

# 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: <u>4</u> |                |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                             | MS / MRS / MR<br>Mr.  | FIRST<br>Shane   | MI<br>R.   | OFFICE USE ONLY  |                               |                |
|   | NICKNAME  | LAST<br>Saum   | SUFFIX   | Date Received<br><i>electronically</i><br><i>1/19/2024</i><br><i>Ch. Adm</i>                     |                               |                |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS               | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE<br>3404 American Dr. 2208 Lago Vista TX 78645  |  |  |  |                               |                |
| <input type="checkbox"/> Change of Address                        |   |  |  |  |                               |                |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                             | AREA CODE<br>( 440 )  | PHONE NUMBER<br>342-3723   | EXTENSION  |  |                               |                |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                   | MS / MRS / MR<br>Mr.  | FIRST<br>Shane   | MI<br>R.   | Date Hand-delivered or Date Postmarked   |                               |                |
|   | NICKNAME  | LAST<br>Saum   | SUFFIX   | Receipt # <input type="text"/> Amount \$ <input type="text"/>                                    |                               |                |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY:<br>3404 American Dr. 2208 Lago Vista TX 78645   |  |  | STATE: <input type="text"/>  | ZIP CODE <input type="text"/> |                |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                                  | AREA CODE<br>( 440 )  | PHONE NUMBER<br>342-3723   | EXTENSION  |  |                               |                |
| 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<br>treasurer appointment<br>(Officeholder Only) |                               |                |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election   |  | <input type="checkbox"/> Exceeded Modified<br>Reporting Limit  | <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)                              |                               |                |
| 10 PERIOD<br>COVERED  | Month<br>10   | Day<br>10  | Year<br>/ 2023   | Month<br>11  | Day<br>/ 8                    | Year<br>/ 2023 |
| 11 ELECTION   | ELECTION DATE<br>Month Day Year<br>11 / 7 / 2023  | ELECTION TYPE<br><br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____ |  |  |                               |                |
| 12 OFFICE   | OFFICE HELD (if any)  |  |  | City Council Place 1   |                               |                |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                       | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |  |  |                               |                |
| <input type="checkbox"/> Additional Pages                         |   | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS |  |                               |                |

GO TO PAGE 2

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

FORM C/OH  
COVER SHEET PG 2

|                                       |   |   |
|---------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Shanen R. Saum |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0  |
|                                       | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1200                                       |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0  |
|                                       | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 1800                                       |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0  |
|                                       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0  |
| <b>OUTSTANDING LOAN TOTALS</b>        |   |   |

**18 SIGNATURE** 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.

*Shan R. Dunn*

**Signature of Candidate or Officeholder**

**Please complete either option below:**

**(1) Affidavit**

**NOTARY STAMP/SEAL**

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

**Signature of officer administering oath**

Printed name of officer administering oath

**Title of officer administering oath**

OR

**(2) Unsworn Declaration**

My name is **Shane R. Saum** . . . and my date of birth is **[REDACTED]**

My address is 3404 American Dr. 2208 Lago Vista TX 78645 usa

(street) (city) (state) (zip code) (country)

Executed in Travis County, State of Texas, on the 8th day of January, 2024.

the 8th day of January

**Signature of Candidate/Officeholder (Declarant)**

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

|  |   |  |
|--|---|--|
| <b>19</b> FILER NAME   | <b>20</b> Filer ID (Ethics Commission Filers) |  |
| Shane R. Saum  |   |  |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT                            |  |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$ 800  |  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                            | \$ 400  |  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0  |  |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS  | \$ 0  |  |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  | \$ 0  |  |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0  |  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                 | \$ 0  |  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$ 1400                                       |  |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                            | \$ 600  |  |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH           | \$ 0  |  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0  |  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER | \$ 0  |  |

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

**1 C/OH NAME**

Shane R. Saum

**2 Filer ID (Ethics Commission Filers)**

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

•• Complete A & B below only if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

**5 OFFICEHOLDER**

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder