

STATEMENT OF FINANCIAL INTERESTS

For Compensated Filers

Please type or print clearly in black ink. Please consult Title 74 O.S. Supp. 2006, Ch. 62 App., 257:15-1-1 et seq., and Ethics Manual to complete this statement.

FORM F-1R REV. 5/06	EC OFFICE USE RECEIVED JUN 19 2006 POSTED <i>06/19/06</i>
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1. NAME OF FILER: (No nicknames, please) Tahrohan W. Shannon BIRTH DATE 06/19/06

FILER'S COMPLETE MAILING ADDRESS AND WORK PLACE TELEPHONE NUMBER

Mailing address 7903 NW Folkstone Way Work place telephone number (580) 510-3000

City Lantton State OK Zip 73505 Check for address change Number Assigned by Ethics Commission 106174

2. FILING STATUS: YEARLY AMENDED FINAL (required within 60 days of end of service)

Calendar Year Covered: 2005 Date Service Ended:

<input type="checkbox"/> Chief administrative officer or first deputy	Date of appointment, employment or assumed duties	Title of office		Governmental entity served
<input type="checkbox"/> State employee	Date of employment	Job classification		Governmental entity served
<input type="checkbox"/> State officer—Ethics Commissioner—Public Member [compensated]	Date appointed, elected or assumed duties of office	Title of office	Term of office	Governmental entity served
<input checked="" type="checkbox"/> Candidate for elective state office	Month/year of General Election or Special General Election	Office sought	Term of office sought	Governmental entity to be served if elected
	<u>11/06</u>	<u>state Rep.</u>	<u>2 years</u>	<u>House</u>

3. Prior year income from Oklahoma state governmental entity. Give the name, mailing address of the entity, and the type of gross income exceeding five thousand dollars (\$5,000) in amount or value received from a state governmental entity by the filer or the filer's spouse or dependents:

Name of governmental entity	Mailing address of entity	Type of income

4. Prior year income from other sources. Give the name, mailing address, and a description of the principal business activity of a person from whom income in cash or in-kind exceeding five thousand dollars (\$5,000) in amount or value and the type of income received by the filer [do not deduct losses]:

Name of person/entity	Mailing address of person/entity	Principal business activity	Type of income
<u>Shannon Strategies</u>	<u>P.O. Box 7903 NW Folkstone Way Lantton, OK 73505</u>	<u>President/CEO</u>	<u>Wages</u>

5. **Doing business with lobbyist or lobbyist principal.** Give the name of any registered lobbyist or lobbyist principal with whom the filer has engaged in business from which income exceeding five thousand dollars (\$5,000) in amount or value was received [see manual for exceptions].

6. **Honoraria:** Give the name of any entity from which an honorarium or honoraria, valued at more than two hundred dollars (\$200) over and above actual expenses paid to the filer, was received and the value of any such honorarium:

Name of entity	Value of honoraria

7. **Securities held.** Give the name of every business or entity in which the filer held securities valued at five thousand dollars (\$5,000) or more during the reporting period; provided, however, mutual funds and similar securities need be identified only by the type of investments made by the mutual fund or similar security:

8. **Clients represented before regulatory state government agencies.** Give the name and address of all clients represented by the filer or the filer's spouse before a regulatory state governmental agency, as listed in Section 3 of Chapter 23 of this title, for compensation exceeding one thousand dollars (\$1,000) in amount or value during the preceding calendar year:

Name of client	Address of client

9. **Fiduciary relationships.** List every officership, directorship, trusteeship, or other fiduciary relationship held in an entity doing business with a governmental entity with which the filer is associated during the disclosure period and the term of such officership, directorship, trusteeship, or other fiduciary relationship:

Fiduciary relationship	Name of entity	Term of fiduciary relationship

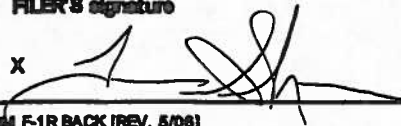
10. **Licenses and permits.** List all professional or occupational permits or licenses held by the filer:

11. **Certification.** I hereby certify that the statements contained herein are true and correct to the best of my knowledge.

FILER'S signature

Date

x



06/19/06

EC FORM F-1R BACK (REV. 5/06)

File with: Ethics Commission, 2200 N Lincoln Blvd, Rm 33, Oklahoma City, OK 73105-4812
405/521-3451 • FAX 521-4065