

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>14</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME	FIRST <b>Shannon</b> LAST <b>Martin</b>	MI <b>D</b> SUFFIX
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: <b>PO Box 306</b>	APT / SUITE #:	CITY; STATE; ZIP CODE <b>Victoria TX 77902</b>
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 361 )</b>	PHONE NUMBER <b>564-8154</b>	EXTENSION
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs</b> NICKNAME	FIRST <b>Shelly</b> LAST <b>Marbach</b>	MI <b>M</b> SUFFIX
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>1253 FM 446 Residence</b>	APT / SUITE #:	CITY; STATE; ZIP CODE <b>Victoria TX 77905</b>
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>( 361 )</b>	PHONE NUMBER <b>935-3247</b>	EXTENSION
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15  <input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff  <input type="checkbox"/> Exceeded Modified Reporting Limit
<b>10</b> PERIOD COVERED	Month Day Year <b>5 / 19 / 24</b>	THROUGH	Month Day Year <b>6 / 30 / 24</b>
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>11 / 5 / 24</b>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special Other Description: _____	
<b>12</b> OFFICE	OFFICE HELD (if any) <b>N/A</b>	<b>13</b> OFFICE SOUGHT (if known) <b>County Commissioner PCT #3</b>	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received

RECEIVED  
 JUL 15 2024

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**



# 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	\$ 3,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 17,200.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,546.25
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: <b>4</b>
2 FILER NAME <b>Shannon D. Martin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/20/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Cliff &amp; Cathy Thomas</b> 6 Contributor address; City; State; Zip Code <b>PO Box 2748 Victoria TX 77902</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>C.L. Thomas Inc.</b>
Date <b>05/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Morris</b> Contributor address; City; State; Zip Code <b>180 Pozzi Road Victoria TX 77905</b>	Amount of contribution (\$)  <b>400.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>05/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ashlie Thomas</b> Contributor address; City; State; Zip Code <b>202 W. Power Victoria TX 77901</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Office Manager</b>		Employer (See Instructions) <b>C.L. Thomas Inc.</b>
Date <b>05/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>June Stone</b> Contributor address; City; State; Zip Code <b>107 Ridge View Victoria TX 77904</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>4</b>
2 FILER NAME <b>Shannon D. Martin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/20/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Linda Elmore</b> 6 Contributor address; City; State; Zip Code <b>405 Roseland Ave. Victoria TX 77901</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>Lentz Hardware</b>
Date <b>05/21/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jack Pitts</b> Contributor address; City; State; Zip Code <b>4179 Coletoville Road Victoria Tx 77905</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/03/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dennis O'Connor Hewitt</b> Contributor address; City; State; Zip Code <b>PO Box 2211 Victoria TX 77902</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>TC Oil &amp; Gas</b>
Date <b>06/03/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Larry &amp; Kathy Tomanek</b> Contributor address; City; State; Zip Code <b>202 E Hiller Street Victoria TX 77901</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>K &amp; T Construction Company</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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: 4
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 06/03/2024	5 Full name of contributor out-of-state PAC (ID#: _____) John McNeill ..... 6 Contributor address; City; State; Zip Code P O Box 129 Nursery TX 77976	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Citizens Medical Center
Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Darrell & Sandra Hester ..... Contributor address; City; State; Zip Code 341 Hester Road Victoria TX 77905	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owners		Employer (See Instructions) Victoria All Sports
Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Joe & Debbie Humphreys ..... Contributor address; City; State; Zip Code 705 Tranquillo Drive Victoria TX 77905	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owners		Employer (See Instructions) Logical Business Solutions
Date 06/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Estate of Warren Alkek ..... Contributor address; City; State; Zip Code 118 N Main Street Victoria TX 77901	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>4</b>
2 FILER NAME <b>Shannon D. Martin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/10/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Penni Gietz</b> ..... 6 Contributor address; City; State; Zip Code <b>305 E Park Ave Victoria TX 77901</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor 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 10/03/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon D. Martin	9 Loan Amount (\$) 2,000.00
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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	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: <b>3</b>
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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# 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: <b>3</b>
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Shannon D. Martin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/21/2024	<b>5</b> Payee name Optimum Media	
<b>6</b> Amount (\$) 1,425.04	<b>7</b> Payee address; City; State; Zip Code 1 Court Square Long Island NY 11101	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Cable TV Campaign Advertising
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 05/21/2024	Payee name Victoria Radio Works	
Amount (\$) 438.60	Payee address; City; State; Zip Code 3613 N Main Victoria TX 77901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio Campaign Advertising
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 05/23/2024	Payee name KAVU TV	
Amount (\$) 811.75	Payee address; City; State; Zip Code 3808 N Navarro Victoria TX 77901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description TV Campaign Advertising
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Shannon D. Martin</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/23/2024</b>	<b>5</b> Payee name <b>Victoria Radio Works</b>	
<b>6</b> Amount (\$) <b>459.00</b>	<b>7</b> Payee address: City; State; Zip Code <b>3613 N Main St Victoria TX 77901</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Radio Campaign Advertising</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>06/04/2024</b>	Payee name <b>Chris Nicholson</b>	
Amount (\$) <b>3,800.00</b>	Payee address; City; State; Zip Code <b>PO Box 2522 Victoria TX 77902</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Advising</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>06/10/2024</b>	Payee name <b>USPS</b>	
Amount (\$) <b>13.60</b>	Payee address; City; State; Zip Code <b>312 S Main Victoria TX 77901</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Postage</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Shannon D. Martin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/26/2024	<b>5</b> Payee name UPS Store	
<b>6</b> Amount (\$) \$3,502.56	<b>7</b> Payee address: 8806 N Navarro	City; State; Zip Code Victoria TX 77904
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Printing Door Hangers & Mailers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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