

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Shannon</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Grona</div>		<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 2px; margin: 5px;"> <b>RECEIVED</b>  Date Received  <div style="font-size: 1.2em; color: blue;">APR 12 REC'D</div> </div> <b>SUPERINTENDENT'S OFFICE</b>  <b>NORTH EAST ISD</b>    Date Hand-delivered or Postmarked    <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount</div> </div>   Date Processed    Date Imaged </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">22430 Old Fossil San Antonio TX 78261</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">(210) 241-4458</div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Stacy</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Husted</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">4058 Wilderness Ridge San Antonio, TX 78261</div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">(210) 748-3150</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month    Day    Year</div> <div>THROUGH</div> <div>Month    Day    Year</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">2 / 6 / 12                      4 / 2 / 12</div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  <div style="text-align: center; font-size: 1.2em;">5 / 12 / 12</div> </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em; margin-top: 10px;">District 5 Board Member</div>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. <hr/> Name <hr/> Address / PO Box;    Apt. / Suite #;    City;    State;    Zip Code		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

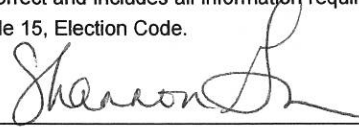
<b>15 C/OH NAME</b>	<b>16 ACCOUNT #</b> (Ethics Commission Filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY 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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 570 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1769.12
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

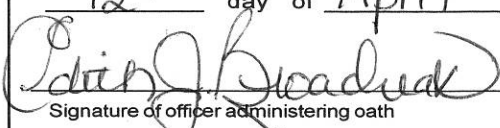
**19 AFFIDAVIT**

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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shannon Grona, this the 12<sup>th</sup> day of April, 20 12, to certify which, witness my hand and seal of office.

 Edith J. Broadnax Admin Asst/Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Shannon Grona		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/11/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brenda Shelton 6 Contributor address; City; State; Zip Code 1008 Pinon Blvd San Antonio, TX 78260	7 Amount of contribution (\$) 100 =	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/8/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beth Plummer Contributor address; City; State; Zip Code 11 Nopalito San Antonio, TX 78261	Amount of contribution (\$) 100 =	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stacy Husted Contributor address; City; State; Zip Code 4058 Wilderness Ridge San Antonio, TX 78261	Amount of contribution (\$) 50 =	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rebecca Kirbo Contributor address; City; State; Zip Code 3306 Sable Creek San Antonio TX 78259	Amount of contribution (\$) 100 =	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bodeil Wigen Burke Contributor address; City; State; Zip Code 18507 Brigantine Crk San Antonio, TX 78259	Amount of contribution (\$) 100 =	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>Shannon Girona</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>3/20/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jane Spears</u>	7 Amount of contribution (\$) <u>~ \$90</u>	8 In-kind contribution description (if applicable) <u>hosted meet and greet - food + beverages</u>
6 Contributor address; City; State; Zip Code <u>12807 Terrace Pass San Antonio, TX 78259</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3/20/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mila Blanton</u>	Amount of contribution (\$) <u>\$30</u>	In-kind contribution description (if applicable) <u>hosted meet and greet food + beverages</u>
Contributor address; City; State; Zip Code <u>3503 Clairmont San Antonio TX 78259</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME Shannon Grona	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/12/12	<b>5</b> Payee name Print & Copy LLC	
<b>6</b> Amount (\$) \$147.59	<b>7</b> Payee address; City; State; Zip Code 402 W Rhapsody Ste 109 San Antonio, TX 78216	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Flyer for 3/20/12 Meet and Greet
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	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 schedule)	Description (If travel outside of Texas, complete Schedule T)
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 schedule)	Description (If travel outside of Texas, complete Schedule T)
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 schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	
	Office sought	
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Shannon Groner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/5/12		5 Payee name Signbusters			
6 Amount (\$) 120 <sup>00</sup> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 241018 San Antonio, TX 78224			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Fee to put up signs	
Date 3/14/12		Payee name Thompson Print & Mailing Solutions			
Amount (\$) 373.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5818 Rocky Point Dr San Antonio, TX 78249			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Emory Board	
Date 2/14/12		Payee name Allied Advertising			
Amount (\$) 1128.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3700 Blanco Rd San Antonio, TX 78212			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Signage	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <div style="text-align: center;">1</div>
2 FILER NAME <i>Shannon Grana</i>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>Jane Spears</i>		
5 Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; font-size: small;"><div><input checked="" type="checkbox"/> Schedule A   <input type="checkbox"/> Schedule B   <input type="checkbox"/> Schedule C   <input type="checkbox"/> Schedule D   <input type="checkbox"/> Schedule F   <input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H   <input type="checkbox"/> Schedule N   <input type="checkbox"/> COH-UC   <input type="checkbox"/> COH-T   <input type="checkbox"/> PAC-T   <input type="checkbox"/> SPAC-T</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>Mila Blanton</i>		
Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; font-size: small;"><div><input checked="" type="checkbox"/> Schedule A   <input type="checkbox"/> Schedule B   <input type="checkbox"/> Schedule C   <input type="checkbox"/> Schedule D   <input type="checkbox"/> Schedule F   <input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H   <input type="checkbox"/> Schedule N   <input type="checkbox"/> COH-UC   <input type="checkbox"/> COH-T   <input type="checkbox"/> PAC-T   <input type="checkbox"/> SPAC-T</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> Schedule A   <input type="checkbox"/> Schedule B   <input type="checkbox"/> Schedule C   <input type="checkbox"/> Schedule D   <input type="checkbox"/> Schedule F   <input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H   <input type="checkbox"/> Schedule N   <input type="checkbox"/> COH-UC   <input type="checkbox"/> COH-T   <input type="checkbox"/> PAC-T   <input type="checkbox"/> SPAC-T</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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