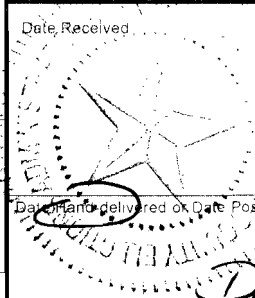


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 1 of 4 4 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Stacey Kemp | OFFICE USE ONLY  Date Received Date Delivered or Date Postmarked Receipt # Amount Date Processed 1-15-10 Date Imaged 1-15-10 <i>DP</i> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE P.O. Box 3495 McKinney, TX 75070 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 356-4808 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX MR Charles "Charlie" Philips | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 2301 W. Virginia Pkwy McKinney TX 75071 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (972) 562-9440 | | |
| 9 REPORT TYPE | <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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 7 / 1 / 2009 12 / 31 / 2009 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 3 / 2 / 2010 | | |
| 12 OFFICE | OFFICE HELD (if any) County Clerk | 13 OFFICE SOUGHT (if known) County Clerk | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** 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

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

FORM C/OH
COVER SHEET PG 2
2 of 4

15 C/OH NAME Stacey Kemp 16 ACCOUNT # (Ethics Commission Filers)

17 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.

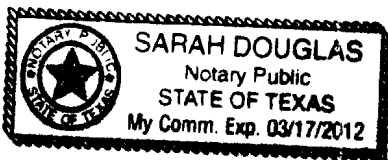
| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS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

additional pages

COLLIN COUNTY ELECTIONS ADMINISTRATION
10 JAN 15 AM 10:42

| | | |
|-------------------------|---|------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1750.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1250.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 600.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.

Stacey Kemp
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stacey Kemp, this the 8th day of January, 20 10, to certify which, witness my hand and seal of office.

Sarah Douglas
Signature of officer administering oath

Sarah Douglas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

3 of 4

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A. 1 | |
| 2 FILER NAME <i>Stacey Kemp</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>12/3/09</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>J. Wynn Dillard</i> | 7 Amount of contribution (\$) <i>\$750.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>1502 W. University McKinney Tx Suite 101 75069</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <i>Business owner</i> | | 10 Employer (See Instructions) <i>Self</i> | |
| Date <i>12/3/09</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Stuart Kemp</i> | Amount of contribution (\$) <i>\$500.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>4528 FM 2933 McKinney, Tx 75071</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>Grain Mgr</i> | | Employer (See Instructions) <i>McKinney Grain</i> | |
| Date <i>12/3/09</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Doug Graves</i> | Amount of contribution (\$) <i>\$500.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>4525 FM 2933 McKinney, Tx 75071</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>Farmer</i> | | Employer (See Instructions) <i>Self</i> | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| 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) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

10 JAN 10 AM 10:42
 COUNTY ELECTIONS ADMINISTRATION

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

POLITICAL EXPENDITURES

SCHEDULE F

4 of 4

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME Stacey Kemp 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|---|-----------------------------------|
| 4 Date <u>12/3/09</u> | 5 Payee name <u>Collin County Republican Party (GOP)</u> | 7 Amount (\$) <u>\$1250.00</u> |
| 6 Payee address; City; State; Zip Code <u>8416 Stacy Rd Suite 100 McKinney Tx 75070</u> | | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <u>Filing Fee</u> (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 | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) (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 | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) (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 | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|--|

10 AM 15 AM 10:42
 COLLIN COUNTY
 ELECTIONS ADMINISTRATION

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED