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: 7

OFFICE USE ONLY

Date Received RECEIVED APR 08 2010 City Secretary's Office

Date Hand-delivered or Date Postmarked EB- 2:43pm.

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: John MI: P. NICKNAME: LAST: Keating SUFFIX:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 4932 Shoreline Dr. Frisco, TX 75034	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (214) PHONE NUMBER: 587-0827 EXTENSION:	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Kelly MI: C NICKNAME: LAST: Little SUFFIX:	
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: (972) PHONE NUMBER: 672-8552 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: 2 / 27 / 10 THROUGH Month Day Year: 3 / 31 / 10	
11 ELECTION	ELECTION DATE Month Day Year: 5 / 8 / 10	ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known): Frisco City Council, Pl. 4
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	•• 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:	

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
- [x] GENERAL
- [ ] SPECIFIC

- [ ] additional pages

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

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1480.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 14041.45
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

19 AFFIDAVIT

M ESTELA BARRERA
Notary Public, State of Texas
My Commission Expires
December 14, 2010

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John P. Keating, this the 08th day of April, 2010, to certify which, witness my hand and seal of office.

M. Estela Barrera	M. Estela Barrera	Sr. Admin Assist.
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title	10 Employer
3/26/10	Jay Gehring 4 Mallard Court Frisco, TX 75034	250.00			
3/30/10	Dody Brigadier 5633 Lake Shore Dr. Frisco, TX 75034	100.00			
3/9/10	Paul Schuler 5685 Gadwall Dr Frisco, TX 75034	5.00			
3/22/10	Ewing Family 6323 Karen's Ct. Frisco, TX 75034	1000.00			
3/23/10	Beldon Family 5366 Cattail Ct. Frisco, TX 75034	25.00			

(If travel outside of Texas, complete Schedule T)

out-of-state PAC (ID#:)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/23/10	Royer Family 5159 Stillwater Tr. Frisco, TX 75034	100.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 3

2 FILER NAME John Keating

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-18-10	Southwest Signs & Graphics 8992 Preston Rd, Ste 110 Frisco, TX 75034	4275.88

8 Purpose of payment (See instructions regarding type of information required.) yardsigns
(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	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-30-10	Dudley Wilson 4162 Peace Dr. Frisco, TX 75034	400.00

Purpose of payment (See instructions regarding type of information required.) Heritage Lakes Candidate Meet & Greet
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-27-10	Praffeo 5500 Buckskin Dr. The Colony, TX 75056	1000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-28-10	Glamour Shots 2601 Preston Rd #2024 Frisco, TX 75034	808.00

Purpose of payment (See instructions regarding type of information required.) photography
(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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 3

2 FILER NAME John Keating

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-23-10	Bonnie Ruth's 6959 Lebanon Rd. Frisco, TX 75034	3462.78

8 Purpose of payment (See instructions regarding type of information required.)
Kickoff event
(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	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-23-10	Silver Star 5424 Widgeon Way #100 Frisco, TX 75034	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-30-10	Southwest Signs & Graphics 8992 Preston Rd Ste 110 Frisco, TX 75034	1261.11

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-30-10	Praffeo 5500 Buckskin Dr. The Colony, TX 75056	1387.66

Purpose of payment (See instructions regarding type of information required.)
pledge cards, baseball cards, buttons
(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3

2 FILER NAME John Keating

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-24-10	Praffeo 5500 Buckskin Dr. The Colony, TX 75056	496.27

8 Purpose of payment (See instructions regarding type of information required.)
supplies, microphone, speakers
(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	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-24-10	Praffeo 5500 Buckskin Dr. The Colony, TX 75056	424.75

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-23-10	Deluxe Checks 16505 W. 113th St. Shawnee Mission, KS 66201	20.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-31-10	Collin County Elections	5.00

Purpose of payment (See instructions regarding type of information required.)
CD of election information
(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