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CANDIDA	FORM C/OH				
CAMPAIG	N FINANCE REPORT		COVER SHEET PG 1		
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <i>U</i>		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	JOE	ī	Date Received		
	NICKNAME LAST	SUFFIX			
	SHAAINON	Tre	PCC ANT		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX: APT / SUITE #; CITY;	STATE; ZIP CODE			
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	M	Date Imaged		
NAME		SUFFIX			
	Kelly	Jhe			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADORESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	Jerfuary 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year フノリノをのける THROUGH	Month Day	Year 7 2 0 1 4		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	TARRANT COUNTY				
	CRIMINAL DISTRICT				
	ATTORNey (+Han 12/31)14	<u>دا</u>			
GO TO PAGE 2					

Texas Ethics Commission P.O. Box 12070

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CANDIDAT SUPPORT		CEHOLDER REPORT: S	С	FORM C/OH OVER SHEET PG 2	
14 C/OH NAME	E SHAN	NON JR.	15 ACC	OUNT # (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.				
				TARRANT 2015 JAN 12 ELECTIONS A	
	SPECIFIC	COMMITTEE ADDRESS		AM	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		NTY 9:45 STRATO	
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ - 0 -			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEN	\$		
	4. TOTAL	POLITICAL EXPENDITURES		\$ 1016.06	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 4008.83	
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ -0-	
18 AFFIDAVIT LESLIE SANDERS MY COMMISSION EXPIRES March 12, 2017 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. June of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \mathcal{T}_{PE} \mathcal{T}_{PE} \mathcal{T}_{P} , this the					
Sworn to and subscribed before me, by the said (init the, init the, and subscribed before me, by the said, to certify which, witness my hand and seal of office.					
YMM LISIIL SAMALYS NUTAYA PUBLIC Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

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Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

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 Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	aising Expense Transportation Equipment & Bated Expense Contributions Donations Mac By				
Event Expense	Polling Expense Travel Out Of Dis	strict Candidate/OfficeNetder/Palitical Committee				
Fees	Printing Expense Office Overhead/ The Instruction Guide explains how to					
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT Ethics Commission Firs)				
2	JOE SHANNON JR					
4 Date 7-17-2014	5 Payee name	UNT USTR				
6 Amount (\$)	7 Payee address; City; State; Zip Code	17 6				
\$64.90	4550 OAK PARKLANE	FORTWORTH YY 76185				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)				
EXPENDITURE	P.O. BOX RENTAL	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held				
Date	Payee name					
8-12-2014	HOGAN Photogranhy Payee address; City; State; Zip Code					
Amount (\$)		-				
#27.0L	3211 White Settlement RD	For loon the 874 76 107				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phato office	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held				
Date 9-24-2014	Payee name CLEAR KUT ENGRAVING	INC				
Amount (\$) #257.00	Payee address; City; State; Zip Code 2497 Thomas RD For T					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
EXPENDITURE	ENGRAVED DEFICE PLATE	Check if Austin, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held				
Date 10-8-2014	Payee name					
Amount (\$)	Pavee address: City: State: Zin Code	4 N				
# 500.00	J. D. JOHNSON CAMITAI Payee address; City; State; Zip Code P. D. BOY 136021 FOIZT	WORTH TY 76136				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	CONTRIBUTION	Check if Austin, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought Office held				
***************************************	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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Revised 07/28/2014

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(512) 463-5800 (TDD 1-800-735-2989)

POLITICAL	EXPENDITURES	SCHEDULE F			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committe Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Description				
1 Total pages Schedule F: 2	JOE SHANNON JA	3 ACC	COUNT # (Ethics Commission Filers)		
4 Date 10-28-2014	DAVID HAGERMAN CA	HTTAILM			
6 Amount (\$)	7 Payee address; City; State; Zip Code R.O. Boy 93011 Southlake				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)		
EXPENDITURE	CONTRIBLE MON	Check if Austin, TX, offic	eholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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)		of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	cholder living expense Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code		-		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, office			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	For AN		
Date	Payee name		ADMILLE		
Amount (\$)	Payee address; City; State; Zip Code		DUNTY DUNTY MISTRATO		
PURPOSE	Category (See categories listed at the top of this schedule)		of Texas Complete Schedule T)		
EXPENDITURE	Condidate / Officebolder serves	Check if Austin, TX, office	eholder living expense Office held		
Complete <u>QNLY</u> if direct Carididate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					