CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Shawn	мı W	OFFICE USE ONLY
	NICKNAME LAST Nanny	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 11629 Twin Lakes Ln San Angelo, TX 76904	CITY; STATE; ZIP CODE	JAN 0 5 2022
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (325) 650-9770	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mrs. Angela	MI K	Receipt # Amount \$
NAME	NICKNAME LAST Nanny	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S 11629 Twin Lakes Ln San Angelo, TX 76904	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) 656-3783	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 8 3 21	THROUGH	Bay Year 31 21
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 3 1 22 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known County Commissio	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRI	EASURER NAME	
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	GO TO	PAGE 2	
Forms provided by Texas E	thics Com	cs.s Reset Page	Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

15 C/OH NAME Shawn Nanny		16 Filer ID (Ethics Cor	nmission Filers)
17 CONTRIBUTION TOTALS	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
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	6028.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	3121.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	^{• THE} \$	1550.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and inclu	des all information
	quired to be reported by the dilder fille 15, Election Code.	MANII	1
		//////////////////////////////////////	/
	Signature of Ca	ndidate or Officeholde	r
	-		
	Please complete either option below	<i>ı</i> :	
		V	
(1) Affidavit	KIMBERLEE PENNEY Notary Public, State of Texas Comm. Expires 06-06-2025		
NOTARY STAMP/SEA	L Notary ID 131158575		2
	before me by <u>Shawn Nanny</u> this the	<u>54</u> day of <u>4</u>	anuary.
20 20 to certify	which, witness my hand and seal of office.	Not ary 1	11
Signature of officer administre	ering oath Printed name of officer administering oath		administering oath
	OR		
(2) Unsworn Declarati	on		
My name is	, and my date of birth is		······································
My address is		,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, , ,, ,, , ,, , ,, , , ,	(country)
Executed in	County, State of, on the day of(month		(oounity)
	(month	ו) (year)	
	Signature of Candio	date/Officeholder (Decla	arant)
Forms provided by Texas E	thics Comm		Revised 8/17/2020

SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

	er NAME 20 In Nanny	Filer ID (Ethics Com	missic	on Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		-	SUBTOTAL
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.	4. SCHEDULE E: LOANS			1550.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			6028.34
6.	S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			na
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			na
8.	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

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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	s form.	1 Total pages Schedule A1: 1(5)
2 FILER NAME Shawn Nan	ny		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Mike Newman	C (ID#:)	7 Amount of contribution (\$) 1000.00
10/20/21	6 Contributor address; City; 1612 Harvard St Midland	State; Zip Code TX 79701	
8 Principal occu Rancher	pation / Job title (See Instructions)	9 Employer (See Instruct Self	tions)
Date 10/25/21	Full name of contributor out-of-state PAG Max Jacobs Contributor address; Contributor address; City; PO Box 456 Christoval	State; Zip Code TX 76935	Amount of contribution (\$) 250.00
Principal occup Real Estate E	ation / Job title (See Instructions) Sroker	Employer (See Instruct Self	tions)
Date 11/02/21	Full name of contributor out-of-state PAG Freeman Pickett III Contributor address; Contributor address; City; PO Box 60245 San Angelo	State; Zip Code TX 76906	Amount of contribution (\$)
Principal occup Rancher/ Oil	ation / Job title (See Instructions) Investor	Employer (See Instruct Self	tions)
Date 11/20/21	Full name of contributor out-of-state PAG Debbie Linthicum Weatherford Contributor address; City; 7464 Spillway Rd San Angelo	C (ID#:) State; Zip Code TX 76904	Amount of contribution (\$)
Principal occup Rancher	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		
Forms provided by	exas Ethics Comm	s.sta	Revised 8/17/2020

SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2(5) 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Shawn Nanny 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: JD Gould 200.00 11/24/21 6 Contributor address; City: State: Zip Code PO Box 597 Carlsbad TX 76934 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Duff Hallman 250.00 11/24/21 Contributor address; City; State; Zip Code PO Box 61 Christoval TX 76935 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rancher Self Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) Alan R Wilson 300.00 11/24/21 Contributor address; City; State: Zip Code 2628 W. Twohig San Angelo TX 76901 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Daniel Bowman 500.00 12/7/21 Contributor address: City; State; Zip Code 76904 San Angelo TX 5102 Ben Ficklin Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. Revised 8/17/2020 Forms provided by Texas Ethics Comm

MONETARY POLITICAL CONTRIBUTIONS

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
If the reque	ested information is not applicable, DO NOT inc	lude this page in the	report.
The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3(5)
2 FILER NAME Shawn Na			3 Filer ID (Ethics Commission Filers)
4 Date 12/5/21	5 Full name of contributor out-of-state PAC (ID#:) Charles Kirking 6 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 100.00
	3213 Shadyhill San Angelo		
8 Principal occ Retired	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 12/9/21	Full name of contributor out-of-state PAC (Lee Puckitt Contributor address; Contributor address; City; 1002 S. Koenigheim San Angelo	State; Zip Code	Amount of contribution (\$) 200.00
Principal occu Real Estate	pation / Job title (See Instructions) Broker	Employer (See Instruct	ions)
Date 12/13/21	Full name of contributor out-of-state PAC (James Ridge		Amount of contribution (\$)
		State; Zip Code	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC of Christie St. Clair	(ID#:)	Amount of contribution (\$)
12/18/21	Contributor address; City; 1226 Omar St. Houston	State; Zip Code TX 77008	
Principal occu Rancher	upation / Job title (See Instructions)	Employer (See Instruct Self	ions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		
Forms provided by	r Texas Ethics Comm	Recording	Revised 8/17/2020

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MONETARY POLITICAL CONTRIBUTIONS

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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: 4(5)
2 FILER NAME Shawn Nar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 11406 Dove Creek LN East San Angelo TX 76904	s i
8 Principal occu Retired	upation / Job title (See Instructions) 9 Employer (See Instr	uctions)
Date 12/28/21	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address;City;State;Zip CodePO Box 67KnickerbockerTX76939	
Principal occup Rancher	pation / Job title (See Instructions) Employer (See Instr Self	uctions)
Date 12/27/21	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 2500.00
-	Contributor address;City;State;Zip CodePO Box 60245San AngeloTX76906	
Principal occu Rancher/Oil	pation / Job title (See Instructions) Employer (See Instr Investor Self	ructions)
Date 12/29/21	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 12409 Twin lakes LN San Angelo TX 76904	:
Principal occu Retired	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	
Eorms provided by	Texas Ethics Comm	Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS

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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: 5(5)		
2 FILER NAME Shawn Nan	ny		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Mike Elkins	(ID#:)	7 Amount of contribution (\$)		
12/31/21			100.00		
	6 Contributor address; City;	State; Zip Code			
	3117 Oak Mountain San Angelo	TX 76904			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Rancher		Self	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor out-of-state PAC	(ID#:)			
Date	Bill Brown	(10#)	Amount of contribution (\$)		
12/30/21			300.00		
12/00/21	Contributor address; City; 3306 Cedar Hill DR San Angelo	State; Zip Code TX 76904			
Principal occup Rancher	ation / Job title (See Instructions)	Employer (See Instruct Self	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code	2 ·		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED		
Forms provided by T	If contributor is out-of-state PAC, please see Instru				
rums provided by I		OLC STRATEGICS IN CONTRACTOR STRATEGICS			

LOANS			SCHEDULE E	
If the requested	d information is not applicable, DO NO	T include this page in the re	port.	
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 1	
2 FILER NAME Shawn Nanny			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan 12/23/21	Shawn Nanny	PAC (ID#:)	9 Loan Amount (\$) 1550.00	
6 Is lender a financial Institution?	8 Lender address; City; 11629 Twin Lakes LN San Ar	State; Zip Code	10 Interest rate O 11 Maturity date	
YNN			na	
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	lateral	15 Check if personal fun account (See Instruct	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	6 GUARANTOR 17 Name of guarantor		19 Amount Guaranteed (\$)	
 not applicable 	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupa		21 Employer (See Instructions)		
Date of loan	Name of lender 🗌 out-of-state	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code	4	
not applicable		Employer (See Instructions)		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If Id	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NE struction guide for additional re		
Forms provided by Texa	as Ethics Comm	s.sta	Revised 8/17/2020	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of District	pment & Related Expense
1 Total pages Schedule F1: 1-2	2 FILER NAME Shawn Nanny			3 Filer ID (Ethic	s Commission Filers)
4 _{Date} 10/29/21	5 Payee name McLaughlin Advertising				
6 Amount (\$) 1250.00	7 Payee address; 115 S. Park St	San A	_{City;} ngelo	State; TX	Zip Code 76901
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Consulting Expense	chedule)	(b) Description Retainer		
	(C) Check if travel outside of Texas. Complete Sch	edule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
Date 11/16/21	Payee name Tom Green County Republican	Partv			
					Zin Oad-
Amount (\$) 750.00	2525 Johnson St Suite A	S	city; San Angelo	State; TX	Zip Code 76904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Fees	nedule)	Description Filling Fee for	Republican	Primary
	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
Date 12/9/21	Payee name McLaughlin Advertising				
Amount (\$) 2093.00	Payee address;	San Ar	City; ngelo	State; TX	Zip Code 76901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertising Expense	nedule)	Description Signs		
	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES C	OF THIS	SCHEDULE AS NEE	EDED	
Forms provided by Texas Eth	iics Com	.S			Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 2-2	2 FILER NAME Shawn Nanny			3 Filer ID (Ethic	s Commission Filers)
4 Date 12/13/21	5 Payee name McLaughlin Advertising				
6 Amount (\$) 126.00	7 Payee address; 115 S. Park St	San Ar	_{City;} ngelo	State; TX	Zip Code 76901
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sc Advertising Expense	hedule)	(b) Description Signs		
	(C) Check if travel outside of Texas. Complete Sche	edule T.	Check if Aust	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
12/23/21	McLaughlin Advertising				
Amount (\$)	Payee address;		City;	State;	Zip Code
1809.34	115 S. Park St	San A	ngelo	ТХ	76901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertising Expense	edule)	Description Signs		
	Check if travel outside of Texas. Complete Sch	edule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> 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 sch	edule)	Description		
	Check if travel outside of Texas. Complete Sch	edule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES C	OF THIS	SCHEDULE AS NE	EDED	
Forms provided by Texas Eth	nics Com	.S			Revised 8/17/2020