

# 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 <i>Mrs Shannon</i> NICKNAME      LAST      SUFFIX <i>Grona</i>		<b>OFFICE USE ONLY</b>
	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>22430 Old Fossil Rd</i> <i>San Antonio, TX 78261</i>		Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE      PHONE NUMBER      EXTENSION <i>(210) 4926677</i>		Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR      FIRST      MI <i>Mr Michael</i> NICKNAME      LAST      SUFFIX <i>Perkins</i>		Receipt #      Amount \$
			Date Processed
			Date Imaged
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>4002 Fossil Forest</i> <i>San Antonio, TX 78261</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE      PHONE NUMBER      EXTENSION <i>(210) 240-2398</i>		
8 CAMPAIGN TREASURER PHONE	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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
9 REPORT TYPE	PERIOD COVERED Month    Day    Year      THROUGH      Month    Day    Year <i>1 / 20 / 2016</i> <i>4 / 6 / 2016</i>		
10 PERIOD COVERED	ELECTION DATE      ELECTION TYPE Month    Day    Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>5 / 7 / 2016</i> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	OFFICE HELD (if any)      OFFICE SOUGHT (if known) <i>District 5 trustee</i> <i>District 5 trustee</i>		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Shannon Grona

15 Filer ID (Ethics Commission Filers)

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

64.80

4. TOTAL POLITICAL EXPENDITURES

\$

64.80

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

0

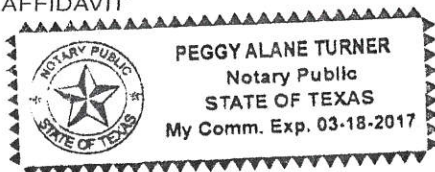
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0

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.

Shannon Grona

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shannon Grona, this the 7<sup>th</sup>  
day of April, 20 16, to certify which, witness my hand and seal of office.

Peggy Alane Turner  
Signature of officer administering oath

Peggy Alane Turner  
Printed name of officer administering oath

Notary  
Title of officer administering oath