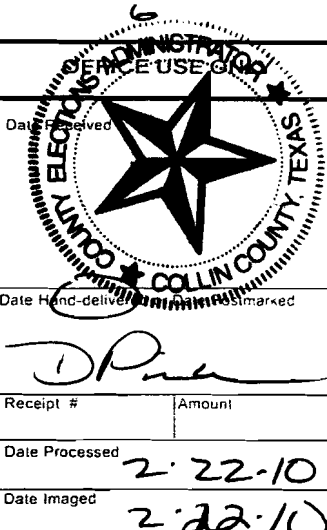


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

ORIGINAL

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
KELLEY ADLEY			
ADDRESS PO BOX APT SUITE # CITY STATE ZIP CODE 1401 MILLERS CREEK DR FROSTHER TX 75078 <input type="checkbox"/> Change of Address			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI	Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX	Receipt # Amount	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Imaged	
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 1 / 22 / 10 THROUGH 2 / 22 / 10		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 10	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):	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 FEB 22 PM 12:22

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS **FORM C/OH COVER SHEET PG 2**

ORIGINAL

15 C/OH NAME: KELLEY ADLEY COUNTY # (Ethics Commission Filer): _____

17 NOTICE FROM POLITICAL COMMITTEE(S)

COMMITTEE TYPE: GENERAL SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS: _____

COMMITTEE CAMPAIGN TREASURER NAME: _____


COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

COLLIN COUNTY ELECTIONS ADMINISTRATION
10 FEB 22 PM 12:00

18 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)	\$ 2700.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4	TOTAL POLITICAL EXPENDITURES	\$ 2238.08
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2026.46
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelley Adley, this the 22nd day of February, 2010, to certify which, witness my hand and seal of office.

Deborah J Pina
Signature of officer administering oath

Deborah Pina
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A
ORIGINAL

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 2	
2 FILER NAME KELLEY ASLEY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/22/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REPUBLICAN PARTY OF TEXAS VOTER VAULT STAFF	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address. City: State: Zip Code 1105 LAVACA ST. #500 AUSTIN TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) REPUBLICAN PARTY VOTER VAULT		10 Employer (See Instructions)	
Date 1/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIAN T. HARRIS	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 320 LAUREL RIDGE CIR. SHERMAN TX 75092		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DENTIST DOCTOR		Employer (See Instructions)	
Date 1/30/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ON THE RECORD LEGAL VIDEO (BRIAN JAMES)	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 8231 SAN BENITO WAY DALLAS TX 75218		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) VIDEO TECH SALES		Employer (See Instructions)	
Date 1/31/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIMOTHY P. SHANNON D.D.S	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5904 BRIDGE POINT DR. MCKINNEY TX 75070		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DENTIST DOCTOR		Employer (See Instructions)	
Date 2/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL D. KEY	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 200 W. VIRGINIA ST. MCKINNEY TX 75069		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY LAWYER		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

10 FEB 22 PM 12:00
COUNTY ELECTIONS ADMINISTRATION

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
ORIGINAL

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 OF 2	
2 FILER NAME KELLEY ASLEY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/6/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKINNEY AREA REPUBLICANS 6 Contributor address. City. State. Zip Code P.O. BOX 1845 MCKINNEY TX 75070	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) REPUBLICAN CONSERVATIVE PARTY		10 Employer (See Instructions)	
Date 2/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAMELA J MOORE LAKATOS Contributor address: City: State: Zip Code P.O. BOX 868091 PLANO TX 75086	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY LAWYER		Employer (See Instructions)	
Date 2/17/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORTH STAR MRI LP Contributor address: City: State: Zip Code 997 RAINTREE CIRCLE ALLEN TX 75013	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) BUSINESS OWNER OWNER		Employer (See Instructions)	
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)	
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)	

COLLECTOR'S ADMINISTRATION
 FEB 22 11:21 AM '10

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

POLITICAL EXPENDITURES

SCHEDULE F ORIGINAL

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME KELLEY ADLEY		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/22/10	5 Payee name C AND G GRAPHICS	7 Amount (\$) \$ 361.13
6 Payee address: City: State: Zip Code 2725 F.M. 36 NORTH FARMERSVILLE TX 75442		
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN YARD SIGNS (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/3/10	Payee name C AND G GRAPHICS	Amount (\$) \$ 48.15
Payee address: City: State: Zip Code 2725 F.M. 36 NORTH FARMERSVILLE TX 75442		
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN YARD SIGNS (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/11/10	Payee name TEXAS MAIL CENTER	Amount (\$) \$ 1828.80
Payee address: City: State: Zip Code 624 KRONA DR STE 125 PLANO TX 75074		
Purpose of payment (See instructions regarding type of information required.) MAILERS FOR CAMPAIGN (If travel outside of Texas, complete Schedule T)		-- Complete 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 payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

FEB 22 PM 12:00
 COLLIN COUNTY
 ELECTIONS ADMINISTRATION

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ORIGINAL

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T 1
2 FILER NAME KELLEY ADLEY		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee REPUBLICAN PARTY OF TEXAS VOTER VAULT STAFF		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 FEB 22 PM 12:06

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