

Shannon Jeansonne  
980 Courthouse Rd., Apt. #1814  
Gulfport, MS 39507  
January 24, 2013

RECEIVED  
2013 JAN 28 PM 1:05  
FEC MAIL CENTER

Reports & Analysis Division, Laura  
Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

RE: C00347047

Dear Laura:

Please find enclosed the amended Statement of Organization (with revised email address and new married last name for Treasurer), Termination Report, and Letter from Candidate forgiving the remaining balance of the loan.

I want to thank you again for your time and assistance in helping me with all of my questions as to how to complete the termination report correctly. It is always nice to work with people who are as friendly and helpful as yourself.

Thanks,

*Shannon M. Jeansonne*

Shannon Jeansonne

Treasurer

Bob Hering for US Congress campaign

13031021412

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2013 JAN 28 PM 1:05  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

Bob Herring For US Congress

ADDRESS (number and street)

4157 Seaboard Rd

(Check if address  
is changed)

Orlando

CITY ▲

FL

STATE ▲

32808

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

sn.lewis@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

01 ' 23 ' 2013

3. FEC IDENTIFICATION NUMBER ▶

C00347047

4. IS THIS STATEMENT

NEW (N)

OR

✓

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

Shannon N. Jeansonne

Signature of Treasurer

Shannon N. Jeansonne

Date

01 ' 23 ' 2013

NOTE: 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  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

13031021413

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 Affiliation **REP** Office Sought:  House  Senate  President State **FL** District **08**

- (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                                      Cooperativn

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 Lobbyisi/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 candirate.
- (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

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

Robert N. Herring Jr

Mailing Address

1190 Nautica Mile Dr.

[Empty grid lines for address]

Clermont FL 34711

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number 321-229-4400

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

Shannon Jeansonne

Mailing Address

1990 Courthouse Rd.

Apt 1014

Bulfport MS 39507

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 228-263-2671

13031021415

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
*1/25/13*  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*h*  
PREPARER *1/28/13*  
DATE PREPARED

13031021416