



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

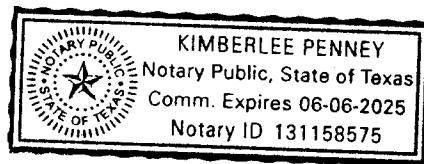
<b>15 C/OH NAME</b> Shawn Nanny		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7600.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6028.34
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3121.66
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1550.00

**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.

*Shawn Nanny*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Shawn Nanny this the 5<sup>th</sup> day of January, 2022, to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
 Kim Penney Printed name of officer administering oath  
 Notary Public 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

<b>19 FILER NAME</b> Shawn Nanny		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7600.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ na
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ na
4. SCHEDULE E: LOANS		\$ 1550.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 6028.34
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ na
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ na
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ na
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ na
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ na
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ na
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ na

# 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: <b>1(5)</b>
2 FILER NAME <b>Shawn Nanny</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/20/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Mike Newman</b>	7 Amount of contribution (\$) <b>1000.00</b>
6 Contributor address; City; State; Zip Code <b>1612 Harvard St Midland TX 79701</b>		
8 Principal occupation / Job title (See Instructions) <b>Rancher</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>10/25/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Max Jacobs</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>PO Box 456 Christoval TX 76935</b>		
Principal occupation / Job title (See Instructions) <b>Real Estate Broker</b>		Employer (See Instructions) <b>Self</b>
Date <b>11/02/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Freeman Pickett III</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>PO Box 60245 San Angelo TX 76906</b>		
Principal occupation / Job title (See Instructions) <b>Rancher/ Oil Investor</b>		Employer (See Instructions) <b>Self</b>
Date <b>11/20/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Debbie Linthicum Weatherford</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>7464 Spillway Rd San Angelo TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>Rancher</b>		Employer (See Instructions) <b>Self</b>

**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: <b>2(5)</b>
2 FILER NAME <b>Shawn Nanny</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/24/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JD Gould</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>PO Box 597 Carlsbad TX 76934</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>11/24/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Duff Hallman</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>PO Box 61 Christoval TX 76935</b>		
Principal occupation / Job title (See Instructions) <b>Rancher</b>		Employer (See Instructions) <b>Self</b>
Date <b>11/24/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Alan R Wilson</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>2628 W. Twohig San Angelo TX 76901</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>12/7/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Daniel Bowman</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>5102 Ben Ficklin San Angelo TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>Investor</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3(5)</b>
2 FILER NAME <b>Shawn Nanny</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/5/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Charles Kirking</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>3213 Shadyhill San Angelo TX 76904</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>12/9/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lee Puckitt</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>1002 S. Koenigheim San Angelo TX 76903</b>		
Principal occupation / Job title (See Instructions) <b>Real Estate Broker</b>		Employer (See Instructions)
Date <b>12/13/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Ridge</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>PO Box 117 Knickerbocker TX 76939</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>12/18/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christie St. Clair</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1226 Omar St. Houston TX 77008</b>		
Principal occupation / Job title (See Instructions) <b>Rancher</b>		Employer (See Instructions) <b>Self</b>

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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: <b>4(5)</b>
2 FILER NAME <b>Shawn Nanny</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/21/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Lee Campbell</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>11406 Dove Creek LN East San Angelo TX 76904</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>12/28/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Drew Sykes</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>PO Box 67 Knickerbocker TX 76939</b>		
Principal occupation / Job title (See Instructions) <b>Rancher</b>		Employer (See Instructions) <b>Self</b>
Date <b>12/27/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Freeman Pickett III</b>	Amount of contribution (\$) <b>2500.00</b>
Contributor address; City; State; Zip Code <b>PO Box 60245 San Angelo TX 76906</b>		
Principal occupation / Job title (See Instructions) <b>Rancher/Oil Investor</b>		Employer (See Instructions) <b>Self</b>
Date <b>12/29/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nancy Farmer</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>12409 Twin lakes LN San Angelo TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5(5)
2 FILER NAME Shawn Nanny		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor out-of-state PAC (ID#: _____) Mike Elkins	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3117 Oak Mountain San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) Self
Date 12/30/21	Full name of contributor out-of-state PAC (ID#: _____) Bill Brown	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 3306 Cedar Hill DR San Angelo TX 76904		
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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



**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME Shawn Nanny		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 12/23/21	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shawn Nanny	<b>9</b> Loan Amount (\$) 1550.00
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code 11629 Twin Lakes LN San Angelo TX 76904	<b>10</b> Interest rate 0
		<b>11</b> Maturity date na
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	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)
<b>GUARANTOR INFORMATION</b>  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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If lender 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.

<b>1</b> Total pages Schedule F1: 1-2	<b>2</b> FILER NAME Shawn Nanny	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/29/21	<b>5</b> Payee name McLaughlin Advertising	
<b>6</b> Amount (\$) 1250.00	<b>7</b> Payee address; 115 S. Park St	City; State; Zip Code San Angelo TX 76901
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Retainer
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/16/21	Payee name Tom Green County Republican Party	
Amount (\$) 750.00	Payee address; 2525 Johnson St Suite A	City; State; Zip Code San Angelo TX 76904
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Filling Fee for Republican Primary
	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 12/9/21	Payee name McLaughlin Advertising	
Amount (\$) 2093.00	Payee address; 115 S. Park St	City; State; Zip Code San Angelo TX 76901
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 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

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# 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.

<b>1</b> Total pages Schedule F1: 2-2	<b>2</b> FILER NAME Shawn Nanny	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/13/21	<b>5</b> Payee name McLaughlin Advertising	
<b>6</b> Amount (\$) 126.00	<b>7</b> Payee address; 115 S. Park St	City; State; Zip Code San Angelo TX 76901
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 12/23/21	Payee name McLaughlin Advertising	
Amount (\$) 1809.34	Payee address; 115 S. Park St	City; State; Zip Code San Angelo TX 76901
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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