

6-4-10

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 10	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST John LAST Keating	MI P. SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> Runoff
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report
5 ORIGINAL PERIOD COVERED	Month Day Year 5 / 1 / 10 THROUGH 6 / 2 / 10		Date Received RECEIVED JAN 17 2011 City Secretary's Office 12:12 pm JF Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged

6 EXPLANATION OF CORRECTION

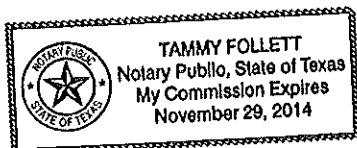
To provide additional detail for campaign expenses reported previously. Only Section F from previous report was affected.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY 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 Keating this the 17th day of January

20 11 to certify which, witness my hand and seal of office.

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**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 9	2 FILER NAME John Keating	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4-3-10	5 Payee name The Bounce House	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code bouncengp@tx.rr.com 972-984-7518	
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) Bounce House Rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4-8-10	Payee name Kroger	
Amount (\$) \$105.00	Payee address; City; State; Zip Code 4851 Legacy Dr. 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) Food & Beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4-8-10	Payee name National Pen Company	
Amount (\$) \$227.60	Payee address; City; State; Zip Code nationalpen.com website	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) campaign Pens
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4-8-10	Payee name Shelly Jackman	
Amount (\$) \$230.00	Payee address; City; State; Zip Code 516 Grant Lane Lawn, TX 75166	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Design Work
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 9		2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-11-10		5 Payee name Lowe's			
6 Amount (\$) \$104.55		7 Payee address; City; State; Zip Code 2773 Eldorado Pkwy Little Elm, TX 75068			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Supplies for signage	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-16-10		Payee name Cantina Laredo			
Amount (\$) \$212.54		Payee address; City; State; Zip Code 4546 Bettline Rd. Addison, TX 75244			
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) Catering	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-20-10		Payee name Proforma Specialty Marketing			
Amount (\$) \$803.55		Payee address; City; State; Zip Code 3044 Old Denton Rd. #111-321 Carrollton, TX 75007			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Tshirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-20-10		Payee name Shelly Jackman			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 516 Grant Lane Lavon, TX 75166			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Billboard Design	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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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: 3 of 9		2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-20-10		5 Payee name Goody - Goody			
6 Amount (\$) \$135.00		7 Payee address; City; State; Zip Code 5285 Texas 121 The Colony, TX 75056			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Exp.		(b) Description (If travel outside of Texas, complete Schedule T) Beverages	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4-20-10		Payee name Wal-Mart			
Amount (\$) \$85.00		Payee address; City; State; Zip Code 12220 Fm 423 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) Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4-20-10		Payee name iStock Images.com			
Amount (\$) \$20.00		Payee address; City; State; Zip Code website			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Billboard design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4-20-10		Payee name Kinkos/FedEx			
Amount (\$) 9.87		Payee address; City; State; Zip Code 8290 State Hwy 121 Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) Voter listing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
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Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
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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: 4 of 4		2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-20-10		5 Payee name PrintPlace.com			
6 Amount (\$) \$2132.97		7 Payee address; City; State; Zip Code website			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Printing & Postage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4-21-10		Payee name Praffeo			
Amount (\$) \$1000.00		Payee address; City; State; Zip Code 5500 Buckskin Drive Frisco The Colony, TX 75056			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4-27-10		Payee name Proforma Specialty Marketing			
Amount (\$) \$193.12		Payee address; City; State; Zip Code 3044 Old Denton Rd. #111-321 Carrollton, TX 75007			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Buttons	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4-27-10		Payee name Constant Contact.com			
Amount (\$) \$20.00		Payee address; City; State; Zip Code website			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead Expense		Description (If travel outside of Texas, complete Schedule T) Email Service	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
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Polling Expense
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Solicitation/Fundraising Expense
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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: 5 of 9		2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-27-10		5 Payee name FedEx/Kinkos			
6 Amount (\$) \$109.87		7 Payee address; City; State; Zip Code 8290 State Hwy 121 Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Flyers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4-27-10		Payee name PrintPlace.com			
Amount (\$) \$1825.69		Payee address; City; State; Zip Code website			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Postcards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-13-10		Payee name Proforma Specialty Marketing			
Amount (\$) \$502.13		Payee address; City; State; Zip Code 3044 Old Denton Rd #111-321 Carrollton, TX 75007			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead Exp.		Description (If travel outside of Texas, complete Schedule T) Thank You cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-13-10		Payee name FedEx/Kinkos			
Amount (\$) \$508.78		Payee address; City; State; Zip Code 8290 State Hwy 121 Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Flyers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

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1 Total pages Schedule F: 6 of 9		2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-13-10		5 Payee name Praffeo			
6 Amount (\$) \$1000.00		7 Payee address; City; State; Zip Code 5500 Buckskin Drive The Colony, TX 75056			
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) Consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-17-10		Payee name Poseidon			
Amount (\$) \$945.00		Payee address; City; State; Zip Code 106 W. Broadway St. Prosper, TX 75078			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Tshirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-17-10		Payee name Print Place . com			
Amount (\$) \$299.70		Payee address; City; State; Zip Code website			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Flyer	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-17-10		Payee name Campaigns & Promotions			
Amount (\$) \$620.83		Payee address; City; State; Zip Code 404 I-45 South Huntsville, TX 77340			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Large Signs & Bumper Stickers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
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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)

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1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
7 of 9	John Keating	
4 Date	5 Payee name	
5-17-10	Collin County Elections	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.00	Collin County, TX.	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Polling Expense	voter information
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5-17-10	Collin County Treasurer	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.00	Collin County, TX.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Polling Expense	Voter Registration CD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5-27-10	Buses by Bill	
Amount (\$)	Payee address; City; State; Zip Code	
\$660.00	1336 Centerville Rd. Dallas, TX 75218	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Transportation Related	Transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5-28-10	FedEx / Kinkos	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.33	8290 State Hwy 121 Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Printing Expense	voter information
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

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1 Total pages Schedule F: 8 of 9		2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-28-10		5 Payee name PrintPlace.com			
6 Amount (\$) \$863.46		7 Payee address; City; State; Zip Code website			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Flyers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-28-10		Payee name Staples			
Amount (\$) \$464.12		Payee address; City; State; Zip Code 3333 Preston Rd. Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Printing/Mailing Labels	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-28-10		Payee name Constant Contact.com			
Amount (\$) \$20.00		Payee address; City; State; Zip Code website			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead Expense		Description (If travel outside of Texas, complete Schedule T) Email Service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-28-10		Payee name US Post Office			
Amount (\$) \$1320.00		Payee address; City; State; Zip Code 8700 Stonebrook Pkwy Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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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: 9 of 9	2 FILER NAME John Keating	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-29-10	5 Payee name CRO	
6 Amount (\$) \$ 864.18	7 Payee address; City; State; Zip Code 1220 Stemmons Frwy Dallas, TX 75234	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Catering
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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