

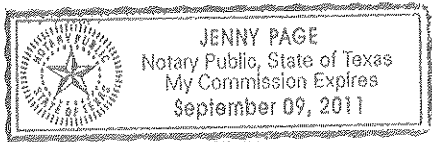
FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>7</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	RECEIVED MAR 11 2011 City Secretary's Office 4:45 PM	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Processed		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Imaged		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year

6 EXPLANATION OF CORRECTION

To correctly reflect campaign expenses covered by personal funds which were previously reported on Schedule F instead of Schedule G. Revised Schedule F and new Schedule G. attached for this reporting period.

7 AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <p><input type="checkbox"/> 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.</p>
 <p>RECEIVED</p> <p>MAR 11 2011</p> <p>City Secretary's Office</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p>	<p>Signature of Candidate or Officeholder</p> <p>Sworn to and subscribed before me by <u>John Keating</u> this the <u>11th</u> day of <u>March</u>, 20<u>11</u>, to certify which, witness my hand and seal of office.</p> <p>Signature of officer administering oath</p> <p>Printed name of officer administering oath</p> <p>Title of officer administering oath</p>

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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)

\$ 1480.00

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 14041.45

CONTRIBUTION
BALANCE

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

\$ 84

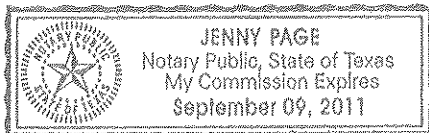
OUTSTANDING
LOAN TOTALS

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

\$ 12562.29

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.



AFFIX NOTARY STAMP / SEAL ABOVE

John Keating
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Keating, this the 11th day of March, 2011, 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

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 2		2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-30-10		5 Payee name Dudley Wilson			
6 Amount (\$) 400.00		7 Payee address; City; State; Zip Code 4162 Peace 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) Candidate Meet & Greet	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-27-10		Payee name Praffeo			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 5500 Buckskin Dr. 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 3-31-10		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 Exp.		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	
Date 3-23-10		Payee name Deluxe Checks			
Amount (\$) 20.00		Payee address; City; State; Zip Code 16505 W. 113th St. Shawnee Mission, KS 66201			
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) Check Printing	
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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
2 of 2	John Keating		
4 Date	5 Payee name		
3-31-10	Collin County Elections		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
5.00	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	Election Information CD	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held
Date	Payee name		
3-31-10	Staples		
Amount (\$)	Payee address; City; State; Zip Code		
34.16	3333 Preston Rd. 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)	
	Event Expense	Kick Off Event Supplies	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 3

2 FILER NAME

John Keating

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Southwest Signs & Graphics

6 Payee address; City; State; Zip Code

8992 Preston Rd #110
Frisco, TX 75034

8 Amount (\$)

4275.88

7 Purpose of expenditure (See instructions regarding type of information required.)

Yard Signs

(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

Payee name

Glamour Shots

Payee address; City; State; Zip Code

2601 Preston Rd #2024
Frisco, TX 75034

Amount (\$)

808.00

Purpose of expenditure (See instructions regarding type of information required.)

Advertising Exp / Photography

(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

Payee name

Bonnie Ruth's

Payee address; City; State; Zip Code

6959 Lebanon Rd.
Frisco, TX 75034

Amount (\$)

3462.78

Purpose of expenditure (See instructions regarding type of information required.)

Kickoff Event

(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

Payee name

Silver Star

Payee address; City; State; Zip Code

5424 Widgeon Way #100
Frisco, TX 75034

Amount (\$)

500.00

Purpose of expenditure (See instructions regarding type of information required.)

Photography / Kickoff Event

(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

Payee name

Southwest Signs & Graphics

Payee address; City; State; Zip Code

8992 Preston Rd #110
Frisco, TX 75034

Amount (\$)

1261.11

Purpose of expenditure (See instructions regarding type of information required.)

Advertising / Large Signs

(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>2 of 3</u>
2 FILER NAME <u>John Keating</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>3-31-10</u>	5 Payee name <u>Abco, Inc.</u> 6 Payee address; City; State; Zip Code <u>1621 Wall Street</u> <u>Dallas, Tx 75215</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Pledge cards / Business cards</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>933.27</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>3-30-10</u>	Payee name <u>Krafco</u> Payee address; City; State; Zip Code <u>5500 Buckskin Drive</u> <u>The Colony, Tx 75056</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Advertising Exp / Design work</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>113.66</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>3-31-10</u>	Payee name <u>Krafco</u> Payee address; City; State; Zip Code <u>5500 Buckskin Drive</u> <u>The Colony, Tx 75056</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Website Design</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>424.75</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>3-31-10</u>	Payee name <u>Proforma Specialty Marketing</u> Payee address; City; State; Zip Code <u>3044 Old Denton Rd #111-321</u> <u>Carrollton, Tx 75007</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign Buttons</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>340.73</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>3-31-10</u>	Payee name <u>Party City</u> Payee address; City; State; Zip Code <u>Frisco, Tx 75034</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Kickoff Event Supplies</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>21.62</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 3 of 3
2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission file#)
4 Date 3-31-10	5 Payee name Meeting Tomorrow.com 6 Payee address; City; State; Zip Code website	8 Amount (\$) 420.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Microphone/speaker rental (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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