

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Brent MI: _____ NICKNAME: _____ LAST: Chesney SUFFIX: _____	OFFICE USE ONLY Date Received: FILED FOR RECORD AT 3:15 P M JAN 14 2015 KARA SANDS CLERK COUNTY COURT, LEBES COUNTY TEXAS BY: Rose Chapman Date Hand-delivered or Postmarked: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 250 Cape May APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: 78412 Corpus Christi, TX	Receipt #	Amount
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 334-1253 EXTENSION: _____	Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Ashley MI: _____ NICKNAME: _____ LAST: Chesney SUFFIX: _____	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): same as above APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE: () PHONE NUMBER: same as above EXTENSION: _____		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input 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: 10 / 5 / 14 THROUGH Month Day Year: 12 / 31 / 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): Mexes County Commissioner Precinct 4	13 OFFICE SOUGHT (if known): _____	

GO TO PAGE 2

2015-012

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1537.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 13th day of January, 20 15, 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: <u>2</u>	
2 FILER NAME <u>Brent Chesney</u>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/7/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sam L. Susser</u>		7 Amount of contribution (\$) <u>1000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>Po Box 9036 CC TX 78469</u>			(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date <u>10/20/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jon Huft</u>		Amount of contribution (\$) <u>300.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4122 Russell Dr CC TX 78408</u>			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <u>10/16/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carl Hellums</u>		Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Po Box 16046 81492 CC, TX 78468</u>			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <u>10/16/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dan Leyendecker</u>		Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>801 Navigation Blvd CC, TX 78408</u>			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <u>10/22/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TR2 PAC</u>		Amount of contribution (\$) <u>5000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Po Box 2246 Austin, TX 78768</u>			(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:	
2 FILER NAME <i>Brent Chesney</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12.11.14</i>	5 Full name of contributor <i>Lineburger</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>1500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, TX 78760</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10.4.14</i>	Full name of contributor <i>Steve Holiday</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>41 Lakeshore CG TX 78413</i>		(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)	

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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>10-23-14</i>	5 Payee name <i>Brent Chesney</i>
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6 Amount (\$) <i>1000.00</i>	7 Payee address; City; State; Zip Code <i>2500 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>loan repayment</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>partial repayment</i>
	<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>12.5.14</i>	Payee name <i>Gulf Business Printing</i>
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Amount (\$) <i>501.86</i>	Payee address; City; State; Zip Code <i>6317 Hanwick CC, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>fundraiser</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>12.5.14</i>	Payee name <i>12 Interactive</i>
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Amount (\$) <i>35.18</i>	Payee address; City; State; Zip Code <i>6317 Hanwick CC, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>email blast</i>	Description (If travel outside of Texas, complete Schedule T) <i>web email</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	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)
	<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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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)

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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>10-23-14</i>	5 Payee name <i>Brent Chesney</i>
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6 Amount (\$) <i>1000.00</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>loan repayment</i>	(b) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12.5.14</i>	Payee name <i>Gulf Business Printing</i>
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Amount (\$) <i>501.86</i>	Payee address; City; State; Zip Code <i>6317 Harwick CC, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>fundraiser</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>12.5.14</i>	Payee name <i>12 Interactive</i>
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Amount (\$) <i>35.18</i>	Payee address; City; State; Zip Code <i>6317 Harwick CC, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>email blast</i>	Description (If travel outside of Texas, complete Schedule T) <i>web email</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	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) <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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