

**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 <b>86-2510453</b>	2 Total pages filed: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <b>Shannon</b> MI	<b>OFFICE USE ONLY</b> Date Received	
	NICKNAME LAST <b>Wood</b> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; <b>1109 Oakmont Ct Keller, TX 76248</b>		ZIP CODE
	Date Hand-delivered or Date Postmarked		Receipt #
	Date Processed		Amount
	Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <b>LOUISA</b> MI	<b>OFFICE USE ONLY</b> Date Hand-delivered or Date Postmarked	
	NICKNAME LAST <b>KRONLEY</b> SUFFIX <b>L</b>		
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>7504 MAPLE LEAF DR. N. RICHLAND HILLS, TX 76187</b>		
	AREA CODE <b>817</b>	PHONE NUMBER <b>938</b>	EXTENSION <b>0418</b>
8 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)		
9 PERIOD COVERED	Month Day Year <b>02/12/2021</b> THROUGH    Month Day Year <b>04/01/2021</b>		
10 ELECTION	ELECTION DATE Month Day Year <b>05/01/2021</b>		ELECTION TYPE
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special    Local		
11 OFFICE	OFFICE HELD (if any) <b>None</b>	12 OFFICE SOUGHT (if known) <b>Shannon Wood, Tarrant County College Board of Trustees Place Dist 2 District TCCollege</b>	
<b>GO TO PAGE 2</b>			

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

**FORM C/OH  
COVER SHEET PG 2**  
2 of 7

13 C / OH NAME Wood, Shannon 14 Filer ID  
86-2510453

15 NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

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.

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	202.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,644.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	945.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.

*Shannon Wood*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shannon Wood, this the 31 day of March, 2021, to certify which, witness my hand and seal of office.

*Makenna Reed*  
Signature of officer administering

Makenna Reed  
Printed name of officer administering

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Wood, Shannon		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,644.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10.20
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 934.96
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
<b>2</b> FILER NAME Wood, Shannon		<b>3</b> Filer ID
<b>4</b> Date 03/22/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous, Anonymous <b>6</b> Contributor address; City; State; Zip Code Various  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$202.00
<b>8</b> Principal occupation / Job title (See Instructions) Homakers		<b>9</b> Employer (See Instructions) None
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubach, Aaron (Mr.)  Contributor address; City; State; Zip Code 7250 Northwest County Road 4090  Frost, TX 76641	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubach, Sylvia (Mrs.)  Contributor address; City; State; Zip Code 7250 Northwest County Road 4090  Frost, TX 76641	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Roshni (Mrs.)  Contributor address; City; State; Zip Code 408 Country Court  Bartonville, TX 76226	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self employed
Date 03/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Jennifer (Mrs.)  Contributor address; City; State; Zip Code 1633 Pleasant Run  Keller, TX 76248	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
<b>2</b> FILER NAME Wood, Shannon		<b>3</b> Filer ID
<b>4</b> Date 03/09/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Shannon Wood (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 1109 Oakmont Ct  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$800.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmaceutical Rep		<b>9</b> Employer (See Instructions) Astrazeneca

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 6/7	<b>2</b> FILER NAME Wood, Shannon	<b>3</b> Filer ID	
<b>4</b> Date 03/28/2021	<b>5</b> Payee name Anedot.com		
<b>6</b> Amount (\$) \$10.20	<b>7</b> Payee address; City: State: Zip Code On-line  Various, LA		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to transfer funds	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**POLITICAL EXPENDITURES FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 7/7	<b>2</b> FILER NAME Wood, Shannon	<b>3</b> Filer ID
<b>4</b> Date 03/12/2021	<b>5</b> Payee name Wood, Shannon (Ms.)	
<b>6</b> Amount (\$) \$134.96 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City: State: Zip Code 1109 Oakmont Ct  Keller, TX 76248	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, business cards and post cards
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wood, Shannon	Office sought Office held Tarrant County College
Date 03/09/2021	Payee name Wood, Shannon Wood	
Amount (\$) \$800.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 1109 Oakmont Ct  Keller, TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To set up bank account for campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held