

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Brent NICKNAME LAST SUFFIX Chesney	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 250 Cape May Corpus Christi, TX 78412	Date Received FILED FOR RECORD AT 11:00 AM FEB 21 2014	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 334-1253	Date Hand-delivered or Postmarked DIANA T. BARRERA Clerk, County Court, Nueces County, Texas Receipt # Deirdre Amount Deputy Date Processed Syamken	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Ashley Chesney NICKNAME LAST SUFFIX Chesney	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 250 Cape May, Corpus Christi, TX 78412		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 334-1253		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 2 / 4 / 14 THROUGH 2 / 01 / 14		
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 14	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) none	13 OFFICE SOUGHT (if known) Nueces County Commission Precinct 4	

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2014-073

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Bert 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.

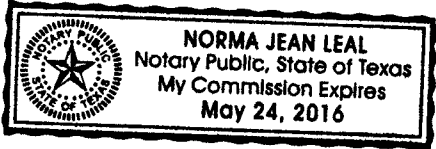
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ 13,700
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 235.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 35,300.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,283.27
OUTSTANDING LOAN TOTALS	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.

Bert Chesney
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Norma Leal, this the 21st day of February, 20 14, 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/14/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tamara & Jack Good	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 302 Claremore St. CC, TX 78412		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Richmond	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3555 SPID CC, TX 78415		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathleen & Pat Horne	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 6065 Cape Cod CC, TX 78466		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katherine & Daniel Dain	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4751 Ocean Dr. CC, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Resendez & Raymond Schachtman	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 914 Glenoak CC, TX 78418		(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: 5	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/7/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Cohen 6 Contributor address; City; State; Zip Code 3620 Denver CC, TX 78411	7 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 2/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephanie & John Martinez Contributor address; City; State; Zip Code 447 Santa Monica Pl., CC, TX 78411	Amount of contribution (\$) 250-	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/6/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Hillard Contributor address; City; State; Zip Code 719 S. Shoreline #500, CC, TX 78401	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Turner, Jr. Contributor address; City; State; Zip Code 14234 Cabo Blanco, CC, TX 78418	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sue & Bob Becquet Contributor address; City; State; Zip Code 5810 Lago Vista, CC, TX 78414	Amount of contribution (\$) 300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janis & Doug Jordan 6 Contributor address; City; State; Zip Code 316 Long Pointe Ct, TX 78314	7 Amount of contribution (\$) 100.00 (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 2/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Azali Contributor address; City; State; Zip Code 1 W Barle Dr CC, TX 78414	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie & Dennis Berry Contributor address; City; State; Zip Code 4550 River Park CC, TX 78410	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Von Picher Contributor address; City; State; Zip Code 3220 Bilmini Ct, TX 78418	Amount 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 2/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Furlow Contributor address; City; State; Zip Code 631 Channelview POA Aransas, TX 78313	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/19/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph Alley	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7650 Dallas CC, TX 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Seaman	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5830 McCord # 204 CC, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-19-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Todd Pietsch	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 60267 CC, TX 78466		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-19-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Lemanski	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 Mann # 700 CC, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Catherine & Richard Crews	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 233 Bayside CC, TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-28-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marshall Wilkerson	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 802 N. Carancahua #120 CC, TX 78470		(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#: Ronnie King	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3721 Castle View CC, TX 78470		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date Ben 2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherris: Bryan Guley	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable) receipt
Contributor address; City; State; Zip Code 6421 Saratoga #101 CC, TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date Jan 2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Loan: Mark Herndon	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable) receipt
Contributor address; City; State; Zip Code 14829 Sea Bird Lane CC, TX 78373		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-19-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bhakti: Gauri Herndon	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable) receipt
Contributor address; City; State; Zip Code 8105 Waldemerrillo CC, TX 78414		(If travel outside of Texas, complete Schedule T)	
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.

1 Total pages Schedule F: 5	2 FILER NAME Brent Chesney	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-7-14	5 Payee name Steve Roy Associates
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6 Amount (\$) 2,150	7 Payee address; City; State; Zip Code 2816 N 19th Street Waco, TX 76708
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-8-14	Payee name South Jetty
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Amount (\$) 956.25	Payee address; City; State; Zip Code 141 W. Cotter Port Aransas, TX 78373
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Newspaper ad
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-10-14	Payee name 121 Interactive
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Amount (\$) 1030.97	Payee address; City; State; Zip Code 6317 Horvick, CC, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Printing	Description (If travel outside of Texas, complete Schedule T) Mailing & printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-11-14	Payee name Tinae Warner
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Amount (\$) 750.00	Payee address; City; State; Zip Code 4455 SPID Suite 31 CC, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) TV
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 5		2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-11-14		5 Payee name 121 Interactive			
6 Amount (\$) 1249.92		7 Payee address; City; State; Zip Code 6317 Herwick Cc, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing / mailing		(b) Description (If travel outside of Texas, complete Schedule T) Direct mail	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 8-11-14		Payee name Gulf Business Printing			
Amount (\$) 2027.60		Payee address; City; State; Zip Code 6317 Herwick, Cc, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) mailing / printing		Description (If travel outside of Texas, complete Schedule T) Direct mail	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 2-14-14		Payee name Steve Roy Associates			
Amount (\$) 750.00		Payee address; City; State; Zip Code 2816 H-19th Street Waco, TX 76708			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 2-14-14		Payee name Clear Channel			
Amount (\$) 744.60		Payee address; City; State; Zip Code 501 Tupper Cc, TX 78417			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 5	2 FILER NAME Brett Chesney	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-14-14	5 Payee name KRITTY
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6 Amount (\$) 12,257	7 Payee address; City; State; Zip Code 5002 South Padre Island Dr. 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) TV
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-15-14	Payee name Padre Island Business Association
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Amount (\$) 295.00	Payee address; City; State; Zip Code 14493 SPID Pkwy 313 CC, TX 78418
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Printed
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-15-14	Payee name Kris Communications
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Amount (\$) 3,089.75	Payee address; City; State; Zip Code 301 Artesian Corpus Christi, TX 78401
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) TV
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-19-18	Payee name 121 Interactive
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Amount (\$) 3900.35	Payee address; City; State; Zip Code 6317 Werrauch CC, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Printing	Description (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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 5	2 FILER NAME Brent Chesney	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-20-14	5 Payee name Kili TV
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6 Amount (\$) 2460.75	7 Payee address; City; State; Zip Code 5002 South Padre Island Dr. CC, TX 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) TV
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-20-14	Payee name Kris Communications
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Amount (\$) 2358.75	Payee address; City; State; Zip Code 301 Artesian CC, TX 78401
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) TV
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-20-14	Payee name Quadrant Productions
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Amount (\$) 1045.00	Payee address; City; State; Zip Code 4301 Ocean CC, TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) TV production
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 5	2 FILER NAME Brent Chesney	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-7-14	5 Payee name Charles Perez
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6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 3210 Quail Run CC, TX 78414
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract labor	(b) Description (If travel outside of Texas, complete Schedule T) Reimbursements for sign expenses
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-7-14	Payee name Kris Communications
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Amount (\$) 3064.24	Payee address; City; State; Zip Code 301 Artesian, CC, TX 78401
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) TV
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-7-14	Payee name Kili Ty
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Amount (\$) 5023.50	Payee address; City; State; Zip Code 5002 SPID CC, TX 78411
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) TV
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED