

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 13		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX	MAR 11 2011 4:45 PM City Secretary's Office			
4 ORIGINAL REPORT TYPE	☐ January 15	☒ Runoff	☐ Other (specify)	Date Hand-delivered or Postmarked			
	☐ July 15	☐ Exceeded \$500 limit		Receipt #			
	☐ 30th day before election	☐ 15th day after treasurer appointment (officeholder only)		Amount			
	☐ 8th day before election	☐ Final report		Date Processed			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	5	1	10	THROUGH	6	2	10
Date Imaged							

6 EXPLANATION OF CORRECTION

To correctly reflect campaign contribution as reported previously on Schedule A so not to include personal funds from candidate as instructed in Form C/OH instruction Guide, p.10, dated 09/10/09.

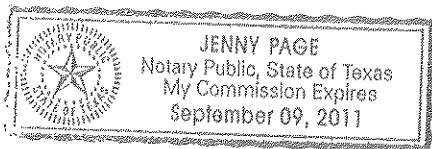
Also to correctly reflect campaign expenses covered by personal funds which were previously reported on Schedule F instead of Schedule G. Revised Schedule F and new Schedule G attached as well as revised Schedule A.

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 Keating this the 11th day of March.

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**

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.

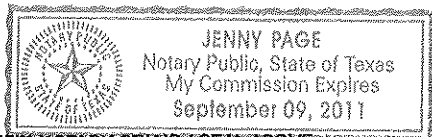
☐ additional pages

COMMITTEE TYPE	COMMITTEE NAME
☒ GENERAL	<u>Keating for Frisco</u>
☐ SPECIFIC	COMMITTEE ADDRESS
	<u>4932 Shoreline Dr. Frisco, TX 75034</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Kelly Little</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>5242 Quail Run Frisco, TX 75034</u>

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3275.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>16543.35</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>176.09</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>30176.90</u>

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 A. Keating
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Keating, this the 14th day of March, 20 11, to certify which, witness my hand and seal of office.

Jenny Page
Signature of officer administering oath

Jenny Page
Printed name of officer administering oath

City Secretary/Notary
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 3

2 FILER NAME

John Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-9-10

5 Full name of contributor

☐ out-of-state PAC (ID#)

Cory & Robert Sureck

6 Contributor address; City; State; Zip Code

5015 Stillwater Tr.
Frisco, TX 750347 Amount of
contribution (\$)

50.00

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

4-13-10

Full name of contributor

☐ out-of-state PAC (ID#)

Robert James

Contributor address; City; State; Zip Code

Frisco, TX 75034

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-10

Full name of contributor

☐ out-of-state PAC (ID#)

Kathy Reddin

Contributor address; City; State; Zip Code

5975 Aberdeen
Frisco, TX 75034Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-27-10

Full name of contributor

☐ out-of-state PAC (ID#)

Bill Wilkerson

Contributor address; City; State; Zip Code

6142 Frisco Sq Blvd
Frisco, TX 75035Amount of
contribution (\$)

400.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-28-10

Full name of contributor

☐ out-of-state PAC (ID#)

Christopher Koss

Contributor address; City; State; Zip Code

785 Crandon Blvd #1206
Key Biscayne, FL 33149Amount of
contribution (\$)

100.00

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 SCHEDULE 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 3

2 FILER NAME

John Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-13-10

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Dan Bollner

6 Contributor address; City; State; Zip Code

4745 Star Ridge Ln.
Frisco, Tx 750347 Amount of
contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-13-10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ethan Powell

Contributor address; City; State; Zip Code

8421 Albritton
Frisco, Tx 75034Amount of
contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-17-10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robbi Dietrich

Contributor address; City; State; Zip Code

3540 Arbuckle Dr.
Plano, Tx 75075Amount of
contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-21-10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert Mediapovich

Contributor address; City; State; Zip Code

PO BOX 2415
Frisco, Tx 75034Amount of
contribution (\$)

400.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-21-10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Grier E. White

Contributor address; City; State; Zip Code

PO BOX 2717
Frisco, Tx 75034Amount of
contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:

3 of 3

2 FILER NAME

John Keating

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-27-10

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

Bonnie Ianace

6 Contributor address; City; State; Zip Code

6088 Rachel Dr.
Frisco, TX 750347 Amount of
contribution (\$)

1000.00

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

5-29-10

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

Charles C. Hanebuth

Contributor address; City; State; Zip Code

7254 Bay Hill Dr.
Frisco, TX 75034Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-29-10

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

Wendell W. Uldrich

Contributor address; City; State; Zip Code

6982 Canyon Lake Dr.
Frisco, TX 75034Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-29-10

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

Michael K. Woods

Contributor address; City; State; Zip Code

7091 Glen Abbey Ct.
Frisco, TX 75034Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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 SCHEDULE AS NEEDED

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

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: <u>1 of 2</u>		2 FILER NAME <u>John Keating</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-3-10</u>		5 Payee name <u>The Bounce House</u>			
6 Amount (\$) <u>75.00</u>		7 Payee address; City; State; Zip Code <u>Bouncengo@tx.rr.com</u> <u>972-987-7518</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Event Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Bounce House Rental</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4-20-10</u>		Payee name <u>Shelly Jackman</u>			
Amount (\$) <u>324.75</u>		Payee address; City; State; Zip Code <u>516 Grant Lane</u> <u>Lavon, TX 75166</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Billboard Design</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4-20-10</u>		Payee name <u>Goody-Goody</u>			
Amount (\$) <u>135.00</u>		Payee address; City; State; Zip Code <u>5285 Texas 121</u> <u>The Colony, TX 75056</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage Exp</u>		Description (If travel outside of Texas, complete Schedule T) <u>Beverages</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4-20-10</u>		Payee name <u>Wal-Mart</u>			
Amount (\$) <u>85.00</u>		Payee address; City; State; Zip Code <u>12220 Fm 423</u> <u>Frisco, TX 75034</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage Exp.</u>		Description (If travel outside of Texas, complete Schedule T) <u>Supplies</u>	
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: <u>2 of 2</u>		2 FILER NAME <u>John Keating</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-21-10</u>		5 Payee name <u>Praffeo</u>			
6 Amount (\$) <u>1000.00</u>		7 Payee address; City; State; Zip Code <u>5500 Buckskin Dr.</u> <u>The Colony, TX 75056</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Consulting Exp.</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Consulting</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>5-13-10</u>		Payee name <u>Praffeo</u>			
Amount (\$) <u>1000.00</u>		Payee address; City; State; Zip Code <u>5500 Buckskin Dr.</u> <u>The Colony, TX 75056</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Consulting Exp.</u>		Description (If travel outside of Texas, complete Schedule T) <u>Consulting</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>5-17-10</u>		Payee name <u>Poseidon</u>			
Amount (\$) <u>945.00</u>		Payee address; City; State; Zip Code <u>106 W. Broadway St.</u> <u>Prosper, TX 75078</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Exp.</u>		Description (If travel outside of Texas, complete Schedule T) <u>t-shirts.</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>5-28-10</u>		Payee name <u>Constant Contact.com</u>			
Amount (\$) <u>20.00</u>		Payee address; City; State; Zip Code <u>website</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Office Overhead Exp.</u>		Description (If travel outside of Texas, complete Schedule T) <u>Email Service</u>	
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 6
2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission file/s)
4 Date 4-8-10	5 Payee name Kroger 6 Payee address; City; State; Zip Code 4851 Legacy Dr. Frisco, TX 75034 7 Purpose of expenditure (See instructions regarding type of information required.) Food/Beverage Exp. (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 105.60 ☒ Reimbursement from political contributions intended
4-8-10	Payee name National Pen Company Payee address; City; State; Zip Code nationalpen.com Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - campaign pens (If travel outside of Texas, complete Schedule T)	Amount (\$) 227.60 ☒ Reimbursement from political contributions intended
4-8-10	Payee name Shelly Jackman Payee address; City; State; Zip Code 516 Grant Lane Lawn, TX 75166 Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Design work (If travel outside of Texas, complete Schedule T)	Amount (\$) 248.98 ☒ Reimbursement from political contributions intended
4-11-10	Payee name Lowe's Payee address; City; State; Zip Code 2773 Eldorado Pkwy Little Elm, TX 75068 Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Supplies for signs (If travel outside of Texas, complete Schedule T)	Amount (\$) 104.55 ☒ Reimbursement from political contributions intended
4-16-10	Payee name Cantina Laredo Payee address; City; State; Zip Code 4516 Beltline Rd Addison, TX 75244 Purpose of expenditure (See instructions regarding type of information required.) Food/Beverage Exp. (If travel outside of Texas, complete Schedule T)	Amount (\$) 212.54 ☒ 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: 2 of 6
2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-20-10	5 Payee name Proforma Specialty Marketing 6 Payee address; City; State; Zip Code 3044 Old Denton Rd #111-321 Carrollton, TX 75007 7 Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - t-shirts (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 803.55 ☒ Reimbursement from political contributions intended
Date 4-20-10	Payee name iStock Images.com Payee address; City; State; Zip Code website Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Billboard design (If travel outside of Texas, complete Schedule T)	Amount (\$) 20.00 ☒ Reimbursement from political contributions intended
Date 4-20-10	Payee name Kinkos/FedEx Payee address; City; State; Zip Code 8290 State Hwy 121 Frisco, TX 75034 Purpose of expenditure (See instructions regarding type of information required.) Polling Expense - Voter listing (If travel outside of Texas, complete Schedule T)	Amount (\$) 9.87 ☒ Reimbursement from political contributions intended
Date 4-20-10	Payee name Print Place.com Payee address; City; State; Zip Code website Purpose of expenditure (See instructions regarding type of information required.) Printing Expense - (If travel outside of Texas, complete Schedule T)	Amount (\$) 2132.97 ☒ Reimbursement from political contributions intended
Date 4-21-10	Payee name Proforma Specialty Marketing Payee address; City; State; Zip Code 3044 Old Denton Rd #111-321 Carrollton, TX 75007 Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Campaign Buttons (If travel outside of Texas, complete Schedule T)	Amount (\$) 193.12 ☒ 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: 3 of 6
2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission file)
4 Date 4-27-10	5 Payee name Constant Contact.com 6 Payee address; City; State; Zip Code website 7 Purpose of expenditure (See instructions regarding type of information required.) Office Overhead Exp - Email Service (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 20.00 ☒ Reimbursement from political contributions intended
4-27-10	Payee name FedEx/Kinkos Payee address; City; State; Zip Code 8290 State Hwy 121 Frisco, TX 75034 Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Flyers (If travel outside of Texas, complete Schedule T)	Amount (\$) 109.87 ☒ Reimbursement from political contributions intended
4-27-10	Payee name Print Place.com Payee address; City; State; Zip Code website Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Postcards (If travel outside of Texas, complete Schedule T)	Amount (\$) 1825.69 ☒ Reimbursement from political contributions intended
5-13-10	Payee name Protoforma Specialty Marketing Payee address; City; State; Zip Code 3044 Old Denton Rd #111-321 Carrollton, TX 75007 Purpose of expenditure (See instructions regarding type of information required.) Office Overhead Exp - Thank You cards (If travel outside of Texas, complete Schedule T)	Amount (\$) 502.13 ☒ Reimbursement from political contributions intended
5-13-10	Payee name Fedex/Kinkos Payee address; City; State; Zip Code 8290 State Hwy 121 Frisco, TX 75034 Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Flyers (If travel outside of Texas, complete Schedule T)	Amount (\$) 508.78 ☒ 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: 4 of 6

2 FILER NAME John Keating

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount (\$) ☒ Reimbursement from political contributions intended
5-17-10	Print Place, com website	Advertising Exp - Flyer	299.70
5-17-10	Campaigns & Promotions 404 1-45 South Huntsville, TX 77340	Advertising Exp - Large Signs	620.83
5-17-10	Collin County Elections Collin County, TX	Polling Expenses - voter information	10.00
5-17-10	Collin County Treasurer Collin County, TX	Polling Expense	25.00
5-27-10	Buses by Bill 1336 Centerville Rd. Dallas, TX 75218	Transportation	660.00

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: 5 of 6
2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-28-10	5 Payee name Fed Ex / Kinkos 6 Payee address; City; State; Zip Code 8290 State Hwy 121 Frisco, TX 75034 7 Purpose of expenditure (See instructions regarding type of information required.) Printing Exp - voter information (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 5.33 ☒ Reimbursement from political contributions intended
Date 5-28-10	Payee name Print Place.com Payee address; City; State; Zip Code website Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Flyers (If travel outside of Texas, complete Schedule T)	Amount (\$) 863.46 ☒ Reimbursement from political contributions intended
Date 5-28-10	Payee name Staples Payee address; City; State; Zip Code 3333 Preston Rd. Frisco, TX 75034 Purpose of expenditure (See instructions regarding type of information required.) Printing Exp - Printing & Labels (If travel outside of Texas, complete Schedule T)	Amount (\$) 464.12 ☒ Reimbursement from political contributions intended
Date 5-28-10	Payee name US Post Office Payee address; City; State; Zip Code 8700 Stonebrook Pkwy Frisco, TX 75034 Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - postage (If travel outside of Texas, complete Schedule T)	Amount (\$) 1320.00 ☒ Reimbursement from political contributions intended
Date 5-29-10	Payee name CKO Payee address; City; State; Zip Code 1220 Stemmons Frwy. Dallas, TX 75234 Purpose of expenditure (See instructions regarding type of information required.) Food/Beverage - Catering (If travel outside of Texas, complete Schedule T)	Amount (\$) 864.18 ☒ 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: 6 of 6

2 FILER NAME John Keating

3 ACCOUNT # (Ethics Commission filers)

4 Date 5-5-10	5 Payee name Kinkos / FedEx 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 79.68 ☒ Reimbursement from political contributions intended
Date 5-5-10	Payee name Kroger Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Food / Beverage (If travel outside of Texas, complete Schedule T)	Amount (\$) 16.18 ☒ Reimbursement from political contributions intended
Date 5-5-10	Payee name Bonnie Ruth's Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Campaign Food / Beverage (If travel outside of Texas, complete Schedule T)	Amount (\$) 130.98 ☒ Reimbursement from political contributions intended
Date 5-5-10	Payee name Shelly Jackman Payee address; City; State; Zip Code 516 Grant Lane Lavon, TX 75166 Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Direct Mail Pieces (If travel outside of Texas, complete Schedule T)	Amount (\$) 211.09 ☒ Reimbursement from political contributions intended
Date 5-5-10	Payee name Proforma Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Advertising Exp - Car Magnets (If travel outside of Texas, complete Schedule T)	Amount (\$) 363.40 ☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED