

# 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)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">24</div>														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> NICKNAME: _____ FIRST: <u>Brent</u> LAST: <u>Chesney</u> MI: _____ SUFFIX: _____	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received  <div style="text-align: center;">                     FILED FOR RECORD                      AT <u>10:45 M</u>  <u>Am</u>                      JAN 22 2018                      KARA SANDS                      CLERK COUNTY CLERK ALBES COUNTY TEXAS                      BY: <u>[Signature]</u> </div> Date Hand-delivered or Date Postmarked  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">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 <u>5366 McArdle Suite 104</u> <u>Corpus Christi, TX 78411</u>																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 992-9198</u>																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs.</u> NICKNAME: _____ FIRST: <u>Ashley</u> LAST: <u>Chesney</u> MI: _____ SUFFIX: _____	Receipt # Amount \$ Date Processed Date Imaged															
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>same address as above</u>																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 992-9198</u>																
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input 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 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)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">1</td> <td style="text-align: center;">17</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">17</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	1	17		12	31	17
Month	Day	Year	THROUGH	Month	Day	Year											
7	1	17		12	31	17											
11 ELECTION	ELECTION DATE Month Day Year <u>11 / / 2018</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special															
12 OFFICE	OFFICE HELD (if any) <u>Muesses County Commissioner</u> <u>Precinct 4</u>	13 OFFICE SOUGHT (if known) <u>Muesses County Commissioner</u> <u>Precinct 4</u>															

GO TO PAGE 2

2018-026

# 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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	na
<input type="checkbox"/> SPECIFIC	
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)	\$ 25,725
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8126.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 135,894.85
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 19<sup>th</sup> day of January, 2018, to certify which, witness my hand and seal of office.

Sandra B. Santos  
Signature of officer administering oath

Sandra B. Santos  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Brent Chesney</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>25725</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>n/a</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS <i>n/a</i>	\$ <i>n/a</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>8126.56</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS <i>n/a</i>	\$ <i>n/a</i>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS <i>n/a</i>	\$ <i>n/a</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD <i>n/a</i>	\$ <i>n/a</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS <i>n/a</i>	\$ <i>n/a</i>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH <i>n/a</i>	\$ <i>n/a</i>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS <i>n/a</i>	\$ <i>n/a</i>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER <i>n/a</i>	\$ <i>n/a</i>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>Brent Chesney</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/6/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Raymond Guzman</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>416 Starr St CC, TX 78401</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dee-Dee's Matre Squires</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>3642 Aronka CC, TX 78411</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/26/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Bowers</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 673 CC, TX 78403</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/25/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Char: Cliff Atch</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>358 University, CC, TX 78413</b>		
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:
2 FILER NAME Brent Chesney		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon & Jim Sedweck 6 Contributor address; City; State; Zip Code 711 N. Carancahua CC, TX 78401	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine & Daniel Dain Contributor address; City; State; Zip Code 4759 Ocean CC, TX 78412	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie & Michael Mintz 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 11/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina & Simon Purcell Contributor address; City; State; Zip Code 5314 Woodridge CC, TX 78413	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Brent Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/12/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bobbie &amp; Troy Adler</i> 6 Contributor address; City; State; Zip Code <i>7414 Leopard CC TX 78409</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/13/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia &amp; Ben Wallace</i> Contributor address; City; State; Zip Code <i>101 N. Shoreline #600 CC TX 78401</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/15/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Parker</i> Contributor address; City; State; Zip Code <i>7501 Up River CC TX 78409</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/15/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alan Stores</i> Contributor address; City; State; Zip Code <i>242 Cape May CC TX 78412</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <i>Brent Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/6/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaye : Carl Hellums</i> 6 Contributor address; City; State; Zip Code <i>5402 Holly CC TX 78411</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/7/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann : David Engel</i> Contributor address; City; State; Zip Code <i>230 Armistad CC TX 78404</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/6/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marshall : Kristy Wilkerson</i> Contributor address; City; State; Zip Code <i>803 N. Coronado CC TX 78401</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/6/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linette Lundquist</i> Contributor address; City; State; Zip Code <i>700 Everett Rd. Suite F116 CC TX 78411</i>	Amount of contribution (\$) <i>250.00</i>
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:
2 FILER NAME <i>Brat Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/5/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Carlson</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>5250 St. Andrews Ct TX 78413</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/6/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Carlisle</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>500 N. Weber #900 CC.TX 78401</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/6/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catherine Sam L. Sures</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>800 N. Sterline # 3000 N. CC.TX 78401</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/5/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sean Mintz</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>102 Amistad CC.TX 78404</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Brant Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/3/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Annette Mel Klein</i> 6 Contributor address; City; State; Zip Code <i>210 Jackson Place CC, TX 78411</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/6/2017</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Claudia Tommy Dorsey</i> Contributor address; City; State; Zip Code <i>3526 S. Alameda CC TX 78411</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/6/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Clavel</i> Contributor address; City; State; Zip Code <i>3526 S. Alameda CC TX 78411</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/7/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cindy Jason Ferguson</i> Contributor address; City; State; Zip Code <i>4949 Cherry Hills CC TX 78413</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <i>Brant Chesny</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/7/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bounce: John Taylor</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; <i>34</i> City; State; Zip Code <i>4455 SPID CE TX 78411</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/7/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Janna: David Schwyz</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; <i>er</i> City; State; Zip Code <i>7005 SCHWYZ CE TX 78414</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/7/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <del>Lincoln</del> <i>Lindsey: Todd Pritchard</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>5858 SPID CE TX 78412</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/7/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kasie: Chase Carlisle</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>418 Cape Cod, CE TX 78412</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Brant Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/5/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marshall = Mark Stockseth</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>4825 Enotet #5 CC TX 78411</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/9/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>T. Helma; Charles Mandel</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>28 Great Lakes Dr. CC TX 78413</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/30/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gabi + Alfred Heilold</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>13742 Cayo Goodact CC TX 78418</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/4/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzanne = Nicholas Taylor</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>5413 Presler CC TX 78413</i>		
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.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Brent Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/4/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shirley &amp; Robert Thornton</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>1917 Woodcrest Ct TX 78418</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/5/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lineberger Gordon Blair &amp; Son</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>8022 <del>Blair</del> Saint Laurent Ct TX 78017</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/5/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Blair: Paul Chapa</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>8022 Saint Laurent Ct TX 78017</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/15/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barton Braselton</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>5337 Yachtman, Ct TX 78413</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Brant Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/12/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anthony Kevin Hiles</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>123 Del Mar Ct. TX 78404</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/15/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Philip Ramirez</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>3751 S. Alameda CC.TX 78411</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/14/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vanessa = Fred Braselton</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>6910 Sir Palms CC.TX 78413</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/14/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Crystal = John Vells</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>5601 SPID #01 CC.TX 78412</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

*19050*

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Brook Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/16/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Lange</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>6902 King Arthur CC TX 78413</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/18/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brona: Richard Wells Jr.</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>201 Leming CC TX 78404</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/18/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tiffany Larroze Valls</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>5717 Lago Vista CC TX 78414</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/12/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa McLaughlin</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>4409 Tansard CC TX 78115</i>		
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.

*21050*

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Brent Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/14/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darrell Berger</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>3703 W. Crofton Dr. Houston TX 77005</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/12/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer: Philip Skrobaczynk</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>250 Madrose Ct. TX 78404</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/13/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Todd Hulse Jr.</i>	Amount of contribution (\$) <i>75.00</i>
Contributor address; City; State; Zip Code <i>500 Humber #800 CC. TX 78401</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/14/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer: Darrell Perrin</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>404 P. DeWitt. Port Neches TX 78374</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

23125

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Brent Chesney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bess: Kyle Trammell</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>30005 PFD CC, TX 78415</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1-10-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ashey: Will Cooke</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>36 Hewitt CC, TX 78404</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1-10-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andy Tashman</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>5601 SPIRIT #D-204 CC, TX 78412</i>		
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 (\$)
Contributor address; 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.

*25152*



# 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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Brent Chesney	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 8-3-17	<b>5</b> Payee name Nueces County				
<b>6</b> Amount (\$) 1500.00	<b>7</b> Payee address; City; State; Zip Code Leopard CC, TX 78401				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) reimbursement for marketing expenses	<b>(b)</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%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Donation	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%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contribution	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%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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2250

# 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: 2 FILER NAME *Grant Chesney* 3 Filer ID (Ethics Commission Filers)

4 Date *9-7-17* 5 Payee name *Grant Catere*

6 Amount (\$) *100.00* 7 Payee address; City; State; Zip Code *CC, TX*

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Contribution* (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *9-13-17* ~~100.00~~ Payee name *Michelle Matthews*

Amount (\$) *100.00* Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Harvey relief, contribution* Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *9-14-17* Payee name *Annapolis Christian Academy*

Amount (\$) *500.00* Payee address; City; State; Zip Code *CC, TX*

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Donation* Description  Check if travel outside of Texas. Complete Schedule T.  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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*2950*

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Brent Chesney</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>9-14-17</i>	<b>5</b> Payee name <i>Agape Ranch</i>				
<b>6</b> Amount (\$) <i>500.00</i>	<b>7</b> Payee address; City; State; Zip Code				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Donation</i>	<b>(b)</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%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>9-14-17</i>	Payee name <i>Steve Ray Associates</i>				
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting Expenses</i>	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%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>9-14-17</i>	Payee name <i>Bucareer Commission</i>				
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	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%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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*2/10/18*

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Scott Chesnut</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10-2-17</i>	<b>5</b> Payee name <i>Republican Women of Huesco's County</i>	
<b>6</b> Amount (\$) <i>200.00</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>contribution/donation</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
<b>Date</b> <i>10-2-17</i>	<b>Payee name</b> <i>South Jeff City Newspaper</i>	
<b>Amount (\$)</b> <i>208.00</i>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
<b>Date</b> <i>11-15-17</i>	<b>Payee name</b> <i>Huesco County Republican Party</i>	
<b>Amount (\$)</b> <i>1250.00</i>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>filing fee</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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# 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:	2 FILER NAME <i>Grant Chesney</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-15-17</i>	5 Payee name <i>Harris County Sheriffs Officers Assoc.</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Donation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>11-17</i>	Candidate / Officeholder name <i>Sheri Hergrove</i>	
Amount (\$) <i>175.00</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation - Harvey relief</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>11-20-17</i>	Candidate / Officeholder name <i>Hannah Chipman</i>	
Amount (\$) <i>80.00</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Reimbursement for a contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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6517

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Drew Chesney</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-21</i>	<b>5</b> Payee name <i>Toucan Graphics</i>	
<b>6</b> Amount (\$) <i>138.56</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing expense for banners</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11-27-17</i>	Payee name <i>Hannah Chipman</i>	
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>contract labor</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11-27</i>	Payee name <i>Fbr Bluff Business Association</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# 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:	2 FILER NAME <i>Boat Chesney</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <i>12-15-17</i>	5 Payee name <i>Hannah Chipman</i>
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6 Amount (\$) <i>200.00</i>	7 Payee address; City; State; Zip Code
--------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Contract labor</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-12-17</i>	Payee name <i>POCA</i>
-------------------------	---------------------------

Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code
------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation Christmas food delivery</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-12-17</i>	Payee name <i>Charity League</i>
-------------------------	-------------------------------------

Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code
------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> 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

770154

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Dora Cherry</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>12-14-17</i>	<b>5</b> Payee name <i>NAACP</i>				
<b>6</b> Amount (\$) <i>300.00</i>	<b>7</b> Payee address; City; State; Zip Code				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Donation</i>	<b>(b)</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%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>12-14-17</i>	Payee name <i>Mbats family fund</i>				
Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation</i>	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%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	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%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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