## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

		-		
The C/OH Instruction	Guide explains how to complete	1 -	ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME H. SUZANI	ne,		Date Received
	NICKNAME LAST	. 1	SUFFIX	13.13 14.10 17.10
	V-1	1-1		TARR ZONIFE
	nei	1Ey	·	I Salas Salas
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE#;	CITY;	STATE; ZIP CODE	PIN N
MAILING				Date Hand-delivered or Postmarked
ADDRESS				
change of address				Receipt # Amount
5 CANDIDATE/	ADEA CODE DIONE NUMBER		EXTENSION	
OFFICEHOLDER PHONE				Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST		MI	Date Imaged
TREASURER		P		
NAME	NICKNAME LAST	<u> </u>	SUFFIX	
	Crow	n le		
	C/OV	<u> </u>		
7 CAMPAIGN	OTDEET ADDRESS (AIO DO BOY DI CASE).	ADT / OLDTE #	OID/ CTATE	70.000
TREASURER ADDRESS				
(residence or business)				
8 CAMPAIGN	AREA CODE PHONE NUMBER		EXTENSION	
TREASURER PHONE				
9 REPORT TYPE	January 15 30th day	before election	Runoff	15th day after campaign
			<b>_</b>	treasurer appointment (officeholder only)
	July 15 📈 8th day I	before election	Exceeded \$500	Final report (Attach C/OH - FR)
			- limit	
10 PERIOD	Month Day Year		Month Day	Year
COVERED	01/24/2014	THROUGH	02/22	•
	01/27/2011			2011
11 ELECTION	ELECTION DATE ELE  Month Day Year —	ECTION TYPE		
	ι , Ιν	Primary	Runoff	General Special
'	03/04/2014   *			
40.055:05	OFFICE HELD (if any)	14	3 DEELCE SOUCHT (FIL-	
12 OFFICE	OFFICE HELD (if any)	11.	Torcoat of	inty Commissioner,
			aran wa	
			Hecinat	2
		GO TO PAGE 2		
		CO TO FAGE	<b>-</b>	

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME H.C	Suzanne	Kelley	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		TAR 2011
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	TEB 27
		COMMITTEE CAMPAIGN TREASURER ADDRESS	1:5
17 CONTRIBUTION TOTALS	t e e e e e e e e e e e e e e e e e e e	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 1 2
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,872.88
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	ZED \$ - D
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,690.27
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	AY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$2,860.00
18 AFFIDAVIT		I swear or affirm under penalty of	perjury, that the accompanying report
		•	information required to be reported by
S SY PU		me under Title 15, Election Code.	7
I SOUTH	RRIE A. BJORKLU	ND B	/10
	Notary Public STATE OF TEXAS	B Now I want	XOU(bu
A PROFES M	y Comm. Exp. 03/29/20	118 B TONDYN UN	Charles .
manana	uuuuuuuu	Signature of Cand	lidate or Officeholder
			$\smile$
AFFIX NOTARY STAM		7/ 6 - 2/11	
		me, by the said 7. Suzanne Kell	
<b>3</b> 6 day	of Jebrua	, 20 14 , to certify which, witness m	y hand and seal of office.
Junio.	Sjorklund	Terrie A. Bjorklund Printed name of officer administering path	Notary of Texas  Title of officer administering oath
Signature of officer adm	inistering oath	Ennied harne of officer administering caur	Title of officer authinistering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	iedule A:
2 FILER NAME	H.Suzanne Kelleg		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_  JackiesSmith	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/27/14	6 Contributor address; City; State; Zip Code 8101 Elle Circle, Swite 401		\$40.00	
-	Foet North, TX 76120		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description description description
01/30/14	Thong Bui			SE ST
0.[50](	Contributocaddress; City; State; Zip Code	_	e1'000'00	Signal of
	Gedar Hill, TX 75704-24			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	77 53 E
Date	Full name of contributor 🗆 out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/31/14	contributor address; City: State; Zip Code 3020 Motock Road, Stute	200	\$5,000,00	signs
	Arlington, TX 7605	property		of Texas, complete Schedule T)
Principal occup	pation ( Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/31/14	Contributor address; City; State; Zip Code 2215 Bol Nak Deuve		*247.88	Feder Copies
	Arlington, TX 76002		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	yr Toddo, domproto dell'addi.
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
62/09/14	Hung Dang contributor address; City: State; Zip Code 3020 Matlock Road, Suite	200		Fundraiser Host
	Arlington, TX 7605			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME H.SU	izanne Kelley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/9/14	Carolyn McHaney 6 contributor address; City; State; Zip Code 6416 Big Dat Court		\$100.00	
	Arlington, X 76001		(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Trinh & Hai Hoang	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/9/14	Contributor address: City: State: Zip Code 3220 York Drive Mansfield, TX 76063		* 100.00	77 TARRAGE TO TEXAS, complete Schedule-T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Tracks, complete scriedate 1)
	Hetailer	DWNer	1	
Date	Full name of contributor   out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/9/14	Emily Darg contributor address; city; state; zip code 5924 Forest River Drive Fort Worth, TX 76112		\$100. <u>00</u>	1 10g
	TOP THE PARTY		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#_William 6. Sandlin		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/9/14	Contributor address; City: State; Zip Code 802 Valley Daks Court		*60.00	
	Arlington TX 7602		(If trave) autoido	of Toyon, complete Schodule T
Principal occup	pation / Job title (See Instructions) RetiRed	Employer (See I		of Texas, complete Schedule T)
Data	Full name of contributor  out-of-state PAC (ID#	\	Amount of	In-kind contribution
Date	Zenobia Davison		contribution (\$)	description (if applicable)
2/9/14	Contributor address: City: State: Zip Code 1400 Bockwith Drive		\$25.00	
	Arlington, 1X 76010		(If traval autoida	of Tayas, complete Schadule T
Principal occup	Dation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	· · · · · · · · · · · · · · · · · · ·			

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME H.S	uzanne Kelley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Gout-of-state PAC (ID#:_ Con * Thoi Thi Hoam		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/9/14	6 Contributor address; City; State; Zip Code 530 Winston Street		<del>\$</del> 200.00	
	Grand Prairie, IX 75052		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
26/11	Ty Ngo	: 		(,
219/14	Contributor address; City; State; Zip Code	169	\$100.00	
	Arlington, TX 76010-6	0856	(If travel outside o	of Texas complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See I	777	<b>F</b> 3
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of 📆	
2/0/14	Trinh Pham		contribution (\$)	description (# applicable)
219/17	Contributor address; City; State; Zip Code		\$200.00	<b>2</b> 90
	2506 Esquire Drive		2000 m	And the second of the second o
	Arlington, 1X 76018-190	U	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Jobititle (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/	Joe McHoney Contributor address; City; State; Zip Code	· · · · · · · · · ·	オート カク	Dia /
2/17	6416 Big Oak Court		300.00	uniune
	Arlington TX 76001			Advertisement
Dringing	pation / Job title (See,Instructions)	Employer (See I		of Texas, complete Schedule T)
Principal occup	Real Estate	Dwiner		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pa	ges Schedule E:
2 FILER NAME	1. Suzanne Kelley		3 ACCOU	NT # (Ethics Commission Filers)
тота	L OF UNITEMIZED LOANS:	\$\ \$\ \$\ \$\ \$\	Û	\$
5 Date of loan 01-25-14	7 Name of lender H. Suzanne Kelley	out-of-state PAC (ID#:	)	9 Loan Amount (\$) 760.00
6 Is lender a financial Institution?	P.D. Box 14123, Arling	zip Code Ion, TX 76094		10 Interest rate  11 Maturity date
Y (N)	9			,
	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15 Check if personal funds were	e deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender [	out-of-state PAC (ID#:	AY:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate.  Maturity date
Y N	on / Job title (See Instructions)	Employer (See Instructions)		
, morpai occupati	on , cop the (oss manachons)	Employer (occ maractions)	The second second	84101 1.53
Description of Colla	ateral	Check if personal funds were	deposited	into political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see insti	ES OF THIS SCHEDULE AS NEE		uirements.

#### **POLITICAL EXPENDITURES**

SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	H. Buzanne Kelley	<b>3</b> A	CCOUNT # (Ethics Commission Filers)
4 Date 01/27/14	Party City		
6 Amount (\$) 9 68.44	7 Payee address: City; State; Zip Code 2215 S. Cooper Street Arlington, IX 7603		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Event Expenses		side of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 01/28/14	Office Depot Store #130		
Amount (\$) \$78.94	Payee address: City: State: Zip Code 3611 S. Cooper Street Arlington, TX 76015		TARRA ZONFEB ELECTION
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule 1)
OF EXPENDITURE	Office Expense	Supplies.	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Offiee held
Date 01/29/14	Criental Trading Company	, Inc.	53
Amount (\$) \$ 158.33	Payee address: City: State: Zip code of 4206 South 1004h Street Omaha, NE 68137-1215		;
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)
OF EXPENDITURE	Event Expenses	Patriotic giv	reaways
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date 01/29/14	Fast Signs - N. Arlington		
Amount (\$)  * [63.08	Payee address; City; State; Zib Code 803 E. Lamar Blvd. Arlington, TX 76011		
PURPOSE OF EXPENDITURE	Category (see categories listed at the top of this schedule)  EVENT EXPENSE	Banner	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	)

Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

## **POLITICAL EXPENDITURES**

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re explains how to co	ing Expense Tra Co ct ntal Expense OT	an Repayment/Reimb ansportation Equipme intributions/Donations Candidate/Officehold HER (enter a catego	nt & Related Expense Made By er/Political Committee
1 Total pages Schedule F:	<sup>2</sup> FILER NAME H. SUZANNE	1 4 . 4	4.419.414	3 ACCOUNT # (E	hics Commission Filers)
4 Date 02/14	Pantego Finance				
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
\$45.9 <u>0</u>	Arlington, TX 140	13-2299			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Office Overhead	of this schedule)	(b) Description (If the	avel outside of Texas, con	plete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
	771				2
Date 02/13/14	The Home De Pot			: C	F 25
Amount (\$)	Payee address; City; Sta	te; Zip Code	· <del>-</del>		N ==
505.41	201 Koad to Six 1 Arlination, TX 76	-lags West		95	
	Category (See categories listed at the top	•		5	
PURPOSE OF EXPENDITURE	Advertising	of this schedule)	Sign Su	avel outside of Texas, son	plete.Schedule-T)
Complete ONLY if direct	Candidate / Officeholder name		Office sought	9	Office held
expenditure to benefit C/O				<u> </u>	
02/14/14	Payee name #70				
Amount (\$) 52.58	Payee address; City; Sta 2210 West Park Pante 60, TX 7601	te Zip Code ROW			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	avel outside of Texas, con	plete Schedule T)
OF EXPENDITURE	Event Expense		tolice L	unch # ]	)inner
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date 12014	Starbucks Sto	re#1070t	)		·
Amount (\$) 15. 67	Payee address: City: Sta 1440 S. Bowen Arlington, TX 70	te, zip code Road LoDB			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If tra	avel outside of Texas, com	plete Schedule T)
EXPENDITURE	Event Expense		venity ively	MUNITIOUS	1100.
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought		Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NE	EDED	

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

# **POLITICAL EXPENDITURES**

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/Rexplains how to	ising Expense trict Rental Expense	Transportation Contributions/ Candidate/ OTHER (enter	ent/Reimbursement n Equipment & Related Expense Donations Made By 'Officeholder/Political Committee r a category not listed above)
1 Total pages Schedule F:	2 FILER NAME H.Suzanne Ke	lley		3 ACCC	OUNT # (Ethics Commission Filers)
01/31/14	Political Lawn 8	enaid	-	AY:	TARR 2014 FE
6,288.13	Payee address; Averye 916 Byrd Averye Neellah, WI 54	e; Zip Code , 966			FILE RANT C TEB 27
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside o	f Texas complete Schedule T)
EXPENDITURE	Advertising Expe	nse	Signs	<b>)</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officebolder name OH		Office sough	t	Office held
O1/31/14	Payee name Fed EX			4	
Amount (\$)	Payee address; City; Star	te; Zip Code			
9247,88	1400 E. Copeland Arlington, TX 761	Ka. N-495A			
PURPOSE	Category See categories listed at the top of	of this schedule)	Description	(If travel outside o	f Texas, complete Schedule T)
OF EXPENDITURE	trinting Expense	•	Hlyer	S.	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate Officeholder name		Office sough	t	Office held
Date 02/04/14	Payee name AISD			Manufacture Manufa	
Amount (\$) \$528. \( \frac{50}{2} \)	1230 W. Lioneer	e; Zip Code TKWY. 6013			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside o	f Texas, complete Schedule T)
OF EXPENDITURE	Advertising	·	Upen Ke	cords	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t	Office held
Date 02/09/14	Payee name Kroggrs				
Amount (\$)		e; Zip Code			
₹33. 0 <del>7</del>	301 S. Bowen Koz	7d 13			
PURPOSE	Category (See categories listed at the top of	of this schedule)	,		f Texas, complete Schedule T)
OF EXPENDITURE	Event Expense		Teach	er Bre	aktaet
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	····	Office sough	t	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS	NEEDED	

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

# **POLITICAL EXPENDITURES**

# SCHEDULE F

Advertising Expense	The state of the s	Salaries/Wages/Co		an Repayment/Reimbursement	
Accounting/Banking Consulting Expense	•	Solicitation/Fundrai Travel In District	• ,	ansportation Equipment & Related Exponentials (Page 1997)	ense
Event Expense	- · · · · · · · · · · · · · · · · · · ·	Travel Out Of Distr		ntributions/Donations Made By Candidate/Officeholder/Political Comi	mittee
Fees	- ·	Office Overhead/Re		HER (enter a category not listed above	
	The Instruction Guide e	explains how to c	complete this form.		
1 Total pages Schedule F:	2 FILER NAME	1 ,		3 ACCOUNT # (Ethics Commission	Filers)
	H. SUZANNE Keli	ley			
4 Date	5 Payee name	1			
02/22/2014	Fed Ex Office	***************************************			
6 Amount (\$)	1 1	e; Zip Code			
\$5 H 94	1400 E. Copelard	Kuda			
( . —	Arlington, IX 76	<u> </u>			
8 PURPOSE	(a) Category (See categories listed at the top o	f this schedule)		ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Office Overhead		Facsimil	1e	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	
expenditure to benefit C/C	)H				
Date	Payee name			,	
Amount (\$)	Payee address; City; State	e; Zip Code			
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (If tra	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	
expenditure to benefit C/C	<b>/Н</b>			PY: ELE 20 T	
expenditure to benefit C/C	Payee name				ALL TOWNS AND A STATE OF THE ST
	· .				are established to the second state of
	Payee name	e; Zip Code		R RR	STATE OF THE STATE
Date	Payee name	e; Zip Code		RRRANT C	
Date	Payee name	e; Zip Code	•	FOR STEVE	
Date	Payee name		Description (If tr	Tavel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF	Payee name Payee address; City; State		Description (If tr	ravel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF EXPENDITURE	Payee name  Payee address; City; State  Category (See categories listed at the top of			ravel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF	Payee name  Payee address; City; State  Category (See categories listed at the top of Candidate / Officeholder name)		Description (If to	ravel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  Payee address; City; State  Category (See categories listed at the top of Candidate / Officeholder name)			ravel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Payee name  Payee address; City; State  Category (See categories listed at the top of the category)  Candidate / Officeholder name			ravel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Payee name  Payee address; City; State  Category (See categories listed at the top of the categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the category (See categories listed			ravel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Payee name  Payee address; City; State  Category (See categories listed at the top of the categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the category (See categories listed	of this schedule)		ravel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Payee name  Payee address; City; State  Category (See categories listed at the top of the categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the category (See categories listed	of this schedule)		ravel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Payee name  Payee address; City; State  Category (See categories listed at the top of the categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the category (See categories listed	of this schedule)	Office sought	ravel outside of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Payee name  Payee address; City; State  Category (See categories listed at the top of the categories listed at the top of the categories listed at the top of the category (See categories listed at the category (See categories li	of this schedule)	Office sought	ravel outside of Texas, complete Schedule T)  Office held	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  Payee address; City; State  Category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the category (See categories listed at the top of the category (See categories listed at the categories listed at the categories listed at the categories listed at the categories lis	of this schedule)	Office sought	ravel outside of Texas, complete Schedule T)  Office held	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF EXPENDITURE	Payee name  Payee address; City; State  Category (See categories listed at the top of the control of the contro	e; Zip Code	Office sought  Description (If to	ravel outside of Texas, complete Schedule T)  Office held  Office held	
Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  Payee address; City; State  Category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the top of the category (See categories listed at the category (See categories listed at the top of the category (See categories listed at the categories listed at the categories listed at the categories listed at the categories lis	e; Zip Code	Office sought  Description (If to	ravel outside of Texas, complete Schedule T)  Office held  Office held	