

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">10</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">H. Suzanne</div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Kelley</div>	OFFICE USE ONLY Date Received BY: <i>[Signature]</i> 2011 FEB 27 TARRANT COUNTY FILED STATE ELECTIONS ADMINISTRATION Date Hand Delivered or Postmarked 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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Jodie</div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Crowe</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
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 type="checkbox"/> July 15 <input checked="" 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 <div style="font-size: 1.5em;">01 / 24 / 2014 THROUGH 02 / 22 / 2014</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">03 / 04 / 2014</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em;">Tarrant County Commissioner, Precinct 2</div>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME H. Suzanne Kelley **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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED
 TARRANT COUNTY
 2014 FEB 27 AM 7:53
 STATE CLERK
 ELECTIONS ADMINISTRATION
 R.V.

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)	\$ 7,872.88
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,690.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,860.00

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.

H. Suzanne Kelley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said H. Suzanne Kelley, this the 26 day of February, 20 14, to certify which, witness my hand and seal of office.

Terrie A. Bjorklund
Signature of officer administering oath

Terrie A. Bjorklund
Printed name of officer administering oath

Notary of Texas
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: 3	
2 FILER NAME H. Suzanne Kelley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Smith	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8101 Elle Circle, Suite 401 Fort Worth, TX 76120		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) NA	
Date 01/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thong Bui	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) signs
Contributor address; City; State; Zip Code 1713 High Valley Lane Cedar Hill, TX 75104-2405		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) NA	
Date 01/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hung Dang	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) signs
Contributor address; City; State; Zip Code 3020 Matlock Road, Suite 200 Arlington, TX 76015		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self	
Date 01/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Crone	Amount of contribution (\$) \$247.88	In-kind contribution description (if applicable) FedEx Copies & Mail
Contributor address; City; State; Zip Code 2215 Bolivar Drive Arlington, TX 76002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) NA	
Date 02/09/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hung Dang	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable) Fundraiser Host
Contributor address; City; State; Zip Code 3020 Matlock Road, Suite 200 Arlington, TX 76015		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self	

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 H. Suzanne Kelley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn McHaney 6 Contributor address; City; State; Zip Code 6416 Big Oak Court Arlington, TX 76011	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) AISD	
Date 2/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinh & Hai Hoang Contributor address; City; State; Zip Code 3220 York Drive Mansfield, TX 76063	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retailer		Employer (See Instructions) Owner	
Date 2/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Dang Contributor address; City; State; Zip Code 5924 Forest River Drive Fort Worth, TX 76112	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William G. Sandlin Contributor address; City; State; Zip Code 802 Valley Oaks Court Arlington, TX 76012	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 2/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zenobia Davison Contributor address; City; State; Zip Code 1400 Backwith Drive Arlington, TX 76010	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AISD	

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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 H. Suzanne Kelley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Con # Thai Thi Hoang 6 Contributor address; City; State; Zip Code 530 Winston Street Grand Prairie, TX 75052	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Veteran		10 Employer (See Instructions)	
Date 2/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ty Ngo Contributor address; City; State; Zip Code 1953 Park Avenue, South #169 Arlington, TX 76010-6856	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Veteran		Employer (See Instructions)	
Date 2/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trinh Pham Contributor address; City; State; Zip Code 2506 Esquire Drive Arlington, TX 76018-1900	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Veteran		Employer (See Instructions)	
Date 2/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe McHoney Contributor address; City; State; Zip Code 6416 Big Oak Court Arlington, TX 76001	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) On-line Advertisement
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) owner	
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 (if applicable)
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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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

H. Suzanne Kelley

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

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?

Y N

8 Lender address; City; State; Zip Code

P.O. Box 14123, Arlington, TX 76094

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Teacher

13 Employer (See Instructions)

AKSD

14 Description of Collateral

none

15 Check if personal funds were 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 Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

FILED
ARRINGTON COUNTY
FEB 27 2014
7:53 AM
STEVE H. BROWN
ELECTIONS ADMINISTRATOR

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME H. Suzanne Kelley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 01/27/14	5 Payee name Party City
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6 Amount (\$) \$68.44	7 Payee address; City; State; Zip Code 2215 S. Cooper Street Arlington, TX 76013
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expenses	(b) Description (If travel outside of Texas, complete Schedule T) Patriotic giveaways
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/28/14	Payee name Office Depot Store #130
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Amount (\$) \$78.94	Payee address; City; State; Zip Code 3611 S. Cooper Street Arlington, TX 76015
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Supplies
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/29/14	Payee name Oriental Trading Company, Inc.
-------------------------	---

Amount (\$) \$158.33	Payee address; City; State; Zip Code 4206 South 100th Street Omaha, NE 68137-1215
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expenses	Description (If travel outside of Texas, complete Schedule T) Patriotic giveaways
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/29/14	Payee name Fast Signs - N. Arlington
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Amount (\$) \$163.08	Payee address; City; State; Zip Code 803 E. Lamar Blvd. Arlington, TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Banner
------------------------	--	--

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>H. Suzanne Kelley</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>02/12/14</i>	5 Payee name <i>Pantego Finance Unit</i>
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6 Amount (\$) <i>\$45.90</i>	7 Payee address; City; State; Zip Code <i>Arlington, TX 76013-2299</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Postage</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>02/13/14</i>	Payee name <i>The Home Depot</i>
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Amount (\$) <i>\$505.41</i>	Payee address; City; State; Zip Code <i>201 Road to Six Flags West Arlington, TX 76011</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Sign Supports & Ties</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>02/14/14</i>	Payee name <i>Braum's #70</i>
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Amount (\$) <i>52.58</i>	Payee address; City; State; Zip Code <i>2210 West Park Row Pantego, TX 76013</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Police Lunch & Dinner</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>02/16/2014</i>	Payee name <i>Starbucks Store # 10700</i>
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Amount (\$) <i>15.07</i>	Payee address; City; State; Zip Code <i>1440 S. Bowen Road Arlington, TX 76013</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Valley Neighborhood Assoc.</i>
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Complete ONLY 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

FILED
 TARRANT COUNTY
 2014 FEB 27 AM 11:58
 STATE ADOPTIVE
 ELECTIONS ADMINISTRATION

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME H. Suzanne Kelley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/31/14		5 Payee name Political Lawn Signs		FILED TARRANT COUNTY 2014 FEB 27 AM 7:58 STEVE ANTHONY ELECTIONS ADMINISTRATOR	
6 Amount (\$) \$6,288.13		7 Payee address; City; State; Zip Code 916 Byrd Avenue Neenah, WI 54956			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 01/31/14		Payee name FedEx			
Amount (\$) \$247.88		Payee address; City; State; Zip Code 1400 E. Copeland Rd. Arlington, TX 76011-4954			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Flyers.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 02/04/14		Payee name AISD			
Amount (\$) \$28.50		Payee address; City; State; Zip Code 1230 W. Pioneer Pkwy. Arlington, TX 76013			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Open Records	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 02/09/14		Payee name Krogers			
Amount (\$) \$33.07		Payee address; City; State; Zip Code 301 S. Bowen Road Arlington, TX 76013			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Teacher Breakfast	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>H. Suzanne Kelley</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>02/22/2014</i>	5 Payee name <i>Fed Ex Office</i>	
6 Amount (\$) <i>\$4.94</i>	7 Payee address; City; State; Zip Code <i>1400 E. Copeland Road Arlington, TX 76011</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Facsimile</i>
9 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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

FILED
 TARRANT COUNTY
 2014 FEB 27 AM 7:53
 STATE ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED