

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:																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr</td> <td>Jeffrey</td> <td>J</td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: small;">LAST</td> <td style="border-top: 1px dashed black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Keech</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Jeffrey	J	NICKNAME	LAST	SUFFIX		Keech		OFFICE USE ONLY							
MS / MRS / MR	FIRST	MI																			
Mr	Jeffrey	J																			
NICKNAME	LAST	SUFFIX																			
	Keech																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX:</td> <td style="width:10%; font-size: small;">APT / SUITE #:</td> <td style="width:15%; font-size: small;">CITY:</td> <td style="width:10%; font-size: small;">STATE:</td> <td style="width:35%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">502 Creekside drive Murphy, Tx, 75094</td> </tr> </table>	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	502 Creekside drive Murphy, Tx, 75094					Date Received									
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">AREA CODE</td> <td style="width:35%; font-size: small;">PHONE NUMBER</td> <td style="width:45%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(817)</td> <td>8329908</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(817)	8329908		Date Hand-delivered or Date Postmarked													
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(817)	8329908																				
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr</td> <td>Craig</td> <td></td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: small;">LAST</td> <td style="border-top: 1px dashed black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Chonko</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Craig		NICKNAME	LAST	SUFFIX		Chonko		Receipt #	Amount \$						
MS / MRS / MR	FIRST	MI																			
Mr	Craig																				
NICKNAME	LAST	SUFFIX																			
	Chonko																				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">7909 Constitution Drive Plano, Tx 75025</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	7909 Constitution Drive Plano, Tx 75025												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:15%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> </tr> <tr> <td>10</td> <td>30</td> <td>22</td> <td></td> <td>11</td> <td>8</td> <td>22</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	10	30	22		11	8	22				
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="width:15%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> <td style="width:15%; font-size: small;">Primary</td> <td style="width:15%; font-size: small;">Runoff</td> <td style="width:15%; font-size: small;">Other Description</td> </tr> <tr> <td>11</td> <td>8</td> <td>22</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	Primary	Runoff	Other Description	11	8	22	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Wylie ISD Trusted place 2																			
14 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.																				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME																			
	GENERAL	COMMITTEE ADDRESS																			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																			
		COMMITTEE CAMPAIGN TREASURER ADDRESS																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

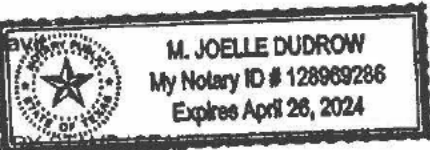
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 99.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Jeffrey Keech
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affirmation



NOTARY

Sworn to and subscribed before me by Jeffrey Keech this the 17th day of January, 2023, to certify which, witness my hand and seal of office.

M. Joelle Dudrow Signature of officer administering oath
M. Joelle Dudrow Printed name of officer administering oath
 Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jeffrey Keech and my date of birth is [REDACTED]
 My address is 502 Creekside Dr Murphy Tx 75099
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
 (month) (year)

Jeffrey Keech
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jeffrey Keen

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.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jeffrey Keech		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) David Cox	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 1900 Hidden Fairway Dr, Wylie, TX 75098	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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

If the requested information is not applicable, DO NOT include this page in the report.

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 Jeffrey Keech	3 Filer ID (Ethics Commission Filers)
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4 Date 10/30/2022	5 Payee name We The People WAM
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6 Amount (\$)	7 Payee address; 1732 Boxwood Ln Wylie Tx 75098	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Flyers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/02/2022	Payee name ANEDOT
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Amount (\$) 3.60	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description transaction processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/02/2022	Payee name ANEDOT
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Amount (\$) 1.30	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description transaction processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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