

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: 10 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Ms. Kelly J. NICKNAME LAST SUFFIX Canon | OFFICE USE ONLY | |
| 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 | Date Received <div style="text-align: center; font-size: 2em; color: blue; transform: rotate(-90deg);"> RECEIVED - OSD 16 APR 29 PM 12:03 </div> | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 929-3299 | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Self NICKNAME LAST SUFFIX | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | 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 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 04 / 02 / 2016 THROUGH 04 / 27 / 2016 | | |
| 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 | |

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

Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

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

\$ **285.00**

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

\$ **2160.00**

EXPENDITURE
TOTALS

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

\$ **0**

4. TOTAL POLITICAL EXPENDITURES

\$ **467.62**

CONTRIBUTION
BALANCE

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

\$ **3,190.26**

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 29th day of April, 2016, to certify which, witness my hand and seal of office.



Signature of officer administering oath

MARY SUPINA

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 | | \$ 2,160.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 1,778.25 |
| 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 | | \$ 467.62 |
| 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:
4

2 FILER NAME

Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
04/07/16

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

7 Amount of contribution (\$)
\$ 50.00

6 Contributor address; City; State; Zip Code
1516 Cochise DR., Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
04/13/16

Full name of contributor out-of-state PAC (ID#: _____)
R.W. DeDecker

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
1515 Riverview Rd., Arlington, TX76012

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
04/13/16

Full name of contributor out-of-state PAC (ID#: _____)
Dorrie O'Brien

Amount of contribution (\$)
\$ 50.00

Contributor address; City; State; Zip Code
4324 Grason Dr., Grand Prairie, TX 76062

Principal occupation / Job title (See Instructions)
Author

Employer (See Instructions)
Self

Date
04/13/16

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
6205 Ridge Estates, Arlington, TX 76001

Principal occupation / Job title (See Instructions)
Computer Programmer

Employer (See Instructions)
IT Resources

Subtotal this sheet: **\$ 300.00**

Subtotal this category: **2,160.00**

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:
4

2 FILER NAME

Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
04/13/16

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

Konni Burton

7 Amount of contribution (\$)
\$ 1,000.00

6 Contributor address; City; State; Zip Code

5212 Elm St., Colleyville, TX 76034

8 Principal occupation / Job title (See Instructions)

Texas State Senator, SD10

9 Employer (See Instructions)

State of Texas

Date
04/13/16

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

Bill Zedler

Amount of contribution (\$)
\$ 150.00

Contributor address; City; State; Zip Code

5502 Hidden Trails; Arlington, TX 76017

Principal occupation / Job title (See Instructions)

State Representative, HD96

Employer (See Instructions)

State of Texas

Date
04/13/16

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

Carol Daley

Amount of contribution (\$)
\$ 75.00

Contributor address; City; State; Zip Code

912 CrowleyRd., Arlington, TX 76012

Principal occupation / Job title (See Instructions)

None

Employer (See Instructions)

None

Date
04/13/16

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

Alice Sobel

Amount of contribution (\$)
\$ 50.00

Contributor address; City; State; Zip Code

1418 Porto Bello Ct., Arlington, TX 76012

Principal occupation / Job title (See Instructions)

None

Employer (See Instructions)

None

Subtotal this sheet:

1,275.00

Subtotal this category:

2,160.00

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:
4

2 FILER NAME

Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
04/13/16

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

7 Amount of contribution (\$)
\$ 50.00

6 Contributor address; City; State; Zip Code

2706 Butler Dr., Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)

Optometrist

9 Employer (See Instructions)

Self

Date
04/13/16

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code

3703 Dustin Trl, Arlington, TX

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

None

Date
04/20/16

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code

113 County Rd. 2213, Cleveland, TX 77327

Principal occupation / Job title (See Instructions)

"Get Off My State" LLC

Employer (See Instructions)

Director

Date
04/20/16

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

Amount of contribution (\$)
\$ 50.00

Contributor address; City; State; Zip Code

4914 Oak Nut Cir., Grand Prairie, TX 75052

Principal occupation / Job title (See Instructions)

Small Business Owner

Employer (See Instructions)

Self

Subtotal this sheet:

300.00

Subtotal this category:

2,160.00

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:
4

2 FILER NAME
Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 Date
04/13/16

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

7 Amount of contribution (\$)
\$ 285.00

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

8 Principal occupation / Job title (See Instructions)
CASH

9 Employer (See Instructions)
CASH

| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
|------|---|-----------------------------|
| | | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
|------|---|-----------------------------|
| | | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
|------|---|-----------------------------|
| | | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Subtotal this sheet: **285.00**

Subtotal this category: **2,160.00**

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:
2

2 FILER NAME
Kelly Canon

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **1,778.25**

5 Date
04/08/16

6 Full name of contributor out-of-state PAC (ID#: _____)
Tony Tinderholt for Texas

8 Amount of Contribution \$
\$1628.25

9 In-kind contribution description
Campaign workers

7 Contributor address; City; State; Zip Code

4381 W. Green Oaks Blvd., Ste. 107 Arlington, TX 76016

Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)
State Representative, HD94

11 Employer (FOR NON-JUDICIAL)(See Instructions)
State of Texas

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
04/25/16

Full name of contributor out-of-state PAC (ID#: _____)
Tony Tinderholt for Texas

Amount of Contribution \$
\$ 150.00

In-kind contribution description
Advertising

Contributor address; City; State; Zip Code

4381 W. Green Oaks Blvd., Ste. 107 Arlington, TX 76016

Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)
State Representative, HD94

Employer (FOR NON-JUDICIAL)(See Instructions)
State of Texas

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.

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 04/02/16 thru 4/27/16 | 5 Payee name Piryx, Inc. (dba Rally.org) | |
| 6 Amount (\$) \$ 12.45 | 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 Office held | |
| Date 04/02/16 thru 4/27/16 | 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 |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |
| Date 04/02/16 thru 4/27/16 | Payee name Facebook | |
| Amount (\$) \$ \$250.17 | 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 |
| | 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 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 04/02/16 thru 4/27/16 | 5 Payee name William Busby |
|---|---|

| | |
|--|--|
| 6 Amount (\$) \$ 200.00 | 7 Payee address; City; State; Zip Code 1501 W. Spurgeon; Ft Worth, TX 76115 |
|--|--|

| | | |
|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Consulting Services; Canvassing | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Expense |
|---|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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 |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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