(512)463-5800 TDD 1-800-735-2989 P.O. Box 12070 Austin, Texas 78711-2070. Texas Ethics Commission FORM C/OH **CANDIDATE / OFFICEHOLDER** COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 PAGE# 1 ACCOUNT# The C/OH Instruction Guide explains how to complete this form. (Ethics Commission filers) 1 of 5 00050747 MS/MRS/MR FIRST 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Shane NAME Date Received LAST SUFFIX NICKNAME Hardin ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE CANDIDATE / OFFICEHOLDER MAILING 3612 Burgee Court **ADDRESS** Date Hand-delivered or Date Postmarked Fort Worth, TX 76244 Change of Address Receipt # Amount CAMPAIGN MS/MRS/MR FIRST MI Date Processed **TREASURER** William Date Imaged NAME NICKNAME LAST SUFFIX King CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE TREASURER **ADDRESS** 3920 Julian Street (Residence or business) Fort Worth, TX 76244 7 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 8 REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) Exceeded \$500 limit Final report (Attach C/OH - FR) July 15 8th day before election PERIOD Month Day Year Month Day Year COVERED THROUGH 01/28/2014 04/10/2014 **10 ELECTION** ELECTION DATE **ELECTION TYPE** Month Day Year Primary Runoff X General Special 05/10/2014 11 OFFICE 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) Keller ISD Board of Trustees District 5

Signature of officer administering oath

Austin, Texas 78711-2070

FORM C/OH CANDIDATE / OFFICEHOLDER REPORT: COVER SHEET PG 2 SUPPORT & TOTALS 13 C/OH NAME Hardin, Shane (Mr.) 14 ACCOUNT # (Ethics Commission filers) 00050747 .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. Those expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this 15 NOTICE information only if they receive notice of such expenditures. .. FROM POLITICAL COMMITTEE NAME COMMITTEE TYPE COMMITTEE(S) GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 16 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 1. 280.00 \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **TOTALS** TOTAL POLITICAL CONTRIBUTIONS 2. \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 780.00 EXPENDITURE TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 3. \$ 218.50 TOTALS 4. TOTAL POLITICAL EXPENDITURES \$ 456.60 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE \$ 825.00 BALANCE LAST DAY OF THE REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD \$ 0.00 17 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. Shane Hardin Signature of Candidate of Office AFFIX NOTARY STAMP (FELLABOVE Shane Hardin this the Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office. Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER THAN PLEDGES OR LOANS									
The Instruction Guide explains how to complete this form.				1 PAGE# Schedule: 1/1 Report: 3/5					
2	FILER NAME Hardin, Shane (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00050747					
4	Date	5 Full name of contributor ut-of-state PAC (ID# Hicks, Maryellen (Mrs.)			8 In-kind contribution description (if applicable)				
	03/28/2014	6 Contributor address; City; State; Zip Code P.O. Box 19165 Fort Worth, TX 76119	City; State; Zip Code						
				(If travel outside of	Texas, complete Schedule T)				
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired	structions)					
	Date	Full name of contributor ☐ out-of-state PAC (ID# Peoples, Deborah (Mrs.))	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	02/27/2014	Contributor address; City; State; Zip Code 4209 Normandy Ave Dallas, TX 75205		\$100.00	 				
				(If travel outside of	Texas, complete Schedule T)				
•	Principal occup retired	ation / Job title (See Instructions)	Employer (See In retired	structions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	02/27/2014	Contributor address; City; State; Zip Code 3317 Burning Log Drive Grapevine, TX 76051		\$100.00	1 1 1				
				(If travel outside of	Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Communications Coordinator			Employer (See In Dallas County D	nstructions) Democratic Party					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	04/09/2014	Contributor address; City; State; Zip Code 5020 Fall River Drive Fort Worth, TX 75103		\$100.00					
				(If travel outside of	Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Professor			Employer (See in: Tarrant County						

Texas Ethics Commission

POLITICAL EXPENDITURES

SCHEDULE F

i					
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ng Legal Services Solicitation/Fundra	contract Labor Loan Repaymasing Expense Transportation Contributions. crict Candidate/ Rental Expense OTHER (ente		nent/Reimbursement in Equipment & Related Expense //Donations Made By /Officeholder/Political Committee er a category not listed above)	
1 PAGE# 2 FILER NAME				ACCOUNT#	(TEC filers)
Schedule: 1/1 Report: 5/5 Hardin, Shane (Mr.)				00050747	
4 Date 03/07/2014	5 Payee name Speedy Signs				
6 Amount (\$) \$238.10	7 Payee address City; State; Zip Code 162 SW Spencer Court Suite 107 Lake City, FL 32024				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (Yard Signs	(If travel outside of T	exas, complete S	chedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ght:	Office held:	