

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:

14

OFFICE USE ONLY

Date Received

RECEIVED
JAN 13 2025

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Shannon D
 NICKNAME LAST SUFFIX
Martin

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 306 Victoria TX 77902

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 564-8154

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs Shelly M
 NICKNAME LAST SUFFIX
Marbach

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1253 FM 446 Residence Victoria TX 77905

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 935-3247

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH Day Year
7 / 01 / 24 THROUGH 12 / 31 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
County Commissioner PCT #3

13 OFFICE SOUGHT (if known)

14 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.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

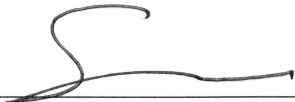
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Shannon D. Martin		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,786.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,991.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,200.00

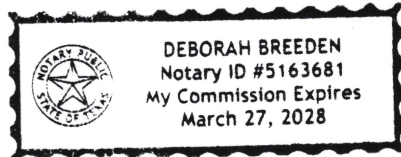
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Deborah Breedem this the 13th day of January, 2025, to certify which, witness my hand and seal of office.

Deborah Breedem Deborah Breedem Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Shannon D. Martin		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,950.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. ■ SCHEDULE E: LOANS		\$ 16,200.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,786.08
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 07/13/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Paul Daniel Chapa 6 Contributor address; City; State; Zip Code 500 North Shoreline Blvd Ste 111 Corpus Christi TX 78401	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Linebarger, Goggan, Blair & Sampson LLP
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Robert W. Schaar Contributor address; City; State; Zip Code 280 Erie St Victoria TX 77905	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Harrison, Waldrop & Uherek, LLP
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Royal & Dawn Marek Contributor address; City; State; Zip Code 402 Antietam Drive Victoria TX 77904	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Ernest Stone MD Contributor address; City; State; Zip Code 113 Hollywood Blvd Victoria TX 77904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Anesthesiologist		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 12/27/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Daniel Cano MD <hr/> 6 Contributor address; City; State; Zip Code 105 Pasadena Victoria TX 77904	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Internist		9 Employer (See Instructions) Citizens Medical Center
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Larry & Kathy Tomanek <hr/> Contributor address; City; State; Zip Code 202 E Hiller Street Victoria TX 77901	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) K & T Construction
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Dr. Donald & Lisa Breech <hr/> Contributor address; City; State; Zip Code PO Box 5221 Victoria TX 77903	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Orthopedic Surgeon		Employer (See Instructions) Donald Breech MD
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) June Stone <hr/> Contributor address; City; State; Zip Code 107 Ridge View Victoria TX 77904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 12/27/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Dennis & Louise Hull Patillo 6 Contributor address; City; State; Zip Code 3908 Old Highway Road Inez TX 77968	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Pumphouse Restaurant and Bar
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Mark Zafereo Contributor address; City; State; Zip Code 125 Kreekview Victoria TX 77904	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Investment Banker		Employer (See Instructions) LPL Financial, LLC
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Bruce and Sandy Hill Contributor address; City; State; Zip Code 282 Cinco Oaks Victoria TX 77905	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Lee and Dixie Swearingen Contributor address; City; State; Zip Code 203 Leisure Lane Victoria TX 77904	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) The Ron Brown Company

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 12/27/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Elgin Janssen	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 807 Charleston Drive Victoria TX 77904	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Dr. Gustavo & Mayra Sandigo	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 203 Woodlands Lane Victoria TX 77904	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family & Sleep Medicine
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Robert C. McKay	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 609 E Mockingbird Victoria TX 77904	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Robert C. McKay, P.C.-Law Firm
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Dr. Fred M. Fry	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2307 N Wheeler St Victoria TX 77901	
Principal occupation / Job title (See Instructions) Retired - Physican		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 12/27/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Travis Schaar D.V.M. <hr/> 6 Contributor address; City; State; Zip Code 2306 N Main Street Victoria TX 77901	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Veterinarian		9 Employer (See Instructions) Main Street Animal Hospital
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Dr. Thomas & Nancy Ashy <hr/> Contributor address; City; State; Zip Code 104 Albany Street Victoria TX 77904	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired - Anesthesiologist		Employer (See Instructions)
Date 12/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Darrell Hester <hr/> Contributor address; City; State; Zip Code 1902 Houston Hwy Victoria TX 77901	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Victoria All Sports
Date 12/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Roy & Glenda Roberts <hr/> Contributor address; City; State; Zip Code 902 Old Refugio Road Victoria TX 77905	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jack & Sharon Lee 6 Contributor address; City; State; Zip Code 510 Charleston Victoria TX 77904	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 10/03/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin	9 Loan Amount (\$) 1,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	10 Interest rate 0.00
		11 Maturity date 06/01/2025
12 Principal occupation / Job title (See Instructions) Firefighter		13 Employer (See Instructions) City of Victoria
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 02/12/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin	Loan Amount (\$) 2,000.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	Interest rate 0.00
		Maturity date 06/01/2025
Principal occupation / Job title (See Instructions) Retired - City of Victoria Fire Department		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 04/05/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin	9 Loan Amount (\$) 3,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	10 Interest rate 0.00
		11 Maturity date 06/01/2025
12 Principal occupation / Job title (See Instructions) Retired - City of Victoria Fire Department		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 04/15/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin	Loan Amount (\$) 3,000.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	Interest rate 0.00
		Maturity date 06/01/2025
Principal occupation / Job title (See Instructions) Retired - City of Victoria Fire Department		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 05/17/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin	9 Loan Amount (\$) 4,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	10 Interest rate 0.00
		11 Maturity date 06/01/2025
12 Principal occupation / Job title (See Instructions) Retired-City of Victoria Fire Department		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 06/26/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin	Loan Amount (\$) 3,200.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	Interest rate 0.00
		Maturity date 06/01/2025
Principal occupation / Job title (See Instructions) Retired - City of Victoria Fire Department		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
4 Date 06/04/2024	5 Payee name UPS Store	
6 Amount (\$) 102.40	7 Payee address; 8806 N Navarro	City; State; Zip Code Victoria TX 77904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Printing of Post Cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/26/2024	Payee name Chris Nicholson	
Amount (\$) 95.70	Payee address; PO Box 2522	City; State; Zip Code Victoria TX 77902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Postage
	Check if travel outside of Texas. Complete Schedule T. 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 07/22/2024	Payee name Shannon D. Martin	
Amount (\$) 1000.00	Payee address; 89 Weber Road	City; State; Zip Code Victoria TX 77905
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description Reimbursement
	Check if travel outside of Texas. Complete Schedule T. 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
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4 Date 09/09/2024	5 Payee name Optimum Media
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6 Amount (\$) 90.98	7 Payee address; 1 Court Square	City; Long Island	State; NY	Zip Code 11101
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Cable TV Campaign Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name USPS
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Amount (\$) 97.00	Payee address; 312 S Main Street	City; Victoria	State; TX	Zip Code 77901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Post Office Box Rental
	Check if travel outside of Texas. Complete Schedule T. 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
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Date 12/31/2024	Payee name Chris Nicholson
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Amount (\$) 400.00	Payee address; PO Box 2522	City; Victoria	State; TX	Zip Code 77902
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Advising
	Check if travel outside of Texas. Complete Schedule T. 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
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