

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. John P. NICKNAME LAST SUFFIX Keating		OFFICE USE ONLY Date Received RECEIVED JUN 24 2013 <i>2:38 am</i> City Secretary's Office Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4749 Jerral Drive, Frisco, Texas 75034 AREA CODE PHONE NUMBER EXTENSION (214) 587-0827	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Kelly C. NICKNAME LAST SUFFIX Little		7 CAMPAIGN TREASURER ADDRESS (residence or business)
	8 CAMPAIGN TREASURER PHONE		
9 REPORT TYPE		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5302 Park Ridge Drive, Frisco, Texas 75034 AREA CODE PHONE NUMBER EXTENSION (972) 672-8552	
10 PERIOD COVERED		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
11 ELECTION		Month Day Year 5 / 4 / 13 THROUGH 6 / 23 / 13 ELECTION DATE Month Day Year 05 / 11 / 13 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	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)

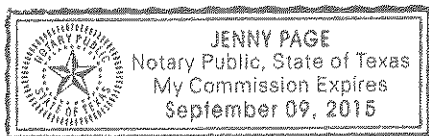
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

☐ additional pages

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> 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 Ridge Drive, Frisco, TX 75034

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>550.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1089.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1905.84</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>55046.81</u>

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 P. Keating, this the 24th day of June, 20 13, to certify which, witness my hand and seal of office.

Jenny Page
Signature of officer administering oath

Jenny Page
Printed name of officer administering oath

Natany City Secretary
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 1

2 FILER NAME

John P. Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/29/13

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Greg Roemer

6 Contributor address; City; State; Zip Code

303 Steeplechase Dr.
Irving, TX 750627 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

5/30/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dody Brigadier

Contributor address; City; State; Zip Code

5633 Lake Shore Drive
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

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 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 g-1		2 FILER NAME John P. Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-26-13		5 Payee name Frisco Lakes Golf Club			
6 Amount (\$) 795.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 7170 Anthem Dr. Frisco, Tx 75034			
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) Campaign Event/Fundraiser	
Date 5-11-13		Payee name Jets Pizza			
Amount (\$) 293.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 7151 Preston Road, Ste 331 Frisco, Tx 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Beverage Exp		Description (If travel outside of Texas, complete Schedule T) Campaign Election Night	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
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 SCHEDULE AS NEEDED