

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:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

Mr. John

P.

NICKNAME

LAST

SUFFIX

Keating

OFFICE USE ONLY

Date Received RECEIVED

JUN 30 2010

City Secretary's Office

Date Hand-delivered or Date Postmarked

6/2 - 1:07 p.m.

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4932 Shoreline Dr.
Frisco, TX 75034

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 587-0827

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

Mrs. Kelly

C.

NICKNAME

LAST

SUFFIX

Little

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS, (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5242 Quail Run
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

06/03/10

06/30/10

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

06/12/10

☐ Primary

☒ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Frisco City Council, Place 4

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME John Keating 16 ACCOUNT # (Ethics Commission Filers)

17 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

4932 Shoreline Dr.
Frisco, TX 75034

COMMITTEE CAMPAIGN TREASURER NAME

Kelly Little

COMMITTEE CAMPAIGN TREASURER ADDRESS

5242 Quail Run
Frisco, TX 75034

☐ additional pages

18 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)

\$ 39069.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 39056.23

CONTRIBUTION
BALANCE

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

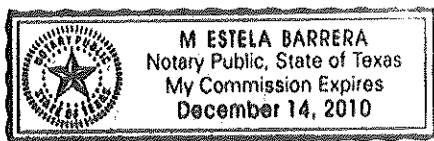
\$ 12.77

OUTSTANDING
LOAN TOTALS

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

\$ 0

19 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Keating, this the 30th day of June, 20 10, to certify which, witness my hand and seal of office.

E Barrera

Signature of officer administering oath

Estela Barrera

Printed name of officer administering oath

Sr. Admin Asst.

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 2	
2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/9/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Barbara Williams	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5200 Northshore Dr. Frisco, TX 75034		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/16/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Donald & Jean McIver	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5778 Blazing Star Rd. Frisco, TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/9/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael & Stacy Urts	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5504 Linmore Lane Plano, TX 75093		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/9/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) William Woodall	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5501 LBJ, Ste 200 Dallas, TX 75240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Frisco Fire Fighters PAC	Amount of contribution (\$) \$2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Frisco, TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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 2

2 FILER NAME John Keating

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/12/10

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

6 Contributor address; City; State; Zip Code
6961 Planier St.
Frisco, Tx 75034

7 Amount of contribution (\$)
\$200.00

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
6/10/10

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

Contributor address; City; State; Zip Code
4883 Orchard Park
Frisco, TX 75034

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)

Date
4/29/10

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

Contributor address; City; State; Zip Code
11356 Deep Canyon Trail
Frisco, TX 75034

Amount of contribution (\$)
\$529.00

In-kind contribution description (if applicable)

Shared mailer expense.

(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 FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 1

2 FILER NAME John Keating

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/19/10

5 Payee name Frisco Lakes Community Center

7 Amount (\$) \$450.00

6 Payee address; City; State; Zip Code
7277 Frisco Lakes Dr.
Frisco, TX 75034

8 Purpose of payment (See instructions regarding type of information required.)
Rental
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 5/28/10

Payee name Kelly Little
Payee address; City; State; Zip Code
5242 Quail Run
Frisco, TX 75034

Amount (\$) \$1452.00

Purpose of payment (See instructions regarding type of information required.)
Postage
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 6/21/10

Payee name Praffeo
Payee address; City; State; Zip Code
5500 Buckskin Dr.
The Colony, TX 75056

Amount (\$) \$2409.75

Purpose of payment (See instructions regarding type of information required.)
Postage, labels, supplies
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 6/21/10

Payee name Collin County Elections
Payee address; City; State; Zip Code
2010 Redbud Blvd, Ste 102
McKinney, TX 75069

Amount (\$) \$5.00

Purpose of payment (See instructions regarding type of information required.)
Voting Records
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED