

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) 843-91-3940	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JOHN N.	OFFICE USE ONLY <hr/> Date Received <div style="font-size: 2em; font-weight: bold; text-align: center;"> 2020 MAR 2 </div> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
	NICKNAME LAST SUFFIX NICK HANNA		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Box 3888 SAN ANGELO TX 76902		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 236 0193		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. MICHAEL	OFFICE USE ONLY <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
	NICKNAME LAST SUFFIX BOYD		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6517 GREEN OAKS CHAMSTON TX 76935		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 234 1227		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 24 / 2020 THROUGH 02 / 22 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 3 / 03 / 20	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE SHERIFF	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) TOM GREEN COUNTY SHERIFF

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

MAR 2 2020

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

14 C/OH NAME John Nicholas Hanna **15 Filer ID (Ethics Commission Filers)** 843-91-3940

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>HANNA FOR SHERIFF</u>
	COMMITTEE ADDRESS	<u>Box 3888 SAN ANGELO TX 76902</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>MIKE BOYD</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>4517 GREEN DAKS CHRISTVAL TX 76935</u>

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>25,800.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>25,800.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>32,707.75</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>32,707.75</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7,134.25</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Nicholas Hanna, this the 2nd day of March, 20 20, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

MAR 2 2020

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>JOHN NICHOLAS HANNA</i>		20 Filer ID (Ethics Commission Filers) <i>843-91-3940</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>25,800.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>625.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0.00</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>32,707.25</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0.00</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0.00</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0.00</i>

MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

643-91-3940

4 Date

2-14-2020

5 Full name of contributor

JERRY WEILBORN

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

150.00

6 Contributor address; City; State; Zip Code

Box 553 ROBERT LEE TX 76045

8 Principal occupation / Job title (See Instructions)

RANCHER

9 Employer (See Instructions)

SELF

Date

2-19-20

Full name of contributor

STEVE LUSTON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

5414 BENTWOOD ST SAA ANGELO 76904

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

452 W D.A. OFFICE

Date

2-17-20

Full name of contributor

LOUIS HALL

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1501 BARBARA AVE SAA ANGELO 76904

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2-17-20

Full name of contributor

SAM ALLEN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3108 TANGLEWOOD SAA ANGELO 76901

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

JACKSON WALLET LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

2-19-20

5 Full name of contributor out-of-state PAC (ID#: _____)

RANDELL MATTHEWS

6 Contributor address; City; State; Zip Code

3107 HEMLOCK DR. SAN ANGELO TX

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-29-20

Full name of contributor out-of-state PAC (ID#: _____)

DALE WILDE

Contributor address; City; State; Zip Code

Box 292 WAI TX 76957

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

SELF

Date

1-30-20

Full name of contributor out-of-state PAC (ID#: _____)

FRANCES EARLY

Contributor address; City; State; Zip Code

6601 PINELHURST SAN ANGELO TX 76904

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-27-20

Full name of contributor out-of-state PAC (ID#: _____)

BEVETH STIBLING

Contributor address; City; State; Zip Code

1123 MONTECITO SAN ANGELO TX 76901

Amount of contribution (\$)

250⁰⁰

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.

MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HAMMA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

2-8-20

5 Full name of contributor out-of-state PAC (ID#: _____)

HOWARD W. HILL

6 Contributor address; City; State; Zip Code

5159 BEVEDLY ^{SAN} ANGELO TX 76904

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-7-20

Full name of contributor out-of-state PAC (ID#: _____)

TOM LEE

Contributor address; City; State; Zip Code

11750 SH208 ^{ROBERT} LEE TX 76945

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-1-20

Full name of contributor out-of-state PAC (ID#: _____)

STEPHEN SALMON

Contributor address; City; State; Zip Code

2612 OXFORD AVE ^{SAN} ANGELO TX 76904

Amount of contribution (\$)

250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-20

Full name of contributor out-of-state PAC (ID#: _____)

GEORGE M^O CREA

Contributor address; City; State; Zip Code

^{SAN} ANGELO TX 76904

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED DISTRICT ATTORNEY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

2-4-20

5 Full name of contributor

JOHN CHILDERS

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

10000

6 Contributor address;

City;

State;

Zip Code

1300 DOTTANCE RD SAO ANGELO TX 76904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-10-20

Full name of contributor

GENE SHETTOD

out-of-state PAC (ID# _____)

Amount of contribution (\$)

5000

Contributor address;

City;

State;

Zip Code

1601 CHRISTOPHER RD SAO ANGELO TX 76903

Principal occupation / Job title (See Instructions)

M.D.

Employer (See Instructions)

Date

2-15-20

Full name of contributor

ROBERT GILL

out-of-state PAC (ID# _____)

Amount of contribution (\$)

10000

Contributor address;

City;

State;

Zip Code

4708 ET CAMPO FILWORTH TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-8-20

Full name of contributor

JOHN COATS

out-of-state PAC (ID# _____)

Amount of contribution (\$)

5000

Contributor address;

City;

State;

Zip Code

3429 SILVER SPR DR SAO ANGELO TX 76904

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.

MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HAMMA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-30-20

5 Full name of contributor

MICHAEL CORNELL

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

20000

6 Contributor address:

1510 FLOYD RD. SAN ANGELO TX 76904

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

MD

9 Employer (See Instructions)

Date

2-14-20

Full name of contributor

STEVE EUSTIS

out-of-state PAC (ID# _____)

Amount of contribution (\$)

25000

Contributor address:

Box 3253 SAN ANGELO TX 76902

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

1-26-20

Full name of contributor

JASON FERGUSON

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address:

3808 HILANDET WY PLANO, TX 75054

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FEDERAL JUDGE

US-DOJ.

Date

2-1-20

Full name of contributor

PAUL SENSEN

out-of-state PAC (ID# _____)

Amount of contribution (\$)

300.00

Contributor address:

Box 61414 SAN ANGELO TX 76906

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

2-17-20

5 Full name of contributor

EMIL PARELLI

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

1201 ASHFORD SAN ANGELO TX 76901

8 Principal occupation / Job title (See Instructions)

RETIRED FED PEACE OFFICER

9 Employer (See Instructions)

Date

1-24-20

Full name of contributor

TERRELL SHEER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1920 PEROS ST. SAN ANGELO TX 76901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-31-20

Full name of contributor

BILL NIKOLAUK

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

SAN ANGELO TX 76905

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-3-20

Full name of contributor

RUBY MENCHACA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

3413 SWL BOSS SAN ANGELO TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

643-91-3940

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

2-6-20

PAUL PRIESS

6 Contributor address; City; State; Zip Code

808 Thumble RD SAN ANGELO TX 76903

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

2-6-20

TEXAS ASS. OF REALTORS

Contributor address; City; State; Zip Code

Box 2246 Austin TX 78764

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

1-24-20

CHRISTINE BRINNINGSTOOL

Contributor address; City; State; Zip Code

SAN ANGELO TX 76904

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

1-24-20

SAN ANGELO POLICE OFFICED PAC

Contributor address; City; State; Zip Code

SAN ANGELO TX

4,000.00

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.

MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

643-91-3940

4 Date

1-27-20

5 Full name of contributor out-of-state PAC (ID#: _____)

BRYAN MAY

6 Contributor address; City; State; Zip Code

2602 LIVE OAK ST SAN ANGELO TX 76901

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

UNIVERSITY PRESIDENT

9 Employer (See Instructions)

ASU

Date

1-27-20

Full name of contributor out-of-state PAC (ID#: _____)

JOHN GOULD

Contributor address; City; State; Zip Code

Box 597 CARLSBAD TX 76934

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-27-20

Full name of contributor out-of-state PAC (ID#: _____)

PAUL ADAM

Contributor address; City; State; Zip Code

7343 RATLIFF RO. SAN ANGELO TX 76904

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-27-20

Full name of contributor out-of-state PAC (ID#: _____)

VIC CHDATE

Contributor address; City; State; Zip Code

5601 CROSS CREEK SAN ANGELO TX 76901

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-24-20

5 Full name of contributor out-of-state PAC (ID# _____)

CLINT REICHENAU

6 Contributor address; City; State; Zip Code

Box 257 WALT TX 76957

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID# _____)

ALVIN NEW

Contributor address; City; State; Zip Code

502 S. KOENIGHEM SAN ANGELO TX 76903

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID# _____)

DAVID JENSEN

Contributor address; City; State; Zip Code

Box 1669 SAN ANGELO TX 76902

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID# _____)

William D'ANGELO

Contributor address; City; State; Zip Code

5417 Bluegrass Cr. SAN ANGELO TX 76903

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

843-91-3940

4 Date

1-24-20

5 Full name of contributor out-of-state PAC (ID# _____)

John Conroy

6 Contributor address; City; State; Zip Code

Box 62266 San Antonio TX 78266

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID# _____)

CASEY BARNETT

Contributor address; City; State; Zip Code

2132 COPPER BEND SAN ANTONIO TX

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID# _____)

BRYAN BENSON

Contributor address; City; State; Zip Code

2111 WHITE ROCK SAN ANTONIO TX 78204

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID# _____)

BENNY COX

Contributor address; City; State; Zip Code

3338 VALLEY VIEW SAN ANTONIO TX 78294

Amount of contribution (\$)

250.00

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.

MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

643-91-3940

4 Date

1-24-20

5 Full name of contributor out-of-state PAC (ID#: _____)

Jim CHIENSINI

6 Contributor address; City; State; Zip Code

3115 LOOP 206 SAN ANGELO TX 76904

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID#: _____)

Philip GLASS

Contributor address; City; State; Zip Code

Box 218 WATER VALLEY TX 76786

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID#: _____)

MITCH BRININSTOOL

Contributor address; City; State; Zip Code

3129 CLEARVIEW TX SAN ANGELO TX 76904

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID#: _____)

William BARTOSH

Contributor address; City; State; Zip Code

3144 EXECUTIVE DR. SAN ANGELO TX 76904

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

643-91-3940

4 Date

1-24-20

5 Full name of contributor out-of-state PAC (ID# _____)

DANNY CALHOUN

6 Contributor address; City; State; Zip Code

2105 AUSTIN SAN ANGELO TX

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-24-20

Full name of contributor out-of-state PAC (ID# _____)

DANIEL BOWMAN

Contributor address; City; State; Zip Code

5102 BEN FICKLIN RD SAN ANGELO 76904

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-20

Full name of contributor out-of-state PAC (ID# _____)

DALE M. DONALD

Contributor address; City; State; Zip Code

2030 PUTNEY DR. SAN ANGELO 76904

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-20

Full name of contributor out-of-state PAC (ID# _____)

J. FRANK STAMPER

Contributor address; City; State; Zip Code

1232 PASSEO DE VACA SAN ANGELO TX 76901

Amount of contribution (\$)

250.00

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.

MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HANNA

3 Filer ID (Ethics Commission Filers)

643-91-3940

4 Date

1-26-20

5 Full name of contributor out-of-state PAC (ID# _____)

BOB LEBRAND

6 Contributor address, City: State: Zip Code

7669 S. US HWY 277 SAN ANGELO TX 76904

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-29-20

Full name of contributor out-of-state PAC (ID# _____)

DOUG GIFFAIS

Contributor address, City: State: Zip Code

307 S. ADAMS SAN ANGELO TX 76901

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-20

Full name of contributor out-of-state PAC (ID# _____)

ERNEST MAYER

Contributor address, City: State: Zip Code

Box 1741 SAN ANGELO TX 76902

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-27-20

Full name of contributor out-of-state PAC (ID# _____)

RAYMOND T. MEZA

Contributor address, City: State: Zip Code

3126 DAK MTN. TRAIL SAN ANGELO TX 76904

Amount of contribution (\$)

500.00

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.

MAR 2 2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOHN NICHOLAS HAMNER

3 Filer ID (Ethics Commission Filers)

643-91-3940

4 Date

1-28-20

5 Full name of contributor out-of-state PAC (ID# _____)

STEPHEN MAYER

6 Contributor address; City; State; Zip Code

Box 1741 SAN ANGELO TX 76902

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-29-20

Full name of contributor out-of-state PAC (ID# _____)

RICHARD CRISP

Contributor address; City; State; Zip Code

2911 COVE RD. SAN ANGELO TX 76904

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-20

Full name of contributor out-of-state PAC (ID# _____)

DAVID HIRSCHFELD

Contributor address; City; State; Zip Code

36 W. BEAUFORT, SAN ANGELO TX 76903

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

HIRSCHFELD STEEL

HIRSCHFELD STEEL

Date

1-24-20

Full name of contributor out-of-state PAC (ID# _____)

LEE PRUNGER

Contributor address; City; State; Zip Code

Box 1991 SAN ANGELO TX 76902

Amount of contribution (\$)

500.00

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2 1	
2 FILER NAME JOHN NICHOLAS HANNA		3 Filer ID (Ethics Commission Filers) 843-91-3940	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 625.00	
5 Date 1-24-20	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JIM CHIONSIAGI	8 Amount of Contribution \$ 625.00	9 In-kind contribution description ADVERTISING
7 Contributor address; City; State; Zip Code 3115 LOOP 306 SAN ANGELO TX 76904		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER		11 Employer (FOR NON-JUDICIAL) (See Instructions) GRANITE PUBLICATIONS	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MAR 2 2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME JOHN NICHOLAS HANNA	3 Filer ID (Ethics Commission Filers) 843-91-3940
4 Date 02-22-2020	5 Payee name Gus Clemons & ASSOCIATES	
6 Amount (\$) 32,707.75	7 Payee address; City; State; Zip Code 3115 W. LOOP 306 #110 SAN ANGELO TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ADVERTISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOHN NICHOLAS HANNA	Office sought SHEPHERD
		Office held N/A
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living 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 schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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