

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;">14</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Brent J ----- NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Chesney</div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY FILED FOR RECORD Date Received 2:40 PM <div style="text-align: center; color: red; font-size: 1.2em;">OCT 06 2014</div> DIANA T. BARRERA <small>Clerk, County Clerk, Neches County, Texas</small> Date Hand-Delivered or Postmarked Deputy </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged			
Receipt #	Amount										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">250 Cape May 78412 Corpus Christi, TX</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 334-1253										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Ashley ----- NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Chesney</div>										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">Same as above</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () Same as above										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 17 / 14 10 / 4 / 14										
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 14	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;">none</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Neches County Commissioner Precinct 4</div>									

GO TO PAGE 2

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)

\$ 33,075

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3082.46

CONTRIBUTION
BALANCE

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

\$ 30,493.54

OUTSTANDING
LOAN TOTALS

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

\$ 1,000

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 6th day of October, 2014, to certify which, witness my hand and seal of office.

Brinda Jones
Signature of officer administering oath

Brinda Jones
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: 11	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-17-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William R. Durrill	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 615 S. Upper Broadway CC, TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sico, White, Hoelscher, Bragg	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 802 N. Caracalva #900 CC, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ann: David Engel	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 230 Amistad CC, TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pat: Ben Wallace	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 N Shoreline #600 CC, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-21-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alan Stores	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)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-21-14	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 CC, TX 78412		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George S. Hawn	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 N Shoreline #600 CC, TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-23-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin: Amy Liles	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 123 Del Mar CC, TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-24-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie: Michael McIntz	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3344 Ocean Dr. CC, TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-25-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles C. Forbes Jr.	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 3529 Alice, TX 78333		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11

2 FILER NAME

Brent Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7-24-14

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

Harold Shockley, Jr.

6 Contributor address; City; State; Zip Code

6701 Shilling Way
CC, TX 78414

7 Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7-26-14

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

Millard Hammonds Sr.

Contributor address; City; State; Zip Code

4418 Ocean CC, TX
78411

Amount of contribution (\$)

1,000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-28-14

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

J. Ted Oakley

Contributor address; City; State; Zip Code

2930 Denver
CC, TX 78404

Amount of contribution (\$)

1,000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-28-14

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

Mary: Ron Park

Contributor address; City; State; Zip Code

1006 Luxor CC, TX
78412

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-30-14

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

John R. Carlson

Contributor address; City; State; Zip Code

5250 St-Andrews
CC, TX 78413

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 11

2 FILER NAME

Brent Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7-29-14

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

Cindy; Jason Ferguson

6 Contributor address; City; State; Zip Code

4949 Cherry Hills
CC, TX 78413

7 Amount of contribution (\$)

1,000

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7-30-14

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

Robert E. Parker

Contributor address; City; State; Zip Code

P.O. Box 8609
CC, TX 78469

Amount of contribution (\$)

1,000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

~~8-4-14~~
8-4-14

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

Lawrence R. Jones Jr.

Contributor address; City; State; Zip Code

911 Main St. #2200 64105
Kansas City, Missouri

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-7-14

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

E.V. Bonner Jr.

Contributor address; City; State; Zip Code

5142 Cape Fear
CC, TX 78412

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-2-14

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

Vanessa; Fred Braselton

Contributor address; City; State; Zip Code

6910 SM Palteas
CC, TX 78413

Amount of contribution (\$)

750

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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: 11	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-13-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hortline Dacus Berger Dreyer	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 800 H. Shoreline #2000 CC, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. O. B. and Virginia Vaughan	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5165 Ocean CC, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Guzman	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6129 Hustins CC, TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton H. Braselton	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5337 Yorktown CC, TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Jones	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3420 Ocean CC, TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-19-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Chris McClanahan	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 311 Saratoga CC, TX 78417		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-20-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Burns	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4823 Ocean CC, TX 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-20-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Gagan, Blair Sampson LLP	Amount of contribution (\$) 2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 H Shoreline CC, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-22-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Garza	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10201 Leeford CC, TX 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-22-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur J. Sedwick	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 N Carancahua #1400 CC, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-27-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaret Vaughan	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 505 Rawleigh CC, TX 78412		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-20-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Hicks	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5226 Greenbriar CC, TX 78415		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-22-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukerso Political Action Committee	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 69600 San Antonio, TX 78269		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-27-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzie Ralph Carey	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 29 Hewitt CC, TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-27-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Hunter	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable) 1,000. fundraiser food, drink
Contributor address; City; State; Zip Code 445 Cape Henry CC, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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1 Total pages Schedule A:

11

2 FILER NAME

Brent Chesrey

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-27-14

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

Elhira: Pal Chapa

6 Contributor address; City; State; Zip Code

8022 Saint Laurent
CC, TX 78414

7 Amount of contribution (\$)

500

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

8-27-14

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

Michelle Cary

Contributor address; City; State; Zip Code

6034 Pinehurst
CC, TX 78413

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-27-14

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

Jackie: John Michrel

Contributor address; City; State; Zip Code

3117 Seafoam
CC, TX 78418

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-27-14

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

Brida: Ray Jones

Contributor address; City; State; Zip Code

437 Delaire
CC, TX 78411

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-27-14

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

Karen: Don Winship

Contributor address; City; State; Zip Code

13509 Queen Jeanne
CC, TX 78418

Amount of contribution (\$)

50

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: 11	
2 FILER NAME Brent Chesney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8.27.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert F. Parker	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code P.O. Box 9609 CC, TX 78469	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8.26.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul D. Altschide	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 202 Del Mar CC, TX 78404	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8.20.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anirash Ahuja	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 500 N. Shoreline #322 CC, TX 78471	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8.29.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Chapa	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4610 Oso Pkwy CC, TX 78413	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9 ³ 18 .14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Dorrell	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6155 Upper Broadway CC, TX 78407	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11

2 FILER NAME

Brent Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-8-14

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

Robert N. Carrigan

6 Contributor address; City; State; Zip Code

3562 Santa Fe
CC, TX 78911

7 Amount of contribution (\$)

250

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

9-15-14

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

Carrie Scott Hentkamp

Contributor address; City; State; Zip Code

5318 Greenbriar
CC, TX 78413

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-14

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

Jessell McCaskey

Contributor address; City; State; Zip Code

13545 Port Royal Ct.
CC, TX 78418

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-14

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

Char & Cliff Attrip

Contributor address; City; State; Zip Code

358 University
CC, TX 78412

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-28-14

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

Kathleen Steven Holiday

Contributor address; City; State; Zip Code

41 Lakeshore Dr.
CC, TX 78413

Amount of contribution (\$)

150

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:

11

2 FILER NAME

Brent Chesney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-25-14

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

Pat: Shannon Wilde

6 Contributor address; City; State; Zip Code

Cape Henry CC, TX 78412

7 Amount of contribution (\$)

1,000

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

9-4-14

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

Mellean Durrell

Contributor address; City; State; Zip Code

615 S. Upper Broadway
CC, TX 78401

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-28-14

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

Helen Butch Pool

Contributor address; City; State; Zip Code

301 Cape Aron CC, TX 78412

Amount of contribution (\$)

In-kind contribution description (if applicable)

500
underwrite part of reception

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL 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) <i>1</i>
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4 Date <i>8-4-14</i>	5 Payee name <i>Brent Chesney</i>
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6 Amount (\$) <i>1,000</i>	7 Payee address; City; State; Zip Code <i>250 Cape May CC, TX 78412</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>partial repayment of loan</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-4-12</i>	Payee name <i>IBC</i>
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Amount (\$) <i>82.46</i>	Payee address; City; State; Zip Code <i>Shelburne CC-TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Purchase of company checks</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-28-14</i>	Payee name <i>Brent Chesney</i>
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Amount (\$) <i>1,000</i>	Payee address; City; State; Zip Code <i>250 Cape May CC, TX 78412</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	Description (If travel outside of Texas, complete Schedule T) <i>partial repayment</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>10-3-14</i>	Payee name <i>Brent Chesney</i>
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Amount (\$) <i>1,000</i>	Payee address; City; State; Zip Code <i>250 Cape May CC, TX 78412</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	Description (If travel outside of Texas, complete Schedule T) <i>partial repayment</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED