

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	MS / MRS / MR Mr	FIRST Jeffrey	MI J
	NICKNAME	LAST Keech	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY, STATE, ZIP CODE		
	502 Creekside drive Murph, Tx 75094		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 8329908	EXTENSION
	6 CAMPAIGN TREASURER NAME		
	MS / MRS / MR Mr	FIRST Craig	MI
	NICKNAME	LAST Chonko	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY, STATE, ZIP CODE		
	7909 Constitution Drive Plano, Tx 75025		
8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 6906809	EXTENSION
	9 REPORT TYPE		
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only)			
<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year
	7	28	22
		THROUGH	
		Month	Day
		10	6
		Year	Year
		22	22
11 ELECTION	ELECTION DATE		
	Month	Day	Year
		11	8
		22	
		ELECTION TYPE	
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
		Other Description	
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known)		
		Wylie ISD Trustee 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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	We the People Wylie and Murphy	
		COMMITTEE ADDRESS	
		2005 Highland Drive Wylie tx 75098	
		COMMITTEE CAMPAIGN TREASURER NAME	
	Michael Schwerin		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	2005 Highland Drive Wylie tx		
GO TO PAGE 2			
			75098

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

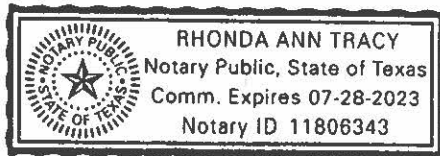
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Jeffrey Keech		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,352.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,290.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jeffrey Keech this the 7th day of October,
2022, to certify which, witness my hand and seal of office.
Rhonda Ann Tracy Rhonda Ann Tracy Asst to the Supt
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____
 _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____
 _____ (month) _____ (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jeffrey Keech

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,750.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,750.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,357.56
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.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 12.17
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: 5
2 FILER NAME Jeffrey Keech		3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Craig Chonko	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 7909 Constitution Drive, Plano, TX 75025		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) EFI
Date 08/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Jonathan Goodale	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 4504 Sterling Ln, Plano, TX 75093		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Whitt Behr	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1315 Salado Dr, Allen, TX 75013		
Principal occupation / Job title (See Instructions) Clinical Specialist		Employer (See Instructions) livaNova
Date 08/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Natalie Orduna	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1402 Powell St, San Francisco, CA 94133		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Kaiser

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

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 08/29/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Jonathan Boos 6 Contributor address; City; State; Zip Code PO Box 495072, Garland, TX 75049	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) business Owner		9 Employer (See Instructions) J2B Holdings, LLC
Date 08/27/2022	Full name of contributor out-of-state PAC (ID#: _____) Steve Lako Contributor address; City; State; Zip Code 600 Pineland Pl, Macon, GA 31220	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Georgia Foot and Ankle
Date 08/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Geraldine Keech Contributor address; City; State; Zip Code 17 Sheasby Rd, Ansonia, CT 06401	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Scott Jones Contributor address; City; State; Zip Code 2708 Piersall Dr, McKinney, TX 75072	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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

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 09/11/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Mac Ganoo	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 522 Waters Edge Way Murphy Tx 75094		
8 Principal occupation / Job title (See Instructions) Sr Manager		9 Employer (See Instructions) Fossil
Date 09/02/2022	Full name of contributor out-of-state PAC (ID#: _____) Chris Pangborn	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7524 Courtney Cir, Sachse, TX 75048		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Government
Date 09/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Jinger Lord	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1211 Huntington Drive, Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Kids Minister		Employer (See Instructions) CityBridge Community Church
Date 09/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Chris Hyland	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code Martha Avenue, Sachse, TX 75048		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Copper Leaf Technologies

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

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 08/20/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Kim Crouch	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 17198 Foxtrot Way, Conroe, TX 77302		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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

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

08/11/2022

5 Full name of contributor

Jeffrey Keech

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

6 Contributor address;

City;

State;

Zip Code

502 Creekside drive Murphy, Tx 75094

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

Software developer

9 Employer (See Instructions)

SAP Concur

Date

09/01/2022

Full name of contributor

Brian Kelly

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

Contributor address;

City;

State;

Zip Code

69 North Stowe Place Trumbull Ct 06611

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

Synchrony Financial

Date

10/04/2022

Full name of contributor

Stephen Spencer

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

Contributor address;

City;

State;

Zip Code

4791 Harbor Point drive Port Charlotte, Fl 33952

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Dermatologist

Employer (See Instructions)

Advanced Dermatology and Cosmetic Surgery

Date

10/04/2022

Full name of contributor

Brian Keech

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

Contributor address;

City;

State;

Zip Code

925 South Pennsylvania street Denver Co 80209

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Anaesthetist

Employer (See Instructions)

Denver Health

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

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 A2: 2	
2 FILER NAME Jeffrey Keech		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/28/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Elliott	8 Amount of Contribution \$ 1,000.00	9 In-kind contribution description Domain Name Assistance
7 Contributor address; City; State; Zip Code 5825 Vineyard Lane Mckinney Tx 75070		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) IT		11 Employer (FOR NON-JUDICIAL)(See Instructions) DocuSign Inc	
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)			
07/28/2022	<input type="checkbox"/> Rachel Elliott	Amount of Contribution \$ 4,000.00	In-kind contribution description Website Design
Contributor address; City; State; Zip Code 5825 Vineyard Lane Mckinney Tx 75070		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Swim Instructor		Employer (FOR NON-JUDICIAL)(See Instructions) Self Employed	
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>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Jeffrey Keech		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 6,750.00	
5 Date 08/01/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacquelyn Abreu-Hill	8 Amount of Contribution \$ 750.00	9 In-kind contribution description Sign Design
	7 Contributor address; City; State; Zip Code 1806 Saxon Drive Houston Tx 77018		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Safety Engineer		11 Employer (FOR NON-JUDICIAL)(See Instructions) ENI USA	
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)			
07/28/2022	<input type="checkbox"/>	Amount of Contribution \$ 1,000.00	In-kind contribution description Head Photographs
	Contributor address; City; State; Zip Code 5825 Vineyard Lane McKinney Tx 75070		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Swim Instructor		Employer (FOR NON-JUDICIAL)(See Instructions) Self employed	
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)			

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)
4 Date 09/07/2022	5 Payee name We the People WAM	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 1732 Boxwood In Wylie Tx 75098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/08/2022	Payee name Wylie Chamber of Commerce	
Amount (\$) 30.00	Payee address; City; State; Zip Code 307 north ballard street, Wylie Tx 75098	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Wylie Rodeo ticket
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/15/2022	Payee name MinuteMan Press	
Amount (\$) 1,227.56	Payee address; City; State; Zip Code 1502 W University Dr Suite 111 McKinney Tx 75069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2022	5 Payee name Anedot	
6 Amount (\$) 101.90	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting Banking	(b) Description Banking fees
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 09/16/2022	Payee name Gibraltar Security Consultants	
Amount (\$) 100.00	Payee address; City; State; Zip Code 14860 Montfort Drive Suite 206 Dallas Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Background Check Fee
	Check if travel outside of Texas. Complete Schedule T. 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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Jeffrey Keech	3 Filer ID (Ethics Commission Filers)
4 Date 08/11/2022	5 Payee name GoDaddy.com	
6 Amount (\$) 12.17 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe Az 85248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Hosting
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

Jeffrey Keech

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below *only* if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section *only* if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder