

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: 16			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Parent	MI	FILED FOR RECORD Date Received: 5/10/2014 MAY 19 2014 JUDGE: J. BARRERA Clerk, County Court, Meches County, Texas Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME Chesney	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 250 Cape May	APT / SUITE #;	CITY; Corpus Christi, TX			STATE; TX	ZIP CODE 78412
<input type="checkbox"/> change of address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 334-1253	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Ashley	MI				
	NICKNAME Chesney	LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Same as above						
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER Same as above	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 2 / 22 / 14		THROUGH	Month Day Year 5 / 16 / 14			
11 ELECTION	ELECTION DATE Month Day Year 5 / 27 / 14			ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
	12 OFFICE OFFICE HELD (if any) none			13 OFFICE SOUGHT (if known) Meches County Commissioner Precinct 4			

GO TO PAGE 2

2014-093

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)

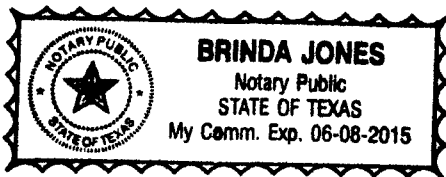
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

additional pages

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)	\$ 26,700
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 100
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,824.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,988.73
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.

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 16th day of May, 2010, to certify which, witness my hand and seal of office.

Brinda Jones Brinda Jones Notary Public
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:

10

2 FILER NAME

Brent Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/29/14

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

Gary Hall

6 Contributor address; City; State; Zip Code

400 Mann #700 Corpus Christi, TX 78401

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

2.22.14

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

Susan & Robert Lewis

Contributor address; City; State; Zip Code

4942 Greenbriar Ct, TX 78413

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-14

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

Patricia Eisenhauer

Contributor address; City; State; Zip Code

14493 SPID, Suite A Ct, TX 78418

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

2.26.14

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

Anvash Anya

Contributor address; City; State; Zip Code

500 N. ~~Waller~~ Shoreline #322, Ct, TX 78411

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.26.14

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

Curtis Rock

Contributor address; City; State; Zip Code

6817 Leopard Ct, TX 78409

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: 10	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3.4.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leslie Cassidy III	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Po Box 941 CC, TX 78403		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3.5.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brooke Allen; Matthew Jones	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 734 Crestview CC TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2.24.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Travis Burris	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4823 Ocean Dr CC, TX 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.24.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Forbes, Jr	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Po Box 352A Alice, TX 78333		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.31.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sam L. Sussler	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Po Box 9036 CC, TX 78409		(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: 10	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3.5.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. & Mrs. David Engel	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 230 Amistad CC, TX 78404		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3.3.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Nixon Welsh	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 439 Peerman Pl CC, TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.6.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Alan Soper	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 242 Cape May CC, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.5.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Marshall Wilkerson	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 602 N. Carancahua #1270 CC, TX 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.14.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) William Richmond & Dennis Courtney	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)	

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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: 10	
2 FILER NAME Parent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3.5.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryan Stone	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5306 Holly Road Suite B CE TX 78411		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3.7.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patricia Shannon Wilde	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 433 Cape Henry CE, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Venrell McGregory	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13545 Port Royal Ct CE, TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.7.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Mc Clanahan	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 311 Saratoga Blvd CE, TX 78417		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.5.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Taylor	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Po Box 270965 CE, TX 78427		(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: 10	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-10-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. & Mrs. Robert Bequaert	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5810 Lago Vista Cir TX 78414		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-11-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ted Oakley	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2930 Denver Ct TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Carlson	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5250 St. Andrews Ct TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-13-14	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Ron Park	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4639 Corona #100 Ct TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dan Leyendecker	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 Navigation Blvd # 300 TX 78408		(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: 10	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3.17.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Freese and Nichols PAC	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4065 Int. Plaza #200 Ft. Worth TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3.17.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Parker	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 9609 CE, TX 78469		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.16.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julia Johns	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4418 Congressional CE, TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.16.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy & Steven Holliday	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 41 Lakeshore CE, TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.18.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cindy & Jason Ferguson	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4949 Cherry Hills CE, TX 78413		(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: 10	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-20-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rhonda Jeffery Hseng	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 14730 Beal Dr CC, TX 78410		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-24-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Denise Matt Mosser	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6017 Broadmoor CC, TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim Lange	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 260790 CC, TX 78426		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-8-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Menda May	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15121 S.P.I.D.#104 CC, TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harold Shockey, Jr.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6701 Skilling Way 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME Parent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4.10.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michelle & Philip Ramirez	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 322 Santa Monica Pl Ce, TX 78111		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4.16.14	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#) Debbie & Jerry Shoemaker	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2522 Retha Dr Ce, TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.19.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Debra & Mike Rodriguez	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4118 Santa Fe Ce, TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.21.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Helen & Samuel Dalton	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8002 Villefranche Ce, TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.21.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mike & Connie Scott	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5548 CR #81 Robstown, TX 78380		(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: 10	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-22-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom Carlisle	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 233 Cape May CE TX 78412		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-21-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Klingaman	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3112 Stratford Ave. Dallas, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-24-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mikel McGrath	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3232 Bimini CE TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-26-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laureen; Mike Pedrotti	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3901 Roscher CE TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer & Scott Meares	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 433 Cape Cod CE TX 78412		(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: <div style="text-align: center; font-size: 2em;">10</div>	
2 FILER NAME <div style="font-size: 1.5em;">Brent Chesney</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="font-size: 1.5em;">4-28-14</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.5em;">Arnold Gonzales, Jr</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">250.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.5em;">4601 Grand Lake Dr. CC, TX 78413</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="font-size: 1.5em;">4-28-14</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.5em;">Larry Jones</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">1,000</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.5em;">911 Main St. #2200 64105 Kansas City, Missouri</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 6(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: 4		2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-22-14		5 Payee name Clear Channel			
6 Amount (\$) 303.45		7 Payee address; City; State; Zip Code 501 Tupper CC, TX 78417			
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) Radio	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-24-14		Payee name KES TV			
Amount (\$) 1287.75		Payee address; City; State; Zip Code 301 Artesian, CC, TX 78401			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) TV	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-25-14		Payee name Tucan Graphics			
Amount (\$) 460.06		Payee address; City; State; Zip Code 15201 SPI D Suite 240 A CC, TX 78418			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting expense		Description (If travel outside of Texas, complete Schedule T) ad design	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-26-14		Payee name Kiii TV			
Amount (\$) 599.25		Payee address; City; State; Zip Code 5002 South Padre Island Drive CC, TX 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) TV	
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.

1 Total pages Schedule F: 4	2 FILER NAME Brent Chesney	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-26-14	5 Payee name Kiii TV
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6 Amount (\$) 663.00	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 2-27-14	Payee name Time Warner
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Amount (\$) 1,275	Payee address; City; State; Zip Code 4455 S P10 Suite 31 CC, Texas
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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 2-27-14	Payee name Kris TV
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Amount (\$) 2970.75	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 2-28-14	Payee name Charles Perez
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Amount (\$) 290.00	Payee address; City; State; Zip Code 3210 Quail Run CC, TX 78414
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) manual labor
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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
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: 4		2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-28-14		5 Payee name Kciti TV			
6 Amount (\$) 276.25		7 Payee address; City; State; Zip Code 5002 SPID CC, TX 78411			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-16-14		Payee name Steve Ray : Associates			
Amount (\$) 3,000		Payee address; City; State; Zip Code 2816 14 th Street Waco, TX 76708			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Phone bills	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-21-14		Payee name Cooper Outdoor			
Amount (\$) 1155		Payee address; City; State; Zip Code 115 Waco Street, CC, TX 78401			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Bus benches	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-22-14		Payee name PIBA (Padre Island Bus Association)			
Amount (\$) 162.00		Payee address; City; State; Zip Code 14493 SPID CC, TX 78418			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Ad in member bulletin	
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 6(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: 4		2 FILER NAME Brent Chesrey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-5-14		5 Payee name Ashley Chesrey			
6 Amount (\$) 941.23		7 Payee address; City; State; Zip Code 250 Cape May CC, TX 78412			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing		(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement for printing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-13-14		Payee name Quadrant Productions			
Amount (\$) 415.00		Payee address; City; State; Zip Code 4301 Ocean CC, TX 78412			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) TV production	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-14-14		Payee name Channel 3 Kiii TV			
Amount (\$) 8,512.75		Payee address; City; State; Zip Code 5002 S PID CC, TX 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) TV	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-14-14		Payee name Kris TV			
Amount (\$) 3412.75		Payee address; City; State; Zip Code 301 Artesian CC, TX 78401			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) TV	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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