

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Ms. Kelly J. <small>NICKNAME LAST SUFFIX</small> Canon		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	901 Kristin Ct. Arlington, TX 76012		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	929-3299	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Self <small>NICKNAME LAST SUFFIX</small>		
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 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)		
10 PERIOD COVERED	Month	Day	Year
	01	01	2016
THROUGH		Month	Day
THROUGH		04	01
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05	07	2016	<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)

OFFICE USE ONLY

Date Received

16 APR - 7 AM 11:53

RECEIVED - ISO

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

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

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

\$ **195.00**

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

\$ **2995.00**

EXPENDITURE
TOTALS

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

\$ **0**

4. TOTAL POLITICAL EXPENDITURES

\$ **2775.75**

CONTRIBUTION
BALANCE

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

\$ **2366.00**

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT

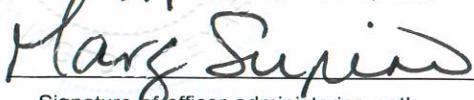
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Canon, this the 7th day of April, 2016, to certify which, witness my hand and seal of office.



Signature of officer administering oath

MARY SUPINO

Printed name of officer administering oath

City Secretary

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		\$ 2995.00
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		\$ 2775.75
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:
3

2 FILER NAME
Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
1/19/2016

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

7 Amount of contribution (\$)
\$800.00

6 Contributor address; City; State; Zip Code
901 Kristin Ct., Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)
Facilities Space Planner

9 Employer (See Instructions)
L3 Communications

Date
3/9/2016

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

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
901 Kristin Ct., Arlington, TX 76012

Principal occupation / Job title (See Instructions)
Facilities Space Planner

Employer (See Instructions)
L3 Communications

Date
**01/01/16
thru
03/30/16**

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

Amount of contribution (\$)
\$ 195.00

Contributor address; City; State; Zip Code
Unknown - CASH

Principal occupation / Job title (See Instructions)
CASH

Employer (See Instructions)
CASH

Date
01/31/2016

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
11021 Ridgemeanow Dr., Dallas, TX 75215

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Subtotal this sheet: **1595.00**

Subtotal this category: **2995.00**

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:
3

2 FILER NAME
Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
2/4/2016

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

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code
15601 Indian run ct, Gaithersburg, MD 20878

8 Principal occupation / Job title (See Instructions)
Student

9 Employer (See Instructions)
Student

Date
2/12/2016

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

Amount of contribution (\$)
\$ 200.00

Contributor address; City; State; Zip Code
3101 Pleasant Valley Lane, Suite B, Arlington, TX 76015

Principal occupation / Job title (See Instructions)
Self Employed

Employer (See Instructions)
Self

Date
3/9/2016

Full name of contributor out-of-state PAC (ID#: _____)
Jan & Patrick Tyler

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
3705 Pimlico Dr, Arlington, TX 76017

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
3/9/2016

Full name of contributor out-of-state PAC (ID#: _____)
Dr. Mark Hanson

Amount of contribution (\$)
\$ 50.00

Contributor address; City; State; Zip Code
2705 Bulter Dr., Arlington, TX76012

Principal occupation / Job title (See Instructions)
Optometrist

Employer (See Instructions)
Self

Subtotal this sheet: **450.00**

Subtotal this category: **2995.00**

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:
3

2 FILER NAME
Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
3/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Mark & Vera Strickland

7 Amount of contribution (\$)
\$ 250.00

6 Contributor address; City; State; Zip Code
1020 Briarcliff Dr., Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
3/20/2016

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

Amount of contribution (\$)
\$ 200.00

Contributor address; City; State; Zip Code
4001 Sumac Ct, Arlington, TX 76017

Principal occupation / Job title (See Instructions)
Oil & Gas

Employer (See Instructions)
Self Employed

Date
3/30/2016

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

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
1601 Burleson Retta Rd., Burleson, TX 76028

Principal occupation / Job title (See Instructions)
Car Washing Services

Employer (See Instructions)
Self/Owner

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: **700.00**

Subtotal this category: **2995.00**

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Kelly Canon	3 Filer ID (Ethics Commission Filers)			
4 Date 01/01/16 thru 4/1/16	5 Payee name Piryx, Inc. (dba Rally.org)				
6 Amount (\$) \$ 24.30	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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 01/01/16 thru 4/1/16	Payee name Wells Fargo				
Amount (\$) \$ 5.00	Payee address; City; State; Zip Code 2000 N COLLINS ST ARLINGTON, TX, 76011				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 01/01/16 thru 4/1/16	Payee name Facebook				
Amount (\$) \$ 192.68	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) Advertising Expense	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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Kelly Canon	3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2016	5 Payee name Villa Screen Printing	
6 Amount (\$) \$ 210.82	7 Payee address; City; State; Zip Code 2800 West Division Street, Suite E-3 Arlington, TX 76012-4893	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirt Printing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/25/16	Payee name Texas GOP Store	
Amount (\$) \$ 2,342.95	Payee address; City; State; Zip Code 404 IH-45 Huntsville, TX 77488	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage
	9 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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