

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: 24 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Mr. FIRST: Brent MI: J NICKNAME: _____ LAST: Chesney SUFFIX: _____ | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5366 McArdle Suite 104 Corpus Christi, TX | Date Received FILED FOR RECORD AT 4:08 P M JUL 13 2017 KARA SANDS CLERK COUNTY COURT, ANNECES COUNTY, TEXAS BY: <i>C. Caldwell</i> DEPUTY | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 992-9198 | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Mrs. FIRST: Ashley MI: _____ NICKNAME: _____ LAST: Chesney SUFFIX: _____ | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Same as #4 above | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 739-7422 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 1 / 1 / 17 6 / 30 / 17 | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | 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) Nueces County Commissioner Precinct 4 | 13 OFFICE SOUGHT (if known) _____ | |

GO TO PAGE 2

2017-048

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) | \$ 36,250 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1013.92 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 118,991.41 |
| 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 13 day of July, 2017, 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 <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 | \$ |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ n/a |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ n/a |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ n/a |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ n/a |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ n/a |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ n/a |
| 10. | <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ n/a |
| 11. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ n/a |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ n/a |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 16 |
| 2 FILER NAME Brent Chesney | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3-6-17 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa; Fred Braselton | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 6910 Sic Palapas CC, TX 78413 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3-6-17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pct: Shannon Wilde | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 4333 Cape Henry, CC, TX 78412 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3-6-17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauree; Mike Mintz | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 3344 Ocean CC, TX 78411 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3-6-17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Carlisle | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 500 N. Water #900 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: |
| 2 FILER NAME <i>Brent Chesref</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-6-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DeeDee: INAYRE SQUIRES</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>3642 Aransas, CC, TX 78411</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-6-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marshall: MERV STOCKSETH</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>4501 Spanish Oaks Club B AUSTIN, TX 78378</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-6-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Parker</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>14934 Santa Gertrudis CC, TX 78410</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-6-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bonnie: John Taylor</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>6901 Sir Gerard CC, TX 78418</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.

MONETARY POLITICAL CONTRIBUTIONS

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| 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>3-6-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doug Allison</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>403 N. Trenchard CC, TX 78401</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-6-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristy Marshall Walker</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>802 N. Carancahua #1500 CC, TX 78401</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-6-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catherine Sam Susser</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>800 N. Starline 2200 N. CC, TX 78401</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-6-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann David Engel</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>230 Aristed CC, TX 78404</i> | | |
| 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

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| 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>3-9-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Annette i. Mel Klein</i> 6 Contributor address; City; State; Zip Code <i>210 Jackson 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>3-9-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karina: Chase Carlisle</i> Contributor address; City; State; Zip Code <i>418 Cape Cod CC, TX 78412</i> | Amount of contribution (\$) <i>500.00</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-9-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ted Oakley</i> Contributor address; City; State; Zip Code <i>2930 Denver CC, TX 78404</i> | Amount of contribution (\$) <i>300.00</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-9-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harold Shackley</i> Contributor address; City; State; Zip Code <i>6701 Skilling Way, CC, TX 78414</i> | Amount of contribution (\$) <i>500.00</i> |
| 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

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| 2 FILER NAME <i>Brent Chesney</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-9-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amy : Kevin Liles</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>3-9-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carol : Lee Stockseth</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>8022 Marseille Dr. CC TX 78414</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-9-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alan Stores</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>242 Cape May CC TX 78412</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-9-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Belinda : Freddie Gonzalez</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>2202 Golliver Rd CC TX 78415</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

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| 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>3-9-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrs. Mrs. Philip Ramirez</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>3751 S. Alameda CC, TX 78411</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-17-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Char: Cliff Atrip</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>358 University, CC, TX 78412</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-17-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lia: Tim Lange</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>6902 King Arthur CC, TX 78413</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-17-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jana: David Schuyf</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>7005 Dutton CC, TX 78414</i> | | |
| 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

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| 4 Date <i>3-17-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ashley: Will Coker</i> | 7 Amount of contribution (\$) <i>750.00</i> |
| 6 Contributor address; City; State; Zip Code <i>36 Hewitt CC, TX 78404</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-17-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darrell Berger</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>3703 UNCOXTON, HEWITT TX 77005</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-17-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria & Ed Hicks</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>5226 Greenbriar, CC, TX 78413</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4-13-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yolanda & Tony Carates</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>14 Hewitt CC, TX 78404</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME <i>Brent Chesney</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4-13-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hueces County Sheriff's Office</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>P.O. Box 704, CCTX 78403 PAC Association</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>4-13-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bart Braselton</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>5337 Yorktown, CCTX 78413</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4-13-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vol Pac</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 696000, San Antonio TX 78269</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4-25-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Association of Realtors</i> | Amount of contribution (\$) <i>5,000.00</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 2246, Austin, TX 78768</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>4-25-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Moses Matoghashi</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>5 Barhe Doc West CC TX 78414</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>4-25-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott : Jennifer Mearns</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>433 Cape Cod CC TX 78412</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>5-18-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cinda : Jason Ferguson</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>4949 Cherry Hills, CC TX 78413</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>5-17-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gail : Derwood Anderson</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>409 Grant CC TX 78411</i> | | |
| 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

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| 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>5-18-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raymond C. M. M. C.</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>301 Jackson Pl. CE, TX 78401</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>5-18-17</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 thru #100 CE, TX 78401</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>5-18-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jackie & John Michael</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>3117 Stamford CE, TX 78418</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>5-18-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda & Charlie Zahn</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>2106 Highway 361 # C Part A, TX 78373</i> | | |
| 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: |
| 2 FILER NAME <i>Brent Chesney</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5-18-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dick Bowers</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 673 1009 State CC TX 78403</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>5-18-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Valls</i> Contributor address; City; State; Zip Code <i>5601 SPED D #1 CC TX 78412</i> | Amount of contribution (\$) <i>500.00</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>5-18-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer: Damon Perrin</i> Contributor address; City; State; Zip Code <i>44 Hewitt CC TX 78404</i> | Amount of contribution (\$) <i>500.00</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>5-18-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peggy: Avirash Ahuja</i> Contributor address; City; State; Zip Code <i>500 H. Starck #322 CC TX 78471</i> | Amount of contribution (\$) <i>500.00</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.

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 5-18-17 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayre: Cynthia Lundquist 6 Contributor address; City; State; Zip Code 4466 Ocean Ct, TX 78412 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 5-18-17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie: Troy Adler Contributor address; City; State; Zip Code 5712 S. Osophway Ct, TX 78414 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5-18-17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica: Zach G. Ingate Contributor address; City; State; Zip Code 219 Leaning Ct, TX 78404 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5-19-17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lia: Tim Lange Contributor address; City; State; Zip Code 6902 King Arms, CE, 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:

2 FILER NAME

Brent Chesrey

3 Filer ID (Ethics Commission Filers)

4 Date

5-19-17

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

Ann: David Coover

6 Contributor address; City; State; Zip Code

921 H. Chaparral #102 CC, TX 78401

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-19-17

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

John Carlson

Contributor address; City; State; Zip Code

5250 Saint Andrews CC, TX 78413

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-19-17

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

Fred Hebbelink IV

Contributor address; City; State; Zip Code

~~5250~~ 1204 House LaFite, CC, TX 78416

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-1-17

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

Katherine: Daniel Rain

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)

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

6-1-17

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

Helen; Beach Pool

6 Contributor address; City; State; Zip Code

301 Cape Aron, CE, TX 78412

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-2-17

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

Claudia Reyes

Contributor address; City; State; Zip Code

5850 S Staples CE, TX 78413

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-12-17

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

Patricia; Buddy Bell

Contributor address; City; State; Zip Code

3017 Ocean CE, TX 78418

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-12-17

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

Lineberger Attorneys

Contributor address; City; State; Zip Code

500 N. Shoreline CE, TX 78401

Amount of contribution (\$)

1000

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

6-12-17

5 Full name of contributor

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

VICTIM: Paul Chery

6 Contributor address;

City; State; Zip Code

8022 Saint Laurent Ct TX 78414

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-12-17

Full name of contributor

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

Chris: Robert Adler

Contributor address;

City; State; Zip Code

Rainbow Lane, CC, TX

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-12-17

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

6-15-17

Full name of contributor

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

Connie: Debbie Scott

Contributor address;

City; State; Zip Code

638 Shazline Circle Port Aransas TX 78378

Amount of contribution (\$)

1,000

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 <i>Grant Chesney</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6-15-17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joyce: Richard Pittman</i> | 7 Amount of contribution (\$) <i>300.00</i> |
| 6 Contributor address; City; State; Zip Code <i>14325 Caribe CC, TX 78418</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>6-30-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catherine: Devin Garza</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>2521 Ionian Cove Austin, TX 78730</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>6-30-17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaret Jones</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>3420 Ocean CC, TX 78411</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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>1</u> | |
| 2 FILER NAME <u>Boat Chesret</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <u>5-13-17</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Alexis : Todd Hunter</u> | 8 Amount of Contribution \$ <u>1400.94</u> | 9 In-kind contribution description <u>underwrite fundraiser reception</u> |
| 7 Contributor address; City; State; Zip Code | | <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) | | | |
| <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> | | | |

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | |
|---|---|---|------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: 4 | |
| 2 FILER NAME Beate Chesney | | 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#: _____) Ann & Reagan Braun | 8 Amount of Pledge \$ 500.00 | 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#: _____) Sharda & Bill Purcell | Amount of Pledge \$ 500.00 | 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#: _____) Liana & Arnold Gonzalez | Amount of Pledge \$ 500.00 | 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#: _____) Sharon & Bryan Gulley | Amount of Pledge \$ 500.00 | 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) | |

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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 <i>Brat Chesrey</i> | | 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#: _____) <i>Charlie Forbes</i> | 8 Amount of Pledge \$ <i>500.00</i> | 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#: _____) <i>Marlene B. Boy Henson</i> | Amount of Pledge \$ <i>500.00</i> | 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#: _____) <i>Stephanie John Martinez</i> | Amount of Pledge \$ <i>500.00</i> | 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#: _____) <i>Lauren Mike Pedroni</i> | Amount of Pledge \$ <i>500.00</i> | 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) | |

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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 <i>Grant Chesney</i> | | 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#: _____) <i>Christina; Juan Peyra</i> | 8 Amount of Pledge \$ <i>500.00</i> | 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#: _____) <i>Jennifer; Curtis Reck</i> | Amount of Pledge \$ <i>500.00</i> | 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#: _____) <i>Jerry; Philip Skodercyk</i> | Amount of Pledge \$ <i>500.00</i> | 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: | 2 FILER NAME <i>Brent Chesney</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------------|---------------------------------------|

| | |
|-------------------------|--|
| 4 Date <i>3-1-17</i> | 5 Payee name <i>Republican Party of Texas</i> |
|-------------------------|--|

| | |
|--------------------------------|--|
| 6 Amount (\$) <i>500.00</i> | 7 Payee address; City; State; Zip Code |
|--------------------------------|--|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contribution</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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date <i>5-16-17</i> | Payee name <i>Golf Business Systems</i> |
|------------------------|--|

| | |
|------------------------------|--------------------------------------|
| Amount (\$) <i>513.92</i> | Payee address; City; State; Zip Code |
|------------------------------|--------------------------------------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Mail piece expenses for Fundraiser</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 ONLY if direct expenditure to benefit C/OH | 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 |
|-------------------------------|--|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED