

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p> <p style="text-align: center;">N/A</p>	<p>2 Total pages filed:</p> <p style="text-align: center;">23</p>								
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="text-align: center;">MR LON A</p> <hr/> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center;">SHELL</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 2em; font-weight: bold;">Received</p> <p style="font-size: 1.5em; font-weight: bold;">JUL 1 0 2019</p> <p style="font-weight: bold;">Elections Office</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="text-align: center;">1908 W. McCarty Ln San Marcos TX 78666</p> <p><input type="checkbox"/> Change of Address</p>											
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p> <p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="text-align: center;">(512) 644 0848</p>											
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="text-align: center;">Mrs JENNIFER G</p> <hr/> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center;">SHELL</p>										
	<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="text-align: center;">1908 W. McCarty Ln San Marcos TX 78666</p>										
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="text-align: center;">(512) 787 4090</p>										
<p>9 REPORT TYPE</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<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 checked="" 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)
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<p>10 PERIOD COVERED</p> <p style="text-align: center;"> Month Day Year Month Day Year 1 / 1 / 19 THROUGH 6 / 30 / 19 </p>											
<p>11 ELECTION</p> <table style="width:100%;"> <tr> <td style="width:30%;"> <p>ELECTION DATE</p> <p>Month Day Year</p> <p style="text-align: center;">11 / 6 / 19</p> </td> <td style="width:70%;"> <p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p> </td> </tr> </table>				<p>ELECTION DATE</p> <p>Month Day Year</p> <p style="text-align: center;">11 / 6 / 19</p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>						
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<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p> <p style="text-align: center;">Harris County Commissioner Pct 3</p>		<p>13 OFFICE SOUGHT (if known)</p>									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Lon A. Shell

15 Filer ID (Ethics Commission Filers)

N/A

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

\$ 50.00

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

\$ 14442.39

EXPENDITURE
TOTALS

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

\$ 76.30

4. TOTAL POLITICAL EXPENDITURES

\$ 14882.55

CONTRIBUTION
BALANCE

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

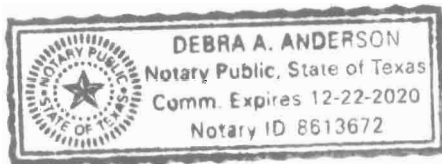
\$ 1447.69

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lon Shell, this the 10th
day of July, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Debra A. Anderson
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Law A Shaw</i>		20 Filer ID (Ethics Commission Filers) <i>n/a</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>13600.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>792.39</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>14751.25</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>27.50</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>27.50</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<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:

2 FILER NAME

Lon A. Stetz

3 Filer ID (Ethics Commission Filers)

14
N/A

4 Date

3/13/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

DNIP HARTMAN

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

300 BOWIE ST. # 1008 AUSTIN TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/19

Full name of contributor

☐ out-of-state PAC (ID#:

KENNETH SCHROCK

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

9202 SILVERPINE CVE AUSTIN TX 78733

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/19

Full name of contributor

☐ out-of-state PAC (ID#:

MARCUS NAISER

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2702 GARLIC CROCK DR BUDA TX 78610

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/19

Full name of contributor

☐ out-of-state PAC (ID#:

J. MICHAEL HEATH

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

107 SETTLERS VALLEY DR PLEASANTVILLE TX 78660

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LOW A. SHAW

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

3/5/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

WILLIS CONNER

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

1717 W. 6th St, Austin TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20/19

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN DOUGLET

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

2300 GATIN CREEK RD DROPPING SPRINGS TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

FRASER + NICHOLS PAC

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4035 INTERNATIONAL PLAZA STE 200 FT WORTH TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/19

Full name of contributor

☐ out-of-state PAC (ID#:

GILBERT BRAGG

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3709 GREEN TRAILS SOUTH AUSTIN TX 78731

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Con A - Share

3 Filer ID (Ethics Commission Filers)

14

4 Date

3/13/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

SCOTT DUKETTE

6 Contributor address;

City; State; Zip Code

11501 CENTURY OAKS PER., AUSTIN TX 78758

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/19

Full name of contributor

☐ out-of-state PAC (ID#:

ARIN GRAY

Contributor address;

City; State; Zip Code

3305 BEVERLY RD AUSTIN TX 78703

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/19

Full name of contributor

☐ out-of-state PAC (ID#:

ALAN GLEN

Contributor address;

City; State; Zip Code

4002 GAINES CT. AUSTIN TX 78735

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/15

Full name of contributor

☐ out-of-state PAC (ID#:

BRIAN RILEY

Contributor address;

City; State; Zip Code

2905 BRIAN WOODEN CT. CEDAR PARK TX 78613

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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

LOW A SHAR

3 Filer ID (Ethics Commission Filers)

MR

4 Date

3/13/19

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

RICHARD RIDINGS

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

1137 CHALLENGER LAKEWAY TX 78734

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/7/19

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

HNTB HOLDINGS LTD. PAC

Amount of contribution (\$)

1500.00

Contributor address; City; State; Zip Code

715 AIRA DR. KANSAS CITY MO 64105

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/19

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

WILLIAM WARRICK

Amount of contribution (\$)

350.00

Contributor address; City; State; Zip Code

16115 OAK GROVE RD BUDA TX 78610

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/19

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

LOMI BIRLE

Amount of contribution (\$)

350.00

Contributor address; City; State; Zip Code

PO BOX 648 BUDA TX 78610

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19

2 FILER NAME

LON A. STELL

3 Filer ID (Ethics Commission Filers)

MA

4 Date

3/12/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

JAMES DANNENBAUM

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

3908 DEL MONTE DR.
HOUSTON TX 77019

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/19

Full name of contributor

☐ out-of-state PAC (ID#:

ELISABETH ADAMS

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1904 WYNWARD SUN DR.
AUSTIN TX 78754

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/19

Full name of contributor

☐ out-of-state PAC (ID#:

THOMAS OWENS

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

9232 LA SIESTA BEND AUSTIN TX
78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/19

Full name of contributor

☐ out-of-state PAC (ID#:

RYAN BELL

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6007 A PARKWOOD DR. AUSTIN TX
78735

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LOW A. STELL

3 Filer ID (Ethics Commission Filers)

MA

4 Date

3/6/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

CHARLOTTE GILPIN

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

8908 GALLANT FOX RD AUSTIN TX 78737

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/12/19

Full name of contributor

☐ out-of-state PAC (ID#:

PETER RING

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

18504 MCKAY COVE AUSTIN TX 78738

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#:

JOE CANTALUPO

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

617 BLUE SKY LN WINNERLEY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/19

Full name of contributor

☐ out-of-state PAC (ID#:

WESLEY JASEK

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

1805 E. MESSICK LP, Round Rock TX 78681

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Law A. Stew

3 Filer ID (Ethics Commission Filers) N/A

4 Date

3/12/19

5 Full name of contributor

SETH MEARIG

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

17200 RUSH DEAN CIR AUSTIN TX 78738

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/19

Full name of contributor

ROB HARRIS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

220 BOWLIN CROWNING SPRINGS TX 78620

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/19

Full name of contributor

EMIN GONZALEZ

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

305 PAYNE STEWART DR ROUND ROCK TX 78664

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/19

Full name of contributor

MARISA + ROMAN GRISALVA

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

303 MIRAFIELD LA AUSTIN TX 78737

200.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME LOW A. STALL		3 Filer ID (Ethics Commission Filers) N/A
4 Date 3/6/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HALFF ASSOCIATED STATE PAC 6 Contributor address; City; State; Zip Code 1201 N BOWEN RD RICHARDSON TX 75081	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES BROADDUS Contributor address; City; State; Zip Code 605 RAINBOW LOVE AUSTIN TX 78746	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HANK SMITH Contributor address; City; State; Zip Code 2801 BEAR SPRINGS TRAIL AUSTIN TX 78748	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RABA KISTNER PAC Contributor address; City; State; Zip Code PO BOX 690287 SAN ANTONIO TX 78269	Amount of contribution (\$) 750.00
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

HNTB Holdings Ltd. PAC

ADDRESS (number and street)

715 Kirk Drive

(Check if address
is changed)

Kansas City

CITY ▲

MO

STATE ▲

64105

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

makelley@hntb.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
01 03 2018

3. FEC IDENTIFICATION NUMBER ►

C C00386029

4. IS THIS STATEMENT

NEW (N)

OR

X

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mann, Douglas, , ,

Signature of Treasurer

Mann, Douglas, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 03 2018NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

HNTB Holdings Ltd. PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

HNTB Holdings Ltd.

Mailing Address

715 Kirk Drive

Kansas City

MO

64105

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Kelley, Matt, , ,

Mailing Address

715 Kirk Drive

Kansas City

MO

64105

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

816

527

2346

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Mann, Douglas, , ,

Mailing Address

715 Kirk Drive

Kansas City

MO

64105

CITY

STATE

ZIP CODE

Title or Position
Treasurer

Telephone number

816

527

2346

Full Name of
Designated
Agent

Kelley, Matt, , ,

Mailing Address

715 Kirk Drive

Kansas City

CITY

MO

STATE

64105

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

816

527

2346

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Commerce Bank

Mailing Address

1000 Walnut Street

Kansas City

CITY

MO

STATE

64106

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Image# 201801039090365519

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

This registration is being amended to disclose that this PAC is no longer a Lobbyist/Registrant PAC

Form/Schedule:

Transaction ID:

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

Low A Shten

3 Filer ID (Ethics Commission Filers)

N/A

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/13/19

6 Full name of contributor ☐ out-of-state PAC (ID#:

MICHAEL WEAVER

7 Contributor address; City; State; Zip Code

8723 BLAZIK DR. Austin TX 78732

8 Amount of Contribution \$

396.20

9 In-kind contribution description

REFRESHMENTS
FOR EVENT

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

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

3/13/19

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

RICHARD RIDDINGS

Contributor address; City; State; Zip Code

1137 CHALLENGER LAKEWAY TX 78734

Amount of Contribution \$

396.19

In-kind contribution description

REFRESHMENTS
FOR EVENT

☐ 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.

POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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: 3		2 FILER NAME Lon A Stoll		3 Filer ID (Ethics Commission Filers) N/A	
4 Date 2/11		5 Payee name KNIGHTS OF COLUMBUS 9151			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 14711 R-12 WIMBORLEY TX 78676			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION FOR SPONSORSHIP	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/10		Payee name HAYS COUNTY REPUBLICAN WOMEN			
Amount (\$) 125.00		Payee address; City; State; Zip Code PO BOX 1928, SAN MARCOS TX 78667			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRIBUTION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION FOR SPONSORSHIP	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/13		Payee name ASILEY STONE			
Amount (\$) 100.00		Payee address; City; State; Zip Code 605 PLENER TR SAN MARCOS TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR	
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 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:	2 FILER NAME <i>Lon A. Stue</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/19</i>	5 Payee name <i>TENNIFER SCOTT</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>421 VILLAGE LN. BRDA TX 78610</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>LABOR</i>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/15/19</i>	Payee name <i>Lon A Stue + Tennifer Stue</i>		
Amount (\$) <i>9500.00</i>	Payee address; City; State; Zip Code <i>1908 W. McCARTY LN SAN MARCOS TX 78666</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>LOAN REPAYMENT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>LOAN REPAYMENT</i>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/15/19</i>	Payee name <i>Lon A Stue</i>		
Amount (\$) <i>2763.75</i>	Payee address; City; State; Zip Code <i>1908 W. McCARTY LN SAN MARCOS TX 78666</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>REIMBURSEMENT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>REIMBURSEMENT OF EXPENSES</i>	

Complete ONLY 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

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:	2 FILER NAME <i>Lin A Shore</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/17/19</i>	5 Payee name <i>THE WYMORE LAW FIRM</i>	
6 Amount (\$) <i>1237.50</i>	7 Payee address; City; State; Zip Code <i>1250 CAPITAL OF TEXAS HWY S. BLDG 3, #400 AUSTIN TX 78746</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>LEGAL SERVICES</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>LEGAL SERVICES FOR HALL LAWSUIT</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>6/11/19</i>	Payee name <i>WIMBORLEY CONVENTION & VISITORS BUREAU</i>	
Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code <i>14100 RR12, WIMBORLEY TX 78676</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>ENTRY FEE FOR PHILADE</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>6/30/19</i>	Payee name <i>HAYS COUNTY REPUBLICAN WOMEN</i>	
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>PO Box 1928, SAN MARCOS TX 78667</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>CONTRIBUTION FOR SPONSORSHIP OF PICNIC</i>
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: 1	2 FILER NAME Lon A. Shore	3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 4/6/19	6 Payee name USPS	
7 Amount (\$) 27.50	8 Payee address; City; State; Zip Code 2105 S. STAGG AVE S.W. MARIAS TX 79666	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
11 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:	2 FILER NAME <i>Lon A Steen</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>9/15/19</i>	5 Payee name <i>American Express</i>		
6 Amount (\$) <i>27.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>PO Box 650448 Dallas TX 75265</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CREDIT CARD PAYMENT</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>CREDIT CARD PAYMENT</i>
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		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) 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		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) 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		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) 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