

**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 86-2510483 | 2 Total pages filed: 4 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Shannon MI | OFFICE USE ONLY | |
| | NICKNAME LAST SUFFIX Wood | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1109 Oakmont Ct Keller, TX 76248 | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI 'E LOUIS & W | | |
| | NICKNAME LAST SUFFIX KENNEDY | | |
| 6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 917 - 932 - 0419 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input 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 07/01/2021 | | Month Day Year 12/31/2021 |
| 10 ELECTION | ELECTION DATE Month Day Year 05/01/2021 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Board of Trustee District 2 | |
| 11 OFFICE | OFFICE HELD (if any) Board of Trustee District 2 Place 2 District Trustee Tarrant | 12 OFFICE SOUGHT (if known) Board of Trustee District 2 Place Dist 2 District TCCollege | |
| GO TO PAGE 2 | | | |

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

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

2 of 4

13 C / OH NAME **Wood, Shannon** 14 Filer ID **06-2510453**

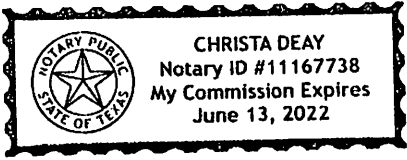
15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge 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) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 1,416.13 |
| 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 8 day of Jan, 2022, to certify which, witness my hand and seal of office.

Christa Deay Christa Deay Notary
Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

| | |
|---------------------------------------|----------------------------------|
| 18 FILER NAME Wood, Shannon | 19 Filer ID 86-2510453 |
|---------------------------------------|----------------------------------|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|---|--|------------------------|
| | NAME OF SCHEDULE | |
| 1. <input 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 type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 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 type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input checked="" type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 133.82 |
| 12. <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule I: Sch: 1/1 Rpt: 4/4 | 2 FILER NAME Wood, Shannon | 3 Filer ID 86-2510453 |
| 4 Date 11/26/2021 | 5 Payee name Amazon.com | |
| 6 Amount (\$) 128.82 | 7 Payee Address; City, State; Zip PO Box 81226 Seattle, WA 98108 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Charged made from wrong account will be reversed January 2022 |
| Date 07/01/2021 | Payee name First Financial Bank | |
| Amount (\$) 5.00 | Payee Address; City, State; Zip 1491 Keller Pkwy Keller, TX 76248 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Bank fee |