P.O. Box 12070

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1	ACCOUNT#		2 Total pages fi	iled: 3	OFFICE USE ONLY			
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MICKNAME	John LAST Heating	SUFFIX	JAN 17 2011' Hy Secretary's Office			
4	ORIGINAL REPORT TYPE	January 15 July 15	Runoff Exceeded \$500 limit	Other (specify)	12:12 pm +5f Date Hand-delivered or Postmarked			
	<u>.</u>	30th day before election 8th day before election	15th day after treasurer appointment (officehold Final report		Receipt # Amount Date Processed			
5	ORIGINAL PERIOD COVERED	Month Day Ye	ear Month THROUGH	Day Year /30/10	Dale imaged			
6	EXPLANATION OF CO							
	To provide additional detail for campaign expenses reported previously. Only Section F from previous report was affected.							
7	AFFIDAVIT	· · ·		r affirm, under penalty rue and correct.	of perjury, that this corrected			
			Check ON	ILY if applicable:				
	I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder Sworn to and subscribed before me by John P. Kaahng this the May of January.							
20, to certify which, witness my hand and seal of office.								
<u>_</u>	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							
	Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections							

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	· · · · · · · ·						
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	Ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By						
Event Expense	Polling Expense Travel Out Of Dist	trict Candidate/Officeholder/Political Committee						
Fees	Printing Expense Office Overhead/R							
	The Instruction Guide explains how to	*						
1 Total pages Schedule F:	2 FILER NAME John Keating	3 ACCOUNT # (Ethics Commission Filers)						
1 Of 2 4 Date	# Dayse name							
5-19-10	Frisco Lakes Community Center							
6 Amount (\$)	mount (\$) 7 Payee address; City; State; Zip Code							
	7277 Frisco Lakes Dr.							
*450.°°	Frisco, TX 75034							
•								
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)						
EXPENDITURE	Event Expense	Rental for Campaign event						
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held						
expenditure to benefit C/C	PH							
Date	Payee name							
5-28-10	US Postal Service							
Amount (\$)	Payee address; City; State; Zip Code							
5 W/5 2 00	8700 Stonebrook Pkwy							
\$1452,00	Frisco, TX 75034							
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)						
OF EXPENDITURE	Advertising Expense	Postage						
Complete ONLY if direct	Candidate / Officeholder name	Office held						
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held						
expenditure to benefit C/O	PH .	Office held						
expenditure to benefit C/O	Payee name	Office held						
Date (6 · 21 - 10	Payee name Proffeo	Office held						
Date (o·ZI-10 Amount (\$)	Payee name Payee address; City; State; Zip Code	Office held						
Date (6 · 21 - 10	Payee name Proffeo Payee address; City; State; Zip Code 5500 BuckSkin Dr.							
Date (b·ZI-10) Amount (\$)	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750	256						
Date (b·Z - 0) Amount (\$) PURPOSE	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule))56 Description (If travel outside of Texas, complete Schedule T)						
Date (b·ZI-10) Amount (\$)	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750	256						
PURPOSE OF EXPENDITURE COMPlete ONLY if direct	Payee name Praffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule) Consulting Expense Candidate / Officeholder name)56 Description (If travel outside of Texas, complete Schedule T)						
expenditure to benefit C/O Date (0 · ZI - I O) Amount (\$) \$ 000 · 00 PURPOSE OF EXPENDITURE	Payee name Praffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule) Consulting Expense Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Consulting Services						
PURPOSE OF EXPENDITURE COMPlete ONLY if direct	Payee name Praffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule) Consulting Expense Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Consulting Services						
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule) Consulting Expense Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Consulting Services						
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckeskin Dr. The Colony, Tx 750 Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Shaples Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T) Consulting Services						
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckeskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Shaples	Description (If travel outside of Texas, complete Schedule T) Consulting Services						
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Stables Payee address; City; State; Zip Code 3333 Preston Rd.	Description (If travel outside of Texas, complete Schedule T) Consulting Services						
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date C - ZI - I O Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date C - ZI - I O Amount (\$) 3 454.73	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckeskin Dr. The Colony, Tx 750 Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Shaples Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T) Consulting Services						
PURPOSE OF ZI-10 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Amount (\$) Date OF ZI-10 Amount (\$) Y 454.73 PURPOSE OF	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Stables Payee address; City; State; Zip Code 3333 Preston Rd. Frisco, TX 75034 Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Consulting Services Office sought Office held Description (If travel outside of Texas, complete Schedule T)						
PURPOSE Complete ONLY if direct expenditure to benefit C/O Date Complete ONLY if direct expenditure to benefit C/O Amount (\$) Date Complete ONLY if direct expenditure to benefit C/O Date Date PURPOSE OF EXPENDITURE	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Shaples Payee address; City; State; Zip Code 3333 Preshon Rd. Frisco, TX 75034 Category (See categories listed at the top of this schedule) Add Printing Expense	Description (If travel outside of Texas, complete Schedule T) Consulting Services Office sought Office held Description (If travel outside of Texas, complete Schedule T) Mailing Labels						
PURPOSE OF ZI-10 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Amount (\$) Date OF ZI-10 Amount (\$) Y 454.73 PURPOSE OF	Payee name Proffeo Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 750 Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Shaples Payee address; City; State; Zip Code 3333 Preshon Rd. Frisco, TX 75034 Category (See categories listed at the top of this schedule) Add Printing Expense Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Consulting Services Office sought Office held Description (If travel outside of Texas, complete Schedule T)						

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr					
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By				
Event Expense Fees	Politing Expense Travel Out Of Dis Printing Expense Office Overhead/					
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)				
2 of Z	John Keating					
4 Date 6-21-10	-ZI-IO Payee name Wal-Mar-I					
6 Amount (\$)						
847.45	12220 Fm 423 Frisco, Tx 75034					
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Event Expense	Supplies for FL event				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office I DH					
Date	Payee name					
6-21-10	Goody-Goody					
Amount (\$)	Payee address, City; State; Zip Code					
363,51	5285 Texas 121					
~ C . C	The Colony, 75056					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Event Expense	supplies for FL event				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought Office held				
Date	Payee name					
6-21-10	Proforma Specialty Payee address; City; State; Zip Code (y Marketing				
Amount (\$)	Payee address; City; State; Zip Code)				
3475.00	3044 Old Denton Pd. #111-321					
	Carrollton, TX 7500					
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
EXPENDITURE	Advertising Expense	Policy Fire Stickers				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought Office held				
Date	Payee name					
6-21-10	Collin County Election	on 6				
Amount (\$)	Payee address; City; State; Zip Code					
\$500	2010 Redbud Blvd. Stc 102					
<u></u>	McKinney, TX 75069					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Yolling Expense	Voting Records				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						