zip Code

7091 Glen Abbey Ct.
Frisco, TX 75034

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kathleen Uldrich

Contributor address; City; State; Zip Code

6982 Canyon Lake Dr
Frisco, TX 75034

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 6

2 FILER NAME

John P. Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-11-13

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

Cobb Fendley PAC

6 Contributor address; City; State; Zip Code

13430 NW Fwy #1100
Houston, TX 77040

7 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-11-13

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

Alvin Huerta

Contributor address; City; State; Zip Code

4163 Peace Dr
Frisco, TX 75034

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

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

Karie Thering

Contributor address; City; State; Zip Code

2507 Barret Dr
Frisco, TX 75034

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

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

John Miller

Contributor address; City; State; Zip Code

3156 White Spruce Dr
Frisco, TX 75034

Amount of
contribution (\$)

300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

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

Tim Nelson

Contributor address; City; State; Zip Code

10412 Noel Dr.
Frisco, TX 75035

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 6

2 FILER NAME

John P. Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-11-13

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

Susan Schawlo

6 Contributor address; City; State; Zip Code

3156 Hampshire Ct.
Frisco, TX 750347 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-11-13

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

Super KNS, Inc

Contributor address; City; State; Zip Code

Kotta Sushi Lounge
6959 Lebanon Rd, Frisco 75034Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

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

Dan Bollner

Contributor address; City; State; Zip Code

4745 Star Ridge
Frisco, TX 75034Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

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

Tammeria Hawks

Contributor address; City; State; Zip Code

5242 Buena Vista
Frisco, TX 75034Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

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

Alagood & Cartwright PC

Contributor address; City; State; Zip Code

1710 Westminister
Denton, TX 76205Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 6

2 FILER NAME

John P. Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-11-13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Melanie Thayer

6 Contributor address; City; State; Zip Code

5159 Stillwater
Frisco, TX 750347 Amount of
contribution (\$)

300.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-11-13

Full name of contributor

☐ out-of-state PAC (ID#)

John Hamilton

Contributor address; City; State; Zip Code

PO Box 2165
Frisco, TX 75034Amount of
contribution (\$)

2500

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

Full name of contributor

☐ out-of-state PAC (ID#)

David St. Martin

Contributor address; City; State; Zip Code

5659 Cape Cod Dr.
Frisco, TX 75034Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

Full name of contributor

☐ out-of-state PAC (ID#)

Jaime Ronderos

Contributor address; City; State; Zip Code

1798 Torrey Pines Ln
Frisco, TX 75034Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-13

Full name of contributor

☐ out-of-state PAC (ID#)

Ronald Hamilton, Jr.

Contributor address; City; State; Zip Code

5150 Normandy Dr.
Frisco, TX 75034Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 6

2 FILER NAME

John P. Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-11-13

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

Jeff & Shelley Reynolds

6 Contributor address; City; State; Zip Code

6267 Sweeney Trail
Frisco, TX 75034

7 Amount of
contribution (\$)

1000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-11-13

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

Katherine & Charles Reddin

Contributor address; City; State; Zip Code

5975 Aberdeen Pl.
Frisco, TX 75034

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-14-13

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

Richard & Janey Fletcher

Contributor address; City; State; Zip Code

P.O. Box 120
Frisco, TX 75034

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-13

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

Billy & Cyndee Herrin

Contributor address; City; State; Zip Code

10182 CR 133
Celina, TX 75009

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-13

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

Paul McGahan

Contributor address; City; State; Zip Code

7353 Saint Petersburg Dr
Frisco, TX 75034

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6 of 6

2 FILER NAME

John P. Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-6-13

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

Christian & Melanie Royer

6 Contributor address; City; State; Zip Code

5159 Stillwater
Frisco, TX 75034

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-21-13

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

TREPAC / Texas Assoc of Realtors PAC

Contributor address; City; State; Zip Code

PO Box 2246
Austin, TX 78768

Amount of
contribution (\$)

300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL EXPENDITURES**SCHEDULE F****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

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 F: 1 of 2	2 FILER NAME John P. Keating		3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-25-13	5 Payee name TMG		
6 Amount (\$) 562.90	7 Payee address; City; State; Zip Code PO BOX 5604 Frisco, TX 75035		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) T-shirts	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4-4-13	Payee name TMG		
Amount (\$) 266.74	Payee address; City; State; Zip Code PO BOX 5604 Frisco, TX 75035		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Pens	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4-2-13	Payee name Frisco Graphic Services, Inc.		
Amount (\$) 799.70	Payee address; City; State; Zip Code 229 Garvon St. Garland, TX 75040		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Yard signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2-22-13	Payee name Tracy Gamble		
Amount (\$) 2500.00	Payee address; City; State; Zip Code 9504 Thorncliff Dr Frisco, TX 75035		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Design & Media Services	
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**SCHEDULE F****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

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 F: 2 of 2	2 FILER NAME John P. Keating	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3-27-13	5 Payee name Tracy Gamble
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6 Amount (\$) 2500.00	7 Payee address; City; State; Zip Code 9504 Thorncliff Dr Frisco, TX 75035
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Design's Media Services
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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

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: 1 of 2		2 FILER NAME John P. Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-1-13		5 Payee name Frisco Style Magazine			
6 Amount (\$) \$19.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 1676 Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Magazine Ad	
Date 3-1-13		Payee name Frisco Style Magazine			
Amount (\$) 780.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 1676 Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Magazine Ad	
Date 4-1-13		Payee name Frisco Style Magazine			
Amount (\$) 780.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 1676 Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Magazine Ad	
Date 2-7-13		Payee name Sticker Giant			
Amount (\$) 142.29 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code StickerGiant.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Yard signs	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

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 & 2	2 FILER NAME John P. Keating	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-14-13	5 Payee name The Voom Group
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6 Amount (\$) 215.42 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1825 E. Plano Parkway, Ste 250 Plano, TX 75074
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Banner Stand
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Date 3-27-13	Payee name National Pen
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Amount (\$) 360.90 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code Pens.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Pens
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Date 1-21-13	Payee name Tracy Gamble
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Amount (\$) 5000.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9504 Thorncliff Dr. Frisco, TX 75035
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Design & Media Services
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Date	Payee name
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Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED