

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) <i>10220</i> | 2 Total pages filed: <i>26</i> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <i>MR.</i> FIRST <i>Brent</i> MI | OFFICE USE ONLY <hr/> Date Received FILED FOR RECORD AT <i>10:46</i> ^{AM} JUL 07 2016 KARA SANDS CLERK, COUNTY COURT, NECES COUNTY, TEXAS BY <i>Renee Alvarez</i> DEPUTY | |
| | NICKNAME <i>Chesney</i> LAST SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>5402 Holly Suite 2202B Corpus Christi, TX 78411</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(361) 992-9198</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Mrs.</i> FIRST <i>Ashley</i> MI | Date Hand-delivered or Date Postmarked | |
| | NICKNAME <i>Chesney</i> LAST SUFFIX | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>same as above</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(361) 992-9198</i> | | |
| 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 <i>1 / 1 / 16</i> THROUGH <i>6 / 30 / 16</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>/ /</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| | 12 OFFICE OFFICE HELD (if any) <i>Neces County Commissioner Precinct 4</i> | 13 OFFICE SOUGHT (if known) <i>_____</i> | |

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2016-120

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Brent Chesney **15 Filer ID (Ethics Commission Filers)**

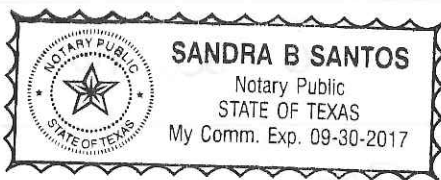
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | 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) | \$ 42,800 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 368.05 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 80,005 |
| 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 7 day of July, 2016, to certify which, witness my hand and seal of office.

Sandra B. Santos Sandra B. Santos Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|--|---|
| 19 FILER NAME Brent Chesney | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ — |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 1,331.33 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ — |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | | \$ — |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 368.05 368.05 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ — |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ — |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ — |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ — |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ — |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ — |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ — |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

2-4-16

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

Ann David Engel

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

230 Annistad, CC, TX 78404

8 Principal occupation / Job title (See Instructions)

Investor

9 Employer (See Instructions)

Self-employed

Date

2-5-16

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

Amy Reagan Brown

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

333 Cape May, CC, TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/5/16

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

Texas Association of Realtors

Amount of contribution (\$)

2,000

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/16

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

Marshall R Wilkerson

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

802 N. Carancahua #1500
CC, TX 78401

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 21 |
| 2 FILER NAME Brent Chesney | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-4-16 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin & Amy Liles 6 Contributor address; City; State; Zip Code 123 Del Mar, CC, TX 78404 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2-12-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert E. Parker Contributor address; City; State; Zip Code P.O. Box 9609 CC, TX 78469 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2-16-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol & Lee Stockseth Contributor address; City; State; Zip Code 8022 Marselle, CC, TX 78414 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2-15-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail & Derwood Anderson Contributor address; City; State; Zip Code P.O. Box 2682 CC, TX 78403 | Amount of contribution (\$) 500.00 |
| 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> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

2-16-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Ted Oakley

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

2930 Denver, CO TX 78404

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-8-16

Full name of contributor

out-of-state PAC (ID#: _____)

Kathy Rowling Squarek

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3712 Stratford Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-15-16

Full name of contributor

out-of-state PAC (ID#: _____)

Susan & Chip Bonner

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

5142 Cape Fear, CC, TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-13-16

Full name of contributor

out-of-state PAC (ID#: _____)

Linda & Charles Zahn

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2106 Highway 361 Suite C Port Aransas, TX 78373

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

2-15-16

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

Bonnie = John Taylor

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

P.O. Box 270965 CC, TX 78427

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-13-16

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

Ed = Gloria Hicks

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

5226 Greenbriar, CC, TX 78415

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-15-16

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

Pat = Shanna Urtibe

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

Cape Henry CC, TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-15-16

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

Alan Storey

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

242 Cape Hwy, CC, TX 78412

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

2-11-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Bob Hilliard

6 Contributor address;

City; State; Zip Code

719 S. Sterelink #500 CC, TX 78401

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-16-16

Full name of contributor

out-of-state PAC (ID#: _____)

Lara & Barry Andrews

Contributor address;

City; State; Zip Code

2730 Irving Blvd. Dallas, TX 75207

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-16

Full name of contributor

out-of-state PAC (ID#: _____)

Laurie & Michael Wintz

Contributor address;

City; State; Zip Code

3344 Ocean, CC, TX 78411

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-16

Full name of contributor

out-of-state PAC (ID#: _____)

Tom Carlisle

Contributor address;

City; State; Zip Code

500 N. Water #900 CC, TX 78401

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

2-16-16

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

Jessica: Parrill Berger

6 Contributor address; City; State; Zip Code

3703 W. Wacker, CC, TX 77006

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-19-16

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

Amenda: Howard Mintz

Contributor address; City; State; Zip Code

4895 Ocean, CC, TX 78412

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-16

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

Sam: Pat Susser

Contributor address; City; State; Zip Code

800 N Shoreline #2200N
CC, TX 78401

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-16

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

Peggy: Anirash Ahuja

Contributor address; City; State; Zip Code

500 N Shoreline #322
CC, TX 78471

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

2-15-16

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

Willard Hammonds, Sr.

6 Contributor address; City; State; Zip Code

4418 Ocean, CE, TX 78411

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-12-16

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

Harold Shockley Jr.

Contributor address; City; State; Zip Code

6701 Shilling Way, CE, TX 78414

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-16

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

Mrs. Ben Wallace

Contributor address; City; State; Zip Code

101 H Stocline #600, CE, TX 78401

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-16

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

George S. Hawn

Contributor address; City; State; Zip Code

101 H Stocline #600, CE, TX 78401

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

2-15-16

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

Sam L Susser

6 Contributor address; City; State; Zip Code

800 N Shoreline #2200 N CC TX 78401

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-22-16

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

Curtis Rock

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-23-16

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

Laura & Hugo Berlanga

Contributor address; City; State; Zip Code

28 Hewitt CC TX 78404

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-16

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

Joyce & Richard Pittman

Contributor address; City; State; Zip Code

14325 Caribe, CC TX 78418

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesref

3 Filer ID (Ethics Commission Filers)

4 Date

2-18-16

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

Bobbie: Troy Adler

6 Contributor address; City; State; Zip Code

7414 Leopardi CC, TX 78409

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-16-16

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

Shannon: Bryan Gulley

Contributor address; City; State; Zip Code

6421 Saratoga #101 CC, TX 78414

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-22-16

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

Cynthia: Wayne Lundquist

Contributor address; City; State; Zip Code

700 Ewot #111 CC, TX 78411

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-22-16

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

Vanessa: Fred Braselton

Contributor address; City; State; Zip Code

6910 Sir Pelteas, CC, TX 78413

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brant Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

2-25-16

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

Denise: Wayne Squires

6 Contributor address; City; State; Zip Code

3642 Aransas, CE, TX 78411

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-26-16

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

Raymond G. Gano

Contributor address; City; State; Zip Code

416 Starr St. CE, TX 78401

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-29-16

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

Sharon: Jim Sedwick

Contributor address; City; State; Zip Code

711 + Caracalua #1400 CE, TX 78401

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-6-16

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

Patricia: Buddy Bell

Contributor address; City; State; Zip Code

101 + Shoreline #210 CE, TX 78401

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

3-8-16

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

Asst. Mex. William Cooke, Jr.

6 Contributor address; City; State; Zip Code

241 Cape Aron, CC, TX 78412

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-11-16

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

Valero Political Action Committee

Contributor address; City; State; Zip Code

P.O. Box 69600, San Antonio, TX 78269

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-18-16

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

Annette: Melvyn Klein

Contributor address; City; State; Zip Code

210 Jackson, CC, TX 78411

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-20-16

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

Denise: Matt Blosser

Contributor address; City; State; Zip Code

320 E. Marbach Dr. CC, TX 78212

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

3-25-16

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

Bonnie: John Taylor

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

P.O. Box 270965 CE.TX 78427

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-29-16

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

Yolanda: Tony Canales

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. Box 5624 CE.TX 78465

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-29-16

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

Lauren: Mike Pedrotti

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3901 Rosebcr Rd. CE.TX 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-16

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

Chas: Cliff Attrip

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

358 University CE.TX 78412

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

3-31-16

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

Tim Lange

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

P.O. Box 260790 CC, TX 78426

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-31-16

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

Connie : Mike Scott

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

5548 County Rd 81 ~~CC~~ 78380
Robstown, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-29-16

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

Kathleen : Pat Horne

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. 8065 CC, TX
78426

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-16

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

Christina : Juan Reyna

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

7609 Outreau CC, TX 78414

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesnel

3 Filer ID (Ethics Commission Filers)

4 Date

4-1-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jackie & John Michael

6 Contributor address;

City; State; Zip Code

3117 Seaford Ct TX 78418

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-5-16

Full name of contributor

out-of-state PAC (ID#: _____)

Jessica & Tracey Bates

Contributor address;

City; State; Zip Code

430 Cape Hatteras Ct TX 78412

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-7-16

Full name of contributor

out-of-state PAC (ID#: _____)

Jennifer & Scott Meares

Contributor address;

City; State; Zip Code

433 Cape Cod, CC TX 78412

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-16

Full name of contributor

out-of-state PAC (ID#: _____)

LM-116rd Hammonds II

Contributor address;

City; State; Zip Code

4418 Ocean, CC TX 78412

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Drew Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

4-18-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Elizabeth & Fred Helderfels

6 Contributor address;

City; State; Zip Code

1204 Haute Lafite Dr. CC TX 78746

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-19-16

Full name of contributor

out-of-state PAC (ID#: _____)

Michelle & Phillip Ramirez

Contributor address;

City; State; Zip Code

322 Santa Monica, CC TX 78411

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-16

Full name of contributor

out-of-state PAC (ID#: _____)

Charles Forbes Jr.

Contributor address;

City; State; Zip Code

P.O. Box 3529 Alice, TX 78333

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-26-16

Full name of contributor

out-of-state PAC (ID#: _____)

Willard Hammonds Sr.

Contributor address;

City; State; Zip Code

4418 Ocean, CC TX 78411

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 21 |
| 2 FILER NAME Brent Chesney | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4-21-16 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard L. Bowers | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code P.O. Box 673, CC, TX 78403 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|---------------------------------------|
| Date 4-15-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Stocker | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code P.O. Box 60407 CC, TX 78466 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|---|---------------------------------------|
| Date 4-15-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory R. Smith | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 9197 SPFD CC, TX 78418 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|---|---------------------------------------|
| Date 4-21-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Adler | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code Rainbow Lane, CC, TX 78411 | | |
| 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

5-2-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Anni David Fregel

6 Contributor address;

City; State; Zip Code

230 Amistad CE, TX 78404

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-30-16

Full name of contributor

out-of-state PAC (ID#: _____)

Jon Hurt

Contributor address;

City; State; Zip Code

4122 Russell, CE, TX 78404

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-2-16

Full name of contributor

out-of-state PAC (ID#: _____)

Katherine: Daniel Pain

Contributor address;

City; State; Zip Code

4759 Ocean CE, TX 78412

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3-16

Full name of contributor

out-of-state PAC (ID#: _____)

Kathryn: Craig Thompson

Contributor address;

City; State; Zip Code

823 Furman, CE, TX 78404

Amount of contribution (\$)

300.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <u>21</u> |
| 2 FILER NAME <u>Brent Chesney</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>5-2-16</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer & Philip Skrobarczyk</u> 6 Contributor address; City; State; Zip Code <u>250 Delrose, CE, TX 78404</u> | 7 Amount of contribution (\$) <u>500.00</u> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <u>5-3-16</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brinda & Ray Jones Jr.</u> Contributor address; City; State; Zip Code <u>437 Delaine, CE, TX 78411</u> | Amount of contribution (\$) <u>300.00</u> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <u>4-11-16</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lineberger, Goggen Blair & Sampson</u> Contributor address; City; State; Zip Code <u>P.O. Box 17428 CE, TX 78760</u> | Amount of contribution (\$) <u>1,000</u> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <u>5-3-16</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Blaira & Pat Crapp</u> Contributor address; City; State; Zip Code <u>8022 Saint Laurent, CE, TX 78414</u> | Amount of contribution (\$) <u>500.00</u> |
| 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> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Robert Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

5-4-16

5 Full name of contributor

John Walls

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,000

6 Contributor address;

5801 SPID #01 CC TX 78412

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-3-16

Full name of contributor

Janet Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

3420 Ocean, CC TX 78411

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3-16

Full name of contributor

Amenda; Steve McClure

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.00

Contributor address;

3461 Ocean, CC TX 78411

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-9-16

Full name of contributor

William Goldstein

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

13721 Tajamar CC TX 78418

City; State; Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Bart Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

5-7-16

5 Full name of contributor

David Owen

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

P.O. Box 3087 CC, TX 78463

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-13-16

Full name of contributor

Tiffany; Laurence Valls

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

312 Beerman CC, TX 78411

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-15-16

Full name of contributor

Doug Allison

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

403 H Tarahva CC, TX 78401

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-12-16

Full name of contributor

Bart Braselton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

5337 Yorktown, CC, TX 78413

City; State; Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

6-10-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Ron Guzman

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

6129 Hastings Ct, TX 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-28-16

Full name of contributor

out-of-state PAC (ID#: _____)

Freeze: Michels PAC

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4055 International Plaza #200
Ft. Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-1-16

Full name of contributor

out-of-state PAC (ID#: _____)

Brenda: Richard Walls

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

P.O. Box 2505 CC, TX 78403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-22-16

Full name of contributor

out-of-state PAC (ID#: _____)

Margaret Ramsey Dun & Blair

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

123 N. Carrizo St. CC, TX 78401

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 | |
| 2 FILER NAME Brent Chesney | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 5-3-16 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Hunter | 8 Amount of Contribution \$ 1,331.33 | 9 In-kind contribution description fundraiser food expense bar |
| 7 Contributor address; City; State; Zip Code 445 Cape Henry, CC TX 78412 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | |

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: | |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| | 7 Pledgor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | |
|--|--|--|-------------------------------|---------------|
| 1 Total pages Schedule F1: <u>1</u> | 2 FILER NAME <u>Brent Chesney</u> | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date <u>5-8-16</u> | 5 Payee name <u>Gulf Business Printing</u> | | | |
| 6 Amount (\$) <u>368.05</u> | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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