

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 FIRST MI MR. JOHN NO NICKNAME LAST SUFFIX "NICK" HANNA	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Box 3884 SAN ANGELO TX 76902	FEB 03 2020	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 236 0193	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. MICHAEL L NICKNAME LAST SUFFIX BOYD	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4517 GREEN OAKS (CHRISTIANA) TX 79355		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 234 1227		
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 (Officeholder 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 Month Day Year 01 / 01 / 2020 THROUGH 01 / 23 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) SHERIFF NA	13 OFFICE SOUGHT (if known) Tom GREEN	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME John Nicholas Hanna 15 Filer ID (Ethics Commission Filers) 843-91-3940

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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>HANNA FOR SHERIFF</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>Box 3688 SAN ANGELO TX 76902</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>MIKE BOYD</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>6517 GREEN LAKE CHRISTOVAL TX 76935</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>20,850.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>20,850.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>4,808.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,808.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>14,042.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>10,000.00</u>

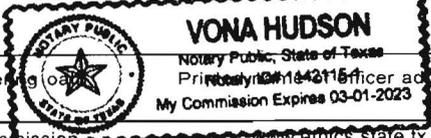
18 AFFIDAVIT

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Nicholas Hanna, this the 3rd day of February, 20 20, to certify which, witness my hand and seal of office.

Vona Hudson Signature of officer administering oath
 Vona Hudson Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>JOHN NICHOLAS HANNA</i>		20 Filer ID (Ethics Commission Filers) <i>843-91-3940</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

John Nicholas Hanna

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 TOTAL OF UNITEMIZED LOANS

\$ 10,000⁰⁰

5 Date of loan

1-2-2020

7 Name of lender out-of-state PAC (ID#: _____)

NICK & KELLI HANNA

9 Loan Amount (\$)

10,000⁰⁰

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

USOTS. WALL TX 76704

10 Interest rate

-0-

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

PEACE OFFICER

13 Employer (See Instructions)

Town Green County

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

N/A

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution? Lender address; City; State; Zip Code

Y N

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-14-20

5 Full name of contributor out-of-state PAC (ID#: _____)

E. MCGILL

7 Amount of contribution (\$)

10000

6 Contributor address; City; State; Zip Code

117 LAUREL DRIVE SAN ANGELO TX

8 Principal occupation / Job title (See Instructions)

UNK

9 Employer (See Instructions)

Date

1-16-20

Full name of contributor out-of-state PAC (ID#: _____)

JOE SELF

Amount of contribution (\$)

25000

Contributor address; City; State; Zip Code

BOX 1551 SAN ANGELO TX 76902

Principal occupation / Job title (See Instructions)

Retiree

Employer (See Instructions)

Date

1-22-20

Full name of contributor out-of-state PAC (ID#: _____)

JOE FAYOR

Amount of contribution (\$)

10000

Contributor address; City; State; Zip Code

2737 BURGROVE SAN ANGELO 76904

Principal occupation / Job title (See Instructions)

INSURANCE

Employer (See Instructions)

SELF

Date

1-27-20

Full name of contributor out-of-state PAC (ID#: _____)

TENE CARR

Amount of contribution (\$)

50000

Contributor address; City; State; Zip Code

SAN ANGELO TX

Principal occupation / Job title (See Instructions)

AUTO REPAIR BUILDS

Employer (See Instructions)

SELF CLINIC

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-16-20

5 Full name of contributor out-of-state PAC (ID#: _____)

PIERCE MILLER

7 Amount of contribution (\$)

50.⁰⁰

6 Contributor address; City; State; Zip Code

Box 3832 San Angelo TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-17-20

Full name of contributor out-of-state PAC (ID#: _____)

RON GIBBIENS

Amount of contribution (\$)

500.⁰⁰

Contributor address; City; State; Zip Code

PERAN VALLEY LN SAN ANGELO TX 76904

Principal occupation / Job title (See Instructions)

RETIRED FINANCIAL

Employer (See Instructions)

Date

1-18-20

Full name of contributor out-of-state PAC (ID#: _____)

AL GOUZALES

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

ANGELO BLVD SAN ANGELO TX 76901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-8-20

Full name of contributor out-of-state PAC (ID#: _____)

MICKEY ENGLETT

Amount of contribution (\$)

50.⁰⁰

Contributor address; City; State; Zip Code

3614 LAKE BURN SAN ANGELO TX 76904

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-21-20

5 Full name of contributor

WILLIAM BARTOSI

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

6 Contributor address;

City;

State;

Zip Code

SAN ANGELO

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

UNK

9 Employer (See Instructions)

N/A

Date

1-21-20

Full name of contributor

DEBBIE CALHOUN

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

Contributor address;

City;

State;

Zip Code

SAN ANGELO

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

UNK

Employer (See Instructions)

Date

1-21-20

Full name of contributor

DANIEL BOWMAN

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

Contributor address;

City;

State;

Zip Code

SAN ANGELO

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-21-20

Full name of contributor

MICHAEL DOBBINS - CASI

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

Contributor address;

City;

State;

Zip Code

SAN ANGELO

Amount of contribution (\$)

300⁰⁰

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-21-20

5 Full name of contributor

Bill DOWDIE

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

6 Contributor address;

City;

State;

Zip Code

SAN ANGELO TX

7 Amount of contribution (\$)

250⁰⁰

8 Principal occupation / Job title (See Instructions)

UNK

9 Employer (See Instructions)

←

Date

1-21-20

Full name of contributor

JOHN CONN

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

Contributor address;

City;

State;

Zip Code

SAN ANGELO

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

SELF

Date

1-21-20

Full name of contributor

CASEY BARNETT

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

Contributor address;

City;

State;

Zip Code

SAN ANGELO

Amount of contribution (\$)

250⁰⁰

Principal occupation / Job title (See Instructions)

UNK

Employer (See Instructions)

—

Date

1-21-20

Full name of contributor

BRYAN BENSON

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

Contributor address;

City;

State;

Zip Code

SAN ANGELO

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

UNK

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-21-20

5 Full name of contributor out-of-state PAC (ID#: _____)

VIC CHOATE

6 Contributor address; City; State; Zip Code

SAN ANGELO TX

7 Amount of contribution (\$)

500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

1-21-20

Full name of contributor out-of-state PAC (ID#: _____)

CLINT REICHENAY

Contributor address; City; State; Zip Code

WALL TX

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-21-20

Full name of contributor out-of-state PAC (ID#: _____)

ALVIN NEU

Contributor address; City; State; Zip Code

SAN ANGELO

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

4N RANCH

SELF

Date

1-21-20

Full name of contributor out-of-state PAC (ID#: _____)

DAVID JENSEN

Contributor address; City; State; Zip Code

SAN ANGELO TX

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LEAS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-13-2020

5 Full name of contributor out-of-state PAC (ID#: _____)

(5) ANONYMOUS CASH DONATIONS

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-9-2020

Full name of contributor out-of-state PAC (ID#: _____)

LARRY RICCI

Contributor address; City; State; Zip Code

Box 3808 SAN ANGELO TX 76903

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-9-20

Full name of contributor out-of-state PAC (ID#: _____)

RANDALL ROSS

Contributor address; City; State; Zip Code

5510 ENCLAVE CT SAN ANGELO TX 76904

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1-9-20

Full name of contributor out-of-state PAC (ID#: _____)

RICK HANNA

Contributor address; City; State; Zip Code

117 REDWOOD HEREFORS TX 79045

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

CITY MANAGER

Employer (See Instructions)

CITY OF HEREFORS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-2-2020

5 Full name of contributor

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

JAY & DANA DICKENS

7 Amount of contribution (\$)

1,000⁰⁰

6 Contributor address; City; State; Zip Code

COLUMBINE LANE SAN ANGELO TX 76904

8 Principal occupation / Job title (See Instructions)

RANCH MANAGEMENT

9 Employer (See Instructions)

SELF

Date

1-2-2020

Full name of contributor

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

DEVIN & LIZ BATES

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

ALTO LOMA C SAN ANGELO TX 76901

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

-

Date

1-2-2020

Full name of contributor

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

DAVID CONLON

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

BOX 804 JOHNSON CITY TX 74636

Principal occupation / Job title (See Instructions)

CONSTRUCTION

Employer (See Instructions)

TECH CON TRANCHING

Date

1-2-2020

Full name of contributor

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

PAUL ELLIOTT

Amount of contribution (\$)

2,000⁰⁰

Contributor address; City; State; Zip Code

GREEN OAKS DR. CHRISTIAN TX 76435

Principal occupation / Job title (See Instructions)

RETIRED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-2-2020

5 Full name of contributor out-of-state PAC (ID#: _____)

DICK CARROLL

6 Contributor address; City; State; Zip Code

1693 LAVILLA DR SAN ANGELO TX

7 Amount of contribution (\$)

2000⁰⁰

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

1-13-20

Full name of contributor out-of-state PAC (ID#: _____)

WILLIAM BAKER

Contributor address; City; State; Zip Code

2313 NIEL WEAVERFORD TX 76087

Amount of contribution (\$)

1,000⁰⁰

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1-13-20

Full name of contributor out-of-state PAC (ID#: _____)

TODD & BONNIE HUCKABLE

Contributor address; City; State; Zip Code

EAST HELWIG RD. MILFORD TX 76661

Amount of contribution (\$)

250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-13-20

Full name of contributor out-of-state PAC (ID#: _____)

J.L. McGUIGAN

Contributor address; City; State; Zip Code

RED OAK LN. SAN ANGELO TX 76904

Amount of contribution (\$)

100⁰⁰

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-21-20

5 Full name of contributor

BENNY COX

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

6 Contributor address;

City;

State;

Zip Code

SAN ANGELO TX 76904

7 Amount of contribution (\$)

250⁰⁰

8 Principal occupation / Job title (See Instructions)

LIVESTOCK SALES

9 Employer (See Instructions)

PRODUCERS LIVESTOCK

Date

1-21-20

Full name of contributor

Jim CHIENSINI

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

Contributor address;

City;

State;

Zip Code

SAN ANGELO

Amount of contribution (\$)

1,000⁰⁰

Principal occupation / Job title (See Instructions)

RANCH OWNER.

Employer (See Instructions)

SELF

Date

1-21-20

Full name of contributor

Phillip GLASS

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

Contributor address;

City;

State;

Zip Code

CARLSBAD, TX

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

1-21-20

Full name of contributor

Mitch BRINNONSTOOL

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

Contributor address;

City;

State;

Zip Code

SAN ANGELO

Amount of contribution (\$)

150⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-22-20

5 Full name of contributor out-of-state PAC (ID#: _____)

AD ANONYMOUS 50.00 CASH DONATION

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

2,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-23-20

Full name of contributor out-of-state PAC (ID#: _____)

CLINT SYMES

Contributor address; City; State; Zip Code

Box 61485 SAN ANGELO TX 76906

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

1-17-20

Full name of contributor out-of-state PAC (ID#: _____)

CHRISTINE BANNINGSTON

Contributor address; City; State; Zip Code

BUTLER DR SAN ANGELO TX

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

RETIRED RANCHER

Employer (See Instructions)

N/A SELF

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME JOHN NICHOLAS HANNA	3 Filer ID (Ethics Commission Filers) 643-91-3940
4 Date 1-23-2020	5 Payee name Gus Clemens & Associates	
6 Amount (\$) 4,808.00	7 Payee address; City; State; Zip Code 3115 Loop 306 #110 SAN ANGELO TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adventure Expense	(b) Description Advertising
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOHN NICHOLAS HANNA	Office sought SHERIFF
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED