

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: <div style="font-size: 2em; text-align: center;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.5em; text-align: center;">Mr. Brent</div> <hr/> NICKNAME LAST SUFFIX <div style="font-size: 1.5em; text-align: center;">Chesney</div>	OFFICE USE ONLY Date Received <div style="text-align: center; color: blue; font-weight: bold;">FILED FOR RECORD AT 11:21 A M</div> <div style="text-align: center; color: red; font-weight: bold;">JUL 15 2014</div> Date Hand-delivered or Postmarked By: <u>DIANA T. BARRERA</u> <small>Clerk, County Court, Nueces County, Texas</small> Receipt # <u>Deirane</u> Appointee Date Processed <u>Jamken</u> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.5em; text-align: center;">250 Cape May Corpus Christi, Tx 78412</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em; text-align: center;">(361) 334-1253</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.5em; text-align: center;">Mrs. Ashley</div> <hr/> NICKNAME LAST SUFFIX <div style="font-size: 1.5em; text-align: center;">Chesney</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.5em; text-align: center;">250 Cape May Corpus Christi, Tx 78412</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em; text-align: center;">(361) 334-1253</div>		
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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em; text-align: center;">5 / 17 / 14 THROUGH 7 / 13 / 14</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em; text-align: center;">11 / 4 / 14</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.5em; text-align: center;">None</div>	13 OFFICE SOUGHT (if known) <u>Nueces County Commissioner Precinct 4</u>	

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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

GENERAL

SPECIFIC

COMMITTEE NAME

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)

\$ 1,300

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 14,723.24

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1301.88

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4,000

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 15th day of July, 20 14, to certify which, witness my hand and seal of office.

Angelica Christensen

Signature of officer administering oath

Angelica Christensen

Printed name of officer administering oath

Notary Public

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: <u>1</u>	
2 FILER NAME <u>Brent Chesney</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>6-9-14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Deb: Jerry Shoemaker</u>	7 Amount of contribution (\$) <u>700.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>15218 Isla Pinta, CC TX 78418</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>7-10-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ruby: Frank Dodson</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5018 S. Oso Pkwy CC TX 78413</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5-17-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mallory: Paul Heath</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5005 Ocean CC TX 78412</u>		(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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 5-20-14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Chesney	9 Loan Amount (\$) 2,000
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 250 Cape May Corpus Christi TX 78412	10 Interest rate 1%
		11 Maturity date 7-31-14
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | 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 5-19-14		5 Payee name First Title Company			
6 Amount (\$) 928.74		7 Payee address; City; State; Zip Code 5402 Holly, Corpus Christi, TX 78411			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Reimbursements - signs		(b) Description (If travel outside of Texas, complete Schedule T) Signs - Arrow Display	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held 1340 S. Topper CC-TX 78404	
Date 5-17-14		Payee name Clear Channel			
Amount (\$) 1652.40		Payee address; City; State; Zip Code 501 Topper Corpus Christi, TX 78417			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Radio ads	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 5-19-14		Payee name Steve Ray Associates			
Amount (\$) 1,000		Payee address; City; State; Zip Code 2816 H-19th Street Waco, TX 76708 Suite C			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 5-19-14		Payee name Ashley Chesney			
Amount (\$) 1,000 1,075		Payee address; City; State; Zip Code 250 Cape Hwy Corpus Christi, TX 78412			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursements		Description (If travel outside of Texas, complete Schedule T) Island Urban advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held 15201 SP10 #250 78418	

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:		2 FILER NAME <i>Brent Chesney</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5-20-14</i>		5 Payee name <i>Ashley Chesney</i>			
6 Amount (\$) <i>3,971.01</i>		7 Payee address; City; State; Zip Code <i>250 Cape May, CC, TX 78412</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Reimbursements</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>6317 Harbach, 78417 Mailouts - several done cc.</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held <i>by interactive</i>	
Date <i>5-21-14</i>		Payee name <i>Time Warner</i>			
Amount (\$) <i>992.80</i>		Payee address; City; State; Zip Code <i>4455 SPID Corpus Christi, TX 78411</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>TV ads</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-21-14</i>		Payee name <i>Podre Island Bus. Association</i>			
Amount (\$) <i>162.00</i>		Payee address; City; State; Zip Code <i>14493 SPID APMB 313 CC, TX 78418</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Ad in monthly bulletin</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-23-14</i>		Payee name <i>Ashley Chesney</i>			
Amount (\$) <i>1,144.00</i>		Payee address; City; State; Zip Code <i>250 Cape May, CC, TX 78412</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Reimbursements</i>		Description (If travel outside of Texas, complete Schedule T) <i>South Jetty ads</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held <i>141 Collier, Port A 78373</i>	

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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:	2 FILER NAME <i>Brent Chesney</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5-20-14</i>	5 Payee name <i>Steve Ray Associates</i>	
6 Amount (\$) <i>700.00</i>	7 Payee address; City; State; Zip Code <i>2816 N. 19th St. Suite C, Waco, TX 76708</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5-25-14</i>	Payee name <i>Holly Williams</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>505 Peerman CC, TX 78411</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract labor</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5-27-14</i>	Payee name <i>Steve Ray Associates</i>	
Amount (\$) <i>800.00</i>	Payee address; City; State; Zip Code <i>2816 N. 19th Street Suite C Waco TX 76708</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting expense</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5-30-14</i>	Payee name <i>Ashley Chesney</i>	
Amount (\$) <i>957.96</i>	Payee address; City; State; Zip Code <i>250 Cape May, CC, TX 78412</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimbursements</i>	Description (If travel outside of Texas, complete Schedule T) <i>rebill cuts due by 12/1/2014</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held <i>6317 W. Waco 78417 CC TX</i>

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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:	2 FILER NAME <i>Brent Chesney</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6-16-14</i>	5 Payee name <i>Toucan Graphics</i>
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6 Amount (\$) <i>97.43</i>	7 Payee address; City; State; Zip Code <i>15201 SPIO #240A CC, TX 78418</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Graphic design</i>
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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 <i>6-16-14</i>	Payee name <i>365 Strategies</i>
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Amount (\$) <i>241.90</i>	Payee address; City; State; Zip Code <i>1001 Congress Suite 350 Austin, TX 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>phone banks</i>
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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 <i>6-16-14</i>	Payee name <i>Steve Ray Associates</i>
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Amount (\$) <i>750.00</i>	Payee address; City; State; Zip Code <i>2816 N. 19th St. Suite C Waco, TX 76708</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting expense</i>	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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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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