

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

15 ACCOUNT # (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

GENERAL

SPECIFIC

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

\$ 70.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,520.00

EXPENDITURE
TOTALS

3 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5,551.80

CONTRIBUTION
BALANCE

5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 118.83

OUTSTANDING
LOAN TOTALS

6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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

B. Quake

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jean Quake, this the 14th day of July, 20 14, to certify which, witness my hand and seal of office.

Jennifer K. Walters
Signature of officer administering oath

Jennifer K. Walters
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

Jean B. Schaake

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/5/14

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

Pete Kamp

6 Contributor address: City; State; Zip Code

110 Frair Truck Circle Denton TX 76209

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/5/14

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

Charles Parker

Contributor address: City; State; Zip Code

1524 Hunters Ridge Cir Denton TX 76205

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/14

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

J.V. Strange

Contributor address: City; State; Zip Code

531 N. Locust Denton, TX 76201

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/14

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

Chris Arrington - Salon La Page

Contributor address: City; State; Zip Code

2900 Wind River Lane # Denton TX 76210
140

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/14

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

Mary Jo Rawlings

Contributor address: City; State; Zip Code

1329 Ruidosa Ct Denton TX 76205

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/8/14	Herbert Schaatke Contributor address: City: State: Zip Code 28 Timbergreen Denton 76205	500	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/8/14	Joe Roy Contributor address: City: State: Zip Code 32 Oak Forrest Denton 76210	\$1,000	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/20	John Beasley Contributor address: City: State: Zip Code 3808 Montecito Denton 76205	\$500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/20	Lamar Ball Contributor address: City: State: Zip Code 4850 Plaza Dr Irving TX 75063	\$2,000	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/20	Shirley Combrell Contributor address: City: State: Zip Code 1 Rolling Hills Denton TX 76205	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: _____ 2 FILER NAME: **Sean Schaake** 3 ACCOUNT # (Ethics Commission Filers): _____

4 Date: **5/8/14** 5 Payee name: **The Crouch Group**

6 Amount (\$): **\$2,801.80** 7 Payee address; City; State; Zip Code: **300 N Carroll Denton TX 76201**

8 PURPOSE OF EXPENDITURE: **Advertising-Printing**
 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
 Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

9 Complete ONLY if direct expenditure to benefit C/OH

Date: **5/8** Payee name: **The Crouch Group**

Amount (\$): **\$ 750** Payee address; City; State; Zip Code: **300 N Carroll Denton TX 76201**

PURPOSE OF EXPENDITURE: **Advertising**
 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Complete ONLY if direct expenditure to benefit C/OH

Date: **5/8** Payee name: **The Crouch Group**

Amount (\$): **\$1,000.00** Payee address; City; State; Zip Code: **300 N Carroll Denton TX 76201**

PURPOSE OF EXPENDITURE: **Consulting**
 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Complete ONLY if direct expenditure to benefit C/OH

Date: **5/6/14** Payee name: **The Crouch Group**

Amount (\$): **\$1,000** Payee address; City; State; Zip Code: **300 N Carroll Denton, TX 76201**

PURPOSE OF EXPENDITURE: **Advertising**
 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED