

# 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:  <b>18</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Brent Chessey</b> NICKNAME LAST SUFFIX	<b>OFFICE USE ONLY</b> Date Received <b>FILED FOR RECORD AT 8:55 AM</b>  <b>FEB 07 2014</b>  Date Hand-delivered or Postmarked <b>DIANA T. BARRERA</b> Clerk, County Court, Nueces County, Texas By <b>Debra</b> Deputy Receipt # <b>Syamken</b>  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>250 Cape May, Corpus Christi, TX 78412</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 334-1253</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs. Ashley Chessey</b> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>Same as above</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( ) Same as above</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 14 / 2014    2 / 3 / 14</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 4 / 14</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <b>none</b>	13 OFFICE SOUGHT (if known)  <b>Nueces County Commissioner Precinct 4</b>	

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## 2014-064

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Brent Chesney **15 ACCOUNT # (Ethics Commission Filers)**

**16 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 26,401
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <del>1,000.00</del>
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,737.21
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 48,673.25
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000

**18 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.

Brent Chesney  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brent Chesney, this the 7<sup>th</sup> day of Feb., 2014, to certify which, witness my hand and seal of office.

Lillian Fanning  
Signature of officer administering oath

Lillian Fanning  
Printed name of officer administering oath

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: <span style="font-size: 2em;">13</span>	
2 FILER NAME <span style="font-size: 1.5em;">Brent Chesref</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.5em;">1-15-14</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">Cliffi Chor Armp</span> 6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">358 University Cc Tx 78412</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">250.00</span>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Real Estate</span>		10 Employer (See Instructions) <span style="font-size: 1.2em;">Keller Williams</span>	
Date <span style="font-size: 1.5em;">1-15-14</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">Harold Stockley</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">6701 Shiloh Way Cc Tx 78414</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">500.00</span>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Banker</span>		Employer (See Instructions) <span style="font-size: 1.2em;">JP Bank</span>	
Date <span style="font-size: 1.5em;">1-15-14</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">Jeff Rank</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">P.O. Box 18787 Cc Tx SPID, Plcr Bldg 78480</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">250.00</span>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em;">1-15-14</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">Ted Oakley</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2930 Denver Cc Tx 78404</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">1,000</span>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em;">1-15-14</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">Jyoti - Rich Patel</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">P.O. Box 18028 Cc Tx 78480</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">251.00</span>	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: <b>13</b>	
2 FILER NAME <b>Brent Chesney</b>			3 ACCOUNT # (Ethics Commission Filers)		
4 Date <b>1-16-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barbara James May</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <b>4 Hewitt, CC, TX 78404</b>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>1-16-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>May Nerdere</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>15121 SPFD CC, TX 78416 #104</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>1-15-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carter Tate</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>1826 SPFD CC, TX 78416</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>1-16-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeri Holpach</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>5803 Ocean CC, TX 78412</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>1-16-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RFIS: Raul Cardona</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>1008 Delta CC, TX 78412</b>		(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**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13

2 FILER NAME

Bret Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-16-14

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

Stella: Gerald Camp

6 Contributor address; City; State; Zip Code

7129 Winebrook CC TX  
78414

7 Amount of contribution (\$)

100.00

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

1-16-14

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

Marta: John Moore

Contributor address; City; State; Zip Code

15902 Palo Seco, 78418

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-16-14

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

Robbie Thomas Foster

Contributor address; City; State; Zip Code

5702 St. Andrews  
CC TX 78413

Amount 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

1-15-14

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

Lila: Phil Bradshaw

Contributor address; City; State; Zip Code

14646 Compass Suite 2  
CC TX 78418

Amount 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

1-16-14

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

Karen: Dan Winship

Contributor address; City; State; Zip Code

CC TX 78418  
13509 Queen Jehanna

Amount 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**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13

2 FILER NAME

Brent Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-16-14

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

Tom Carlisle

6 Contributor address; City; State; Zip Code

233 Cape May, CC TX  
78412

7 Amount of contribution (\$)

500.00

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

1-14-14

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

David Grasse

Contributor address; City; State; Zip Code

P.O. Box 2147 Boerne, TX  
78006

Amount 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

1-15-14

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

Larry Hall; Dorothy Lane

Contributor address; City; State; Zip Code

P.O. 1272 Port Aransas, TX  
78373

Amount 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

1-16-14

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

George Hawin

Contributor address; City; State; Zip Code

101 H Sterling CC TX  
#600 78411

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-15-14

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

Robert Adler

Contributor address; City; State; Zip Code

P.O. Box 5405  
106 Rainbow Lane, CC TX  
78411

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13

2 FILER NAME

Brent Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-14-14

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

Michael McAuley

6 Contributor address; City; State; Zip Code

453 Williamson City 78411

7 Amount of contribution (\$)

250.00

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

1-17-14

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

Arnold Gonzalez Jr.

Contributor address; City; State; Zip Code

5402 Holly Blvd. B Suite 202  
City TX 78411

Amount 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

1-14-14

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

Claude D'Unger

Contributor address; City; State; Zip Code

201 Del Mar City 78404

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-16-14

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

Sherry Kaye Harrison

Contributor address; City; State; Zip Code

2310 Plow, TX ~~75034~~  
Brockport 75034

Amount 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

1-22-14

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

CHRISTINA

Contributor address; City; State; Zip Code

400 Main Street Suite 700  
City TX 78401

Amount of contribution (\$)

250.00

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:

13

2 FILER NAME

Brant Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-21-14

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

Reyes Mostaghani

6 Contributor address; City; State; Zip Code

CC TX

7 Amount of contribution (\$)

1000

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

1-15-14

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

Pam: Richard Leshin

Contributor address; City; State; Zip Code

146 Amsted CC TX  
78404

Amount 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

1-20-14

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

Lorraine: Charles Volk

Contributor address; City; State; Zip Code

401 Dolphin  
CC TX 78411

Amount 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

1-23-14

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

Barbara: Kelly Balko

Contributor address; City; State; Zip Code

4418 Canty Road S2  
Pebbleton TX 78380

Amount 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)

Date

1-23-14

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

Stephanie: John Martinez

Contributor address; City; State; Zip Code

447 Santa Monica  
CC TX 78411

Amount of contribution (\$)

250.00

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:

13

2 FILER NAME

Brent Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-22-14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Beth: Jeff Schlimmer

6 Contributor address; City; State; Zip Code

8106 Valdemarillo Ct. TX  
78414

7 Amount of contribution (\$)

250.00

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

1-15-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rick Waters here Jr.

Contributor address; City; State; Zip Code

5037 Melodie Ct TX  
78413

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jennifer: Scott Means

Contributor address; City; State; Zip Code

433 Cape Cod Ct TX  
78412

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ambera: Steve McClure

Contributor address; City; State; Zip Code

10226 Attanta Ct. 78410

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-21-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Glenda Valente

Contributor address; City; State; Zip Code

322 Sand Hill Circle  
Port Aransas, TX 78373

Amount 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:  
13

2 FILER NAME

Brent Chesrey

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-24-14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Anne: Edwin Meyers

6 Contributor address; City; State; Zip Code

2304  
Hickory  
361  
Port Aransas, TX  
78373

7 Amount of contribution (\$)

100.00

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

1-24-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jennifer Kidd: Bess Telletel

Contributor address; City; State; Zip Code

527  
Lantana  
Port Aransas, TX  
78373

Amount 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)

Date

1-24-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Suzanne McCann

Contributor address; City; State; Zip Code

236 Dolphin  
Port Aransas, TX 78373

Amount 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)

Date

1-23-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carol: Mikal Hammer

Contributor address; City; State; Zip Code

4418 Ocean  
CC, TX 78418

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-25-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Allison: Rob Webster

Contributor address; City; State; Zip Code

402 Miramar  
CC, TX  
78411

Amount 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13</b>	
2 FILER NAME <b>Brant Chesney</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1-24-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Evon &amp; Bill Kelly</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1402 W Chapperal CC TX 78401</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1-21-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Valero Political Action Comm</b>	Amount of contribution (\$) <b>2500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 69600 San Antonio, TX 78269</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-28-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Leal</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5810 Sabal CC TX 78414</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John &amp; Sheri Hart</b>	Amount of contribution (\$) <b>300</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4122 Russell CC TX 78408</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-28-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laurel &amp; Jerry Crawford</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5133 Cope Ann CC TX 78412</b>		(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: <b>13</b>	
2 FILER NAME <b>Brant Chesney</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1-28-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denise &amp; Jerry Simpson</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5029 Hildre CC TX</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1-28-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brida! Ray Jones</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>437 Delaire CC TX 78411</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-24-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barry Braxton</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5337 Yorktown CC TX 78413</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosie = Oscar Lopez</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6925 Fruitwood CC TX 78413</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-28-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Katherine Hrissokepodis</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>310 Baycliff CC TX 78412</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13

2 FILER NAME

Brent Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-20-14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Vanessa - Fred Bealeton

6 Contributor address; City; State; Zip Code

6910514 Polkas  
CC, TX 78413

7 Amount of contribution (\$)

250.00

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

1-28-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Cecil Childers

Contributor address; City; State; Zip Code

425 CC, TX 78412  
Santa Monica

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dana: Rob Madry

Contributor address; City; State; Zip Code

320 Baycliff CC, TX  
78412

Amount 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)

Date

1-28-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Shirley Best

Contributor address; City; State; Zip Code

258 Cape Hwy CC, TX  
78412

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28-14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Luvi Ohmstedde

Contributor address; City; State; Zip Code

433 Reemon CC, TX 78411

Amount 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)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-29-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Philip Skrobarczyk	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 250 Melrose, CC, TX 78404		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-28-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Lexendecker	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 801 Navigator CC, TX #300 78408		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-30-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Terry	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 Shoreline #2000 CC, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-31-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Durrill	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 615 S. Upper Broadway CC, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-31-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall Walker	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 802 H. Carochera #1270 CC, TX 78470		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: <b>13</b>	
2 FILER NAME <b>Brent Chesney</b>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-2-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Sedwisch</b>	6 Contributor address; City; State; Zip Code <b>711 N. Carondelet Suite 1400 CC-TX 78401</b>		7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>1-25-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keith Rose</b>	Contributor address; City; State; Zip Code <b>3120 Ocean CC-TX 78404</b>		Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>1-29-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denise Math Meiser</b>	Contributor address; City; State; Zip Code <b>6017 Broadmead CC-TX 78413</b>		Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>1-28-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gregg Silberman</b>	Contributor address; City; State; Zip Code <b>514 Huron, CC-TX 78411</b>		Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>2-3-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christian Pineda</b>	Contributor address; City; State; Zip Code <b>802 N. Carondelet Suite 1300 CC-TX</b>		Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3		<b>2</b> FILER NAME Ashley Brent Chesney		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 1-17-14		<b>5</b> Payee name Ashley Chesney			
<b>6</b> Amount (\$) 4,000		<b>7</b> Payee address; City; State; Zip Code 250 Cape City Corpus Christi, TX 78412			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) reimbursements for signs		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Signs - ArrowDusk	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 1-18-14		Payee name PIBA			
Amount (\$) 295		Payee address; City; State; Zip Code 14493 SPID Pkwy 313 CC, TX 78418			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Ad in PIBA bulletin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 1-20-14		Payee name Island Melon			
Amount (\$) 1,275.00		Payee address; City; State; Zip Code 14493 SPID CC, TX 78418			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Pre-pay all ads in melon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 1-27-14		Payee name Clear Channel			
Amount (\$) 2,997.10		Payee address; City; State; Zip Code 501 Tupper Lane, Corpus Christi, TX 78417			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Radio Ads	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME Brent Chesney	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1-27-14	<b>5</b> Payee name Steve Rey & Assoc.
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<b>6</b> Amount (\$) 2,000	<b>7</b> Payee address; City; State; Zip Code 2816 H. L. Street Waco, TX 76708
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Polling	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Phonebanks
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 1-29-14	<b>Payee name</b> PIBA
------------------------	---------------------------

<b>Amount (\$)</b> 150.00	<b>Payee address; City; State; Zip Code</b> 14493 SPID Suite A, 78418
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Sponsorship
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 1-29-14	<b>Payee name</b> 121 Interactive
------------------------	--------------------------------------

<b>Amount (\$)</b> 395.11	<b>Payee address; City; State; Zip Code</b> 6317 Horwick, CC, TX.
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Printing	<b>Description</b> (If travel outside of Texas, complete Schedule T) Direct mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 1-30-14	<b>Payee name</b> Sports Radio
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<b>Amount (\$)</b> 1,000	<b>Payee address; City; State; Zip Code</b> 710 Buffalo #608 CC, TX 78401
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising	<b>Description</b> (If travel outside of Texas, complete Schedule T) Radio Spots
-------------------------------	--	---

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)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME Drew Cherry	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1-31-14	<b>5</b> Payee name Quadrant Productions
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<b>6</b> Amount (\$) 1,000	<b>7</b> Payee address; City; State; Zip Code 4301 Ocean CC. TX 78412
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) TV production
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 2-3-14	<b>Payee name</b> PIBA
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<b>Amount (\$)</b> 150.00	<b>Payee address; City; State; Zip Code</b> 14493 SPID CC. TX 78418 SUIT A
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 2-3-14	<b>Payee name</b> Steve Roy Associates
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<b>Amount (\$)</b> 2,000	<b>Payee address; City; State; Zip Code</b> 2816 N-19th Street Waco TX 76708
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Polling	<b>Description</b> (If travel outside of Texas, complete Schedule T) Phone banks
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b>	<b>Payee name</b>
-------------	-------------------

<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>
--------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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