

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Kelly J. NICKNAME LAST SUFFIX Canon	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="text-align: right; font-size: small;">16 JAN 15 PM 3:59</div> RECEIVED - CSO Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 901 Kristin Ct. Arlington, TX 76012 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 929-3299		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Self NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Same		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 929-3299		
9 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2015 THROUGH 12 / 31 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Municipal/City	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council, District 1 (Arlington, TX)	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Kelly Canon** **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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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)	\$ 2055.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 748.25
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1951.75
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.

Kelly Canon
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Canon, this the 15th day of January, 20 16, to certify which, witness my hand and seal of office.

Jean Kenyon Jean Kenyon Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Kelly Canon		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2055.00
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	\$ 748.25
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 G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 1 of 4

2 FILER NAME
Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
08/02/15

5 Full name of contributor out-of-state PAC (ID#: _____)
T.J. Scott

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code
4502 Clarno Drive; Austin, TX 78749

8 Principal occupation / Job title (See Instructions)
VP Technology

9 Employer (See Instructions)
IBAT

Date
08/02/15

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

Amount of contribution (\$)
\$ 25.00

Contributor address; City; State; Zip Code
5109 Prince Edward Court; Flower Mound, TX 75022

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
None

Date
08/04/15

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
125 Willow Ridge Road; Fort Worth, TX 76103

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Painless Performance Products

Date
08/05/15

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

Amount of contribution (\$)
\$ 20.00

Contributor address; City; State; Zip Code
1201 Boardwalk St; Arlington, TX 76011

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Self

Subtotal this sheet: **\$ 245.00**

Subtotal this category: **2055.00**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 2 of 4

2 FILER NAME
Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
08/16/15

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

7 Amount of contribution (\$)
\$ 50.00

6 Contributor address; City; State; Zip Code
P.O. Box 122127; Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)
Military Officer

9 Employer (See Instructions)
Air National Guard

Date
09/27/15

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
PO Box 120186; Arlington, TX 76012

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
10/12/15

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

Amount of contribution (\$)
\$ 20.00

Contributor address; City; State; Zip Code
1110 Appleford Dr; Taylor Lake Village, TX 77586

Principal occupation / Job title (See Instructions)
Self/Contract

Employer (See Instructions)
.com radio/estate sales

Date
10/20/15

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

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
1309 Hillary Lane; Arlington, TX 76012

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Lone Star Comics

Subtotal this sheet: **\$ 640.00**

Subtotal this category: **\$ 2055.00**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 3 of 4

2 FILER NAME
Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
11/6/15

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

7 Amount of contribution (\$)
\$ 500.00

6 Contributor address; City; State; Zip Code
222 Petunia; Lake Jackson, TX 77566

8 Principal occupation / Job title (See Instructions)
Owner

9 Employer (See Instructions)
Real Estate/Broker

Date
11/6/15

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

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
701 Stowe Lane; Lakewood Village, TX 75068

Principal occupation / Job title (See Instructions)
Sales

Employer (See Instructions)
Billups

Date
11/30/15

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

Amount of contribution (\$)
\$ 50.00

Contributor address; City; State; Zip Code
13820 Methuen Green; Dallas, TX 75240

Principal occupation / Job title (See Instructions)
IT Services

Employer (See Instructions)
NetStandard

Date
12/24/15

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

Amount of contribution (\$)
\$ 50.00

Contributor address; City; State; Zip Code
2700 Heather Wood Ln. Apt. 110; Arlington, TX 76006

Principal occupation / Job title (See Instructions)
Musician

Employer (See Instructions)
Trey Pope Music

Subtotal this sheet: **\$ 1100.00**

Subtotal this category: **\$ 2055.00**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 4 of 4

2 FILER NAME

Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
09/29/15

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

Marty Mitchell

7 Amount of contribution (\$)
\$ 50.00

6 Contributor address; City; State; Zip Code

13971 Celebrate Life Way, Goodyear, AZ. 85338

8 Principal occupation / Job title (See Instructions)

Project Mgr, Water Division

9 Employer (See Instructions)

National Oilwell Varco

Date
12/29/15

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

Michael Slaven

Amount of contribution (\$)
\$ 20.00

Contributor address; City; State; Zip Code

1729 Barlow Tr.; Corpus Christie, TX 78410

Principal occupation / Job title (See Instructions)

Electronics Technician

Employer (See Instructions)

Schlumberger

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Subtotal this sheet:

\$ 70.00

Subtotal this category:

\$ 2055.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 1 of 2		2 FILER NAME Kelly Canon		3 Filer ID (Ethics Commission Filers)	
4 Date 07/01/15 thru 1/1/16		5 Payee name Piryx, Inc. (dba Rally.org)			
6 Amount (\$) \$ 164.67		7 Payee address; City; State; Zip Code 649 Mission Street, #204; San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Fees for online donations				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 07/01/15 thru 1/1/16		Payee name Facebook			
Amount (\$) \$ 138.00		Payee address; City; State; Zip Code 1 Hacker Way; Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement Expenses		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Online Ads Fees				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 10/27/15		Payee name Arlington Republican Club			
Amount (\$) \$ 100.00		Payee address; City; State; Zip Code P.O. Box 14095; Arlington, TX 76094			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement Expenses		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Full Page Ad in Club Directory				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 2 of 2	2 FILER NAME Kelly Canon	3 Filer ID (Ethics Commission Filers)
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4 Date 08/04/15	5 Payee name Got Print
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6 Amount (\$) \$ 175.58	7 Payee address; City; State; Zip Code 7625 N. San Fernando Rd; Burbank, CA 91505
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing (push cards)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/23/15	Payee name A.G.E Graphics
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Amount (\$) \$ 170.00	Payee address; City; State; Zip Code 52231 St Rt 248; Long Bottom, OH 45743
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Car sign magnets (8 qty)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED