CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512) 463-5800

<u></u>			
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST HC. Best NICKNAME LAST Chescet	MI 	Date Record MAY 1 9 2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX: APT/SUITE#: CITY: 250 Cape May Carpus Ch	STATE: ZIPCODE 78412 wisti77x	Date Hand-delivered or Postmerked Receipt \$ Amount
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 334-(253	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST FORS NICKNAME LAST Chestey	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE 8;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () SERVE CLS CLOCK	EXTENSION	
8 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 5 / 16 /	Year / 1 H
11 ELECTION	Month Day Year ELECTION TYPE 5 / 2.7 / 14 ELECTION TYPE Primary	2 Runoff	General Special
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (Known) Weces Cu	nty Commusiver
	GO TO PAG	3E2 2	014-093

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	et Che	sret	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					
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2(,700)					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ \					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 25,84,24			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	s 15,988,73			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ 2,000			
18 AFFIDAVIT	BRINDA JONES Notary Public STATE OF TEAS	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report			
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworm to and subscribed before me, by the said <u>DENT (DESNEY</u> , this the day of <u>May</u> , 20 <u>O</u> , to certify which, witness my hand and seal of office.						
Signature of officer admi	DIVES inistering oath	Brinda Jones No Printed name of officer administering oath	Title of officer administering oath			

P.O. Box 12070

SCHEDULE A

The	instruction Guide explains how to complete this	form	1 Total page	s Schedule A:		
	mountain outer expense now to complete time	. 141111	Ī	(O)		
2 FILER NAME	Brent Chesney		3 ACCOUNT	F# (Ethics Commission Filers)		
4 Date .	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount o			
	GANGA Hall		contribution	(\$) description (if applicable)		
20/1/1/	6 Contributor address; City; State; Zip Code		•	ļ		
1311-14	Contributor address, City, State, Zip Code		500.00)		
•	400 Mann \$ 700 Corpus China	for the working	<i>M</i>	ĺ		
	1 400 INTERNITY 100 DONARD CHINA	וידסן יון ויד	(if travel ou	rtside of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (IDIt:_)	Amount o contribution			
	JUGAN ! YODOVT LEWIS		CONTRIBUTION	(4) Gescription (ii approacto)		
111 00 0	Contributor address; City; State; Zip Code		^	.		
2.22.14	0 1 2 00 0		'/m M) [
	14942 Greenbrian CCITX	18413	200.0	1		
				tside of Texas, complete Schedule T)		
Principal occup	eation / Job title (See Instructions)	Employer (See 1	nstructions)			
Data	Full name of committee of out-of-state PAC (ID#_		Amount o	of In-kind contribution		
Date	Patricia Escentially		contribution	•		
	· · · · · · · · · · · · · · · · · · ·			1		
$\Delta = 1$	Contributor address; City; State; Zip Code		1,0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
1.11.14	14493 SPID, Switch CG	N WALK	20.11	<i>)</i> !		
	194013 Stry June 11 CG	17 18418	(If travel or	Itside of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				
Date	Full name of contributor out-of-state PAC (IDIt_	ادــــــا	Amount o	•		
	ANNOGH AMUSA		contribution	(\$) description (if applicable)		
1	Contributor address; City; State; Zip Code	···· WALL	م ا			
1.7614		18411	INM DI) i		
1011	5m N. Winhar Shoveline # 30	$\Omega_{i}(LX)$	1000.00			
	OW 11 TOTAL	10011		tside of Texas, complete Schedule T)		
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor		Amount o contribution			
	OMITIA KOOL					
10111	Contributor address; City; State; Zip Code		76 N)			
L. 1614	6817 Leonoaura CLIX 19	rung	טעיעע	1		
•	I vol 1 suppora WIX It	ויד((H teessel =:-	deide of Tayen, complete Schedule T		
Principal occur	pation / Job title (See Instructions)	Employer (See I		tside of Texas, complete Schedule T)		
	,		<u> </u>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME	Brent Chesney		3 ACCOUNT# (E	thics Commission Filers)	
4 Date .	5 Full name of contributor _ out-of-state PAC(ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3.4.14	6 Contributor address; City; State; Zip Code PO BOX 944 CC, TX 186	103	250.FD	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		r rotati, cumpose curiodate 17	
Date	BYODKE HILM? NOTHING TO	nes :	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3.5.14	Contributor address; City; State; Zip Code	0412	lu.u		
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Pull name of contributor \ \ \ \ \ out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2-24.14	Contributor address; City; State; Zip Code	8410	500.00		
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor of off-of-state PAC(IDIK_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3.24.14	Contributor address; City; State; Zip Code Po Box 3500 Miu.Tx	18333	OM. D	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date 3.M.III	Contributor address; City; State; Zip Code	10ati G	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
			10	
2 FILER NAME	Brent Chesney		3 ACCOUNT# (E	thics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (IDM)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3.5.14	6 Contributor address; City; State; Zip Code 230 AWISTUA CC (T)	18404	500 . D	i -
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	L	
		io zinpieșei (see		
Date \	Figil name of aphthibutor out-of-state PAC (IDIt_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2214	Contributor address; City; State; Zip Code	• • • • • • • • •	I A N	
(h) 1''	Lita Day and OL of the	Maril	190.0	
v	1459 YEURMUN YI CC, 17	- 18411	1	
Dringles i secu	and a fine field (See Instructions)	Employer (Con 1		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	full name of contributor out-of-state PAC(ID#_		Amount of	In-kind contribution
1.	I KUM SONEY		contribution (\$)	description (if applicable)
3.6-14	Contributor address; City; State; Zip Code		500. TU	
	1242 Cape Man Clit	18412	(if travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contribution: Would out-of-state puc (IDIT_		Amount of contribution (\$)	in-kind contribution description (if applicable)
0514	Contributor address; City; State; Zip Code	78470	750.00	1
カンノ	Son N. Caran Cahua * 12	n Clip	V V -	
Principal occur	pation / Job title (See Instructions)	Employer (See !		of Texas, complete Schedule T)
T (mapan oosa)		Employer (occ)		
Date	Full name of contributor out-original PACIDIT.		Amount of	In-kind contribution description (if applicable)
\	\N111\am \L1(MMDNA ", DE	MMR (DWM	WS IIII DOGOTI (\$)	description (ii applicable)
2114	Contributor address; City, State; Zip Code		1 2	
5.14.1		_	L00.00	
	13555 StiD CC, TX 10	45	(Mi trouval audaida	of Toyon, complete Cabadida Ti
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:			
2 FILER NAME	ent Chesney	3 ACCOUNT # (Ethics Commission Filers)			
4 Date .	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)			
3.5.14	6 Contributor address; City; State; Zip Code 1841 5306 Hally Road Swife & CLID	250.00			
9 Principal occu	pation / Job title (See Instructions) 10 Employer ((If travel outside of Texas, complete Schedule T) See instructions)			
Date	Par NCIA 4. SNAWNEN WILDE	Amount of In-kind contribution contribution (\$) description (if applicable)			
3.7.44	Contributor address; City; State; Zip Code	500.00			
Principal occu	pation / Job title (See Instructions) Employer ((If travel outside of Texas, complete Schedule T) See Instructions)			
Date	Full name of contributor Out-of-state PAC (IDM:	Amount of In-kind contribution contribution (\$) description (if applicable)			
34.44	Contributor address; City; State; Zip Code	[] [a. D]			
	19545 YOVE KOURT CCTX 1841	(If travel outside of Texas, complete Schedule T)			
Principal occuj	pation / Job title (See Instruction) Employer (See Instructions)			
Date \	Mis Mc Jana Nam	Amount of in-kind contribution contribution (\$) description (if applicable)			
3.7.14	Contributor address; City; State; Zip Code 31 Saw Saga BWA CUTX 7841 petion (Job title (See Instructions) Francover (7 2000.00			
Principal occu	pation / Job title (See Instructions) Employer ((If travel outside of Texas, complete Schedule T) See Instructions)			
Date , ,\	Full name of contributor out-of-state PAC (IDIF	Amount of contribution (\$) In-kind contribution description (if applicable)			
3.5.14	Po By 21096 CL X 78421	500 00			
Principal occup	pation / Job title (See Instructions) Employer ((If travel outside of Texas, complete Schedule T) See Instructions)			

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME	Brent Chesney		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Det-of-sign PAC (ID#	iet	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3.10.14	6 Contributor address; City; State; Zip Code	Watad	250.P	
	3010 male 11319 Milk 1	1844	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Pall name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3-11-14	Contributor address; City; State; Zip Code		1000. PU	
<i>y</i>	2930 Denver CLIX 18	404	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3.9.14	Contributor address; City; State; Zip Code		250 M	
,	5250 St. Andrews CCID	18413	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3.13.14	Contributor address; City; State; Zip Code		pm 80	
<i>)</i> '	4639 Carona * 100 CC17	18411	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.17.14	Contributor address; City; State; Zip Code	78400	500,00	
Principal accura	pation / Job title (See(Instructions)	Employer (See In		of Texas, complete Schedule T)
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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Brent Chesney	3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor Quit-pf-state PAC (ID#.	AC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3.41.19	Freese and Nichols P 6 Contributor address; City; State; Zip Code 4065 Nt. Plaza #200 F	50.N		
	•	1901001	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	· · · · · · · · · · · · · · · · · · ·	rozas, compicio concedare 17
Date	Tall name of Contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
47.14	Contributor address; City; State; Zip Code		100°	
3.11	PO BOX 9609 CLIX 18	•	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date (\\	Full manne of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.16.14	Contributor address; City; State; Zip Code	MI	250.00	
	4418 Congressional CEIX	18413	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Dut-of date AC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11:14	Contributor address; City; State; Zip Code		1- M	
9.1	41 la Vocanoro CLAN	19.112	400.00	
	11 parchine colle	10412		4-
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor outpostate PAC (ID#:_	M,	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.18.14	Contributor address; City; State; Ztd Code	- 1 Arilla	1500.00	
	19499 MEXIM TOUS 12	5TN 18415 1		
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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P.O. Box 12070

SCHEDULE A

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A:			
2 FILER NAME	brent Unesney	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Full name of contributor in out-of-state PAC(IDIT) Contributor address; City; State; Zip Code	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)			
3.20.14	6 Contributor address; City; State; Zip Code	1000.00			
•	14730 Beal Dr Ce, TX 78410	(If travel outside of Texas, complete Schedule T)			
9 Principal occup	pation / Job title (See Instructions) 10 Employer (See	Instructions)			
Date	PEUII name of contributory White state BAPTOR.	Amount of In-kind contribution contribution (\$) description (if applicable)			
2244	Contributor address; City; State; Zip Code 6017 6V0 AM MOOY CUTY 1843	1000.00 !			
7.01	6017 Broad MOON CLIF 18413	(If travel outside of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions) Employer (See				
Date	Tull name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)			
4.7.14	Contributor address; City; State; Zip Code	J000.80			
\ .	PO BOX 260790 CLIX 18426	(If travel outside of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions) Employer (See	<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)			
4.8.14	Contributor address; Sity; State; Zip Code	1000			
`	15121 S.P.1.D.#104 CLTX 78418	(If travel outside of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions) Employer (See				
Date	Full named of contributor out-of-state fuc (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)			
40.14	Contributor address; City; State; Zip Code	250.00			
· / /	15701 Shilling Way CLITX 1844	(If travel outside of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions) Employer (See				
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule A:
2 FILER NAME.	Parent Chesney		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of state PACIDE	2	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4.10.14	6 Contributor address; City: State; Zip Code	CR. TX 18941	100.80	
O Drivering Committee		40 5	<u> </u>	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	instructions)	
Date	Teuli parme of contributor Teuli parme of contributor William	X	Amount of contribution (\$)	In-kind contribution description (if applicable)
4.10.1	Contributor address; Sity; State; Zip Code	1014	300.00	
•	BULKETH ON WITH	18410	(16 toront posteide a	of Tours assemblete Cabadula T
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor Dout-di-state PAC (IDI:_	27	Amount of contribution (\$)	In-kind contribution description (if applicable)
16.19.14	Contributor address; City; State; ZipCode		75.D	
чч	4118 Santa Fe CGTX 1	18411	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor autor-state PAC (IDIK_		Amount of contribution (\$)	In-kind contribution description (if applicable)
42.14	Contributor address: City; State: Zip Code	KAHIL	200.00	
	0002 VIIICH WICHE COM		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAG (IDI):		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		9	7
477.14	Tela antol Ol a	()	2500.W	
	19548 CK 401 KNOSTOWY	1. VX XXXD 1		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	and the second s	<u> </u>		

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Texas Ethics Con	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS schedule A						
The	Instruction	Guide explains how	to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME	Bren	t Chesner	1		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Eyil nam	CAN ISTE	olit-of-state PAC (IDIF		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4.22.14	1		State; Zip Code	1842	500.00	of Texas, complete Schedule T)
9 Principal occu	pation / Job ti	tle (See Instructions)		10 Employer (See	nstructions)	
Date	Kart	m Klinga			Amount of contribution (\$)	In-kind contribution description (if applicable)
4.21.19	M2		State; Zip Code		200.80	!
Principal occu	pation / Job ti	tle (See Instructions)		Employer (See I		of Texas, complete Schedule T)
Date	Λ Fq‼ηam	e of apprintation	94-of-state PAC (IDIF_		Amount of	In-kind contribution
4.24.14	Contribution 3132	itor address; City;	State: Zip Code	78418	contribution (\$)	description (if applicable)
Principal occu	pation / Job ti	tie (See Instructions)		Employer (See I	nstructions)	
Date	LIMM:	to of contributor 1, the story address; City;	Out-Pletate PAC (IDA) - LAVO H State: Zip Code	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
4.00	3901	Roscher	CGTK	18418		 of Texas, complete Schedule T)
Principal occu	pation / Job ti	tle (See Instructions)		Employer (See I	nstructions)	
Date	Jenn	te of contribution	out At state PAC (ID#:_	 	Amount of contribution (\$)	In-kind contribution description (if applicable)
D. P.11	433	Cápe Cod	CCITY	78412		of Texas, complete Schedule T)
Principal occu	pation / Job ti	tie (Seè Instructions)		Employer (See I	nstructions)	

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P.O. Box 12070 **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2 FILER NAME	Povent Chesney		3 ACCOUNT # (E	thics Commission Filers)		
4 Date	6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
4.28.14	6 Contributor address; City; State; Zip Code	(18413	250.00			
	4001 Olima much	411	(If travel outside	I of Texas, complete Schedule T)		
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		or reads, companies scriedure 1)		
9 Filiopai occup	Selot 7 300 due (366 illistractions)	10 Employer (See I	nau (cuona)			
Date	Full name of contributor		Amount of	In-kind contribution		
4-28-14	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)		
4-20-1	Contributor address; City; State; Zip Code 911 Flam St. #222 Kansas City; the	00 64105	1,000	 		
	Konsas City, t	405500-1	(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution		
			contribution (\$)	description (if applicable)		
	Contributor address; City; State; Zip Code			· 		
			(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code			 		
			/If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I		or locas, company occident i/		
Date	Full name of contributor out-of-state PAC(IDIt		Amount of contribution (\$)	In-kind contribution description (if applicable)		
			Continuation (4)			
	Contributor address; City; State; Zip Code			,		
				· 		
			(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense		Loan Repayment/Rei Transportation Equip Contributions/Donatic Candidate/Officeh	ment & Related Expense
	The instruction Guide	explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME Brest Chest	e/		3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Payee name	7			
2-22-14	ClearChannel				
6 Amount (\$)		e; Zip Code			
303.45	501 Tupper	CCT	x 7841	. 7	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Advectising		Radi	67	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt	Office held
Dete 7.34-14	Payee name	and discountry to the state of			
Amount (\$)	Payee address; City; Stat	te; Zip Code			
1287.75	301 Actesia	m, CC	,Tx	78401	
PURPOSE	Category (See categories listed at the top of	of this achedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Howatisva		てく		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder namé H		Office sough	at .	Office held
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PURPOSE	Category (See categories listed at the top of	of this schedule)	• ;	(If travel outside of Texas,	complete Schedule T)
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Date	Payee name				
2.>(0-14	Viii TV				
Amount (\$)	Payee address; City; Stat	e; Zip Code	······································	•	_
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this echedule)	Description	(If travel outside of Texas,	complete Schedule T)
	Candidate / Officeholder name		Office sough	· · · · · · · · · · · · · · · · · · ·	Office held
Complete ONLY if direct expenditure to benefit C/C			Olinoa sough		Once neg
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

SCHEDULE F

Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense				Insportation Equipment & Related Expense intributions/Donations Made By	
Event Expense	Polling Expense				older/Political Committee	
Fees			OTHER (enter a cate	gory not listed above)		
	The Instruction Gui	de explains how to d	omplete this for	n.		
1 Total pages Schedule F:	2 FILER NAME	,		3 ACCOUNT #	(Ethics Commission Filers)	
7	13 rent Ch	psret			······································	
4 Date つっとし-14	5 Payee name					
	Kiily					
6 Amount (\$)	i	State; Zip Code			~~ !	
663.00	5002 SOAN Padre Isbrid Dr. CC.TX 78411					
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description (f travel outside of Texas,	complete Schedule T)	
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Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam PH	ne	Office sought		Office held	
Date	Payee name			·	······································	
2.27-14	Time Warn					
Amount (\$)	Payee address; City;	State; Zip Code				
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PURPOSE OF	Category (See categories listed at the	top of this schedule)	Description (f travel outside of Texas,	complete Schedule T)	
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		11				
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expenditure to benefit C/C	Candidate / Officeholder nan PH Payee name		Office sought		Office held	
expenditure to benefit C/C	Candidate / Officeholder nan H		Office sought		Office held	
expenditure to benefit C/C	Payee address; City;	State; Zip Code			Office held	
Date	Candidate / Officeholder name	State; Zip Code		401	Office held	
Date Date Amount (\$) PURPOSE	Payee address; City;	State; Zip Code	7278	HO\		
Date >>>-14 Amount (\$)	Payee name Payee address; City; Category (See ostegories listed at the	State; Zip Code CO CC top of this schedule)	7278			
Date Date Amount (\$) PURPOSE OF	Candidate / Officeholder name Payee name Payee address; City; Category (See categories listed at the	State; Zip Code CO C C top of this schedule)	7278			
Date Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Payee name Payee address; City; Category (See categories listed at the	State; Zip Code CO C C top of this schedule)	Tx 78 Description (complete Schedule T)	
Date Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Payee name Payee address; City; Category (See categories listed at the Candidate / Officeholder name)	State; Zip Code CO C C top of this schedule)	Tx 78 Description (complete Schedule T)	
Date Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name Category (See ostegories listed at the Candidate / Officeholder name) Payee name Candidate / Officeholder name Payee name Payee address; City;	State; Zip Code top of this schedule) The State; Zip Code	Description (f travel outside of Texas,	complete Schedule T)	
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PLIRPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date >8-14 Amount (\$)	Candidate / Officeholder name Payee name Payee address; City; Category (See categories listed at the Candidate / Officeholder name) Payee name Payee address; City; Payee address; City;	State; Zip Code CO C C top of this schedule) To C C State; Zip Code C C C	Description (f travel outside of Texas,	complete Schedule T) Office held	
Date Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Amount (\$) Purpose OF Date Amount (\$) PURPOSE OF	Candidate / Officeholder name Payee name Category (See categories listed at the Category (See	State; Zip Code CO C C top of this schedule) State; Zip Code CC C State; Zip Code Cop of this schedule)	Description (f travel outside of Texas,	complete Schedule T) Office held	

SCHEDULE F

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Legal Services	Solicitation/Fundra Travel In District		, , ,	ment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political (
Fees	Printing Expense	Office Overhead/R	•	· ·	gory not listed above)
	The Instruction Guide	explains now to	complete this to		
1 Total pages Schedule F:	2 FILER NAME Brent Chesic	e×		3 ACCOUNT#	(Ethics Commission Filers)
4 Date	5 Payee name	7			
2-28-14	とごごナ		····		
6 Amount (\$)	7 Payee address; City; Star	te; Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the top	of this achedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
of Expenditure	Advertising		74		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sougi	nt	Office held
Date _	Payee name				
4-16-14	Steve (day: A	550Ciate	25		
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Amount (\$)	Payee address; City; Star	te; Zip Code			
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Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	<u></u>	Office sough	•	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDI II F A 9	NEEDED	
			:	الأما الأمامة الدارية	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

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 Expens Contributions/Donations Made By Candidate/Officeholder/Political Committ OTHER (enter a category not listed above)		
	The instruction Guide	explains now to	complete this to			
1 Total pages Schedule F:	2 FILER NAME	/		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Pavee name	scet_		L		
5.5.14	-					
6 Amount (\$)	7 Payee address; City: Str	ste: Zip Code		·		
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8 PURPOSE	(a) Category (See categories listed at the top	of this achedule)	(b) Description	(If travel outside of Texas, co	mplete Schedule T)	
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B Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held	
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5-13-14	Quadrant Prod	entions				
Amount (\$)		ate; Zip Code				
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)	
OF EXPENDITURE	Advotising		ナソの	roduction		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough		Office held	
Dute 5-14-14	Payee name Chowe 3 4	ニバン				
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8,512.75	5003 SPIG		Lt 180	111		
PURPOSE	Category (See categories listed at the top	of this schedule)		(If travel outside of Texas, co	mplate Schedule T)	
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	rt	Office held	
Date 5-14-14	Payee name KCS TV					
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3412.75	301 Actesi	on CC	N 78	401		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, oo	mplete Schedule T)	
OF EXPENDITURE	Avertisin		TU			
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held	
expenditure to benefit C/C						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						