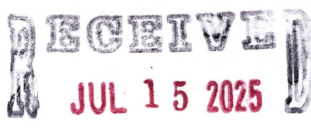


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 11							
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Shannon</div> <div>MI D</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Martin</div> <div>SUFFIX</div> </div>		<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">  </div> <div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> </div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX: PO Box 306</div> <div>APT / SUITE #:</div> <div>CITY: Victoria</div> <div>STATE: TX</div> <div>ZIP CODE 77902</div> </div>									
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (361)</div> <div>PHONE NUMBER 564-8154</div> <div>EXTENSION</div> </div>									
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs</div> <div>FIRST Shelly</div> <div>MI M</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Marbach</div> <div>SUFFIX</div> </div>									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE): 1253 FM 446 Residence</div> <div>APT / SUITE #:</div> <div>CITY: Victoria</div> <div>STATE: TX</div> <div>ZIP CODE 77905</div> </div>									
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (361)</div> <div>PHONE NUMBER 935-3247</div> <div>EXTENSION</div> </div>									
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div>January 15</div> <div>30th day before election</div> <div>Runoff</div> <div>15th day after campaign treasurer appointment (Officeholder Only)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input checked="" type="checkbox"/> July 15</div> <div>8th day before election</div> <div>Exceeded Modified Reporting Limit</div> <div>Final Report (Attach C/OH - FR)</div> </div>									
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year 1 / 01 / 25</div> <div>THROUGH</div> <div>Month Day Year 6 / 30 / 25</div> </div>									
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Month Day Year / /</div> <div> <div>Primary</div> <div>Runoff</div> <div>Other Description</div> </div> <div> <div>General</div> <div>Special</div> </div> </div>									
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any) County Commissioner PCT #3</div> <div>13 OFFICE SOUGHT (if known)</div> </div>									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>		COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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

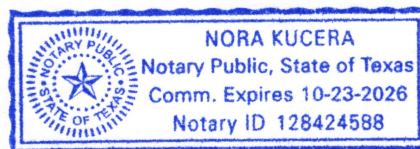
15 C/OH NAME Shannon D. Martin		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,735.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,280.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 46.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,600.00

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 Shannon Martin this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath Nora Kucera Printed name of officer administering oath Nora Kucera Title of officer administering oath Notary

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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,735.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 13,600.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,280.10
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: 3	
2 FILER NAME Shannon D. Martin				3 Filer ID (Ethics Commission Filers)	
4 Date 01/07/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Doreta D. Keith			7 Amount of contribution (\$) \$35.00	
	6 Contributor address; City; State; Zip Code 219 Wearden Drive Victoria TX 77904				
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions)		
Date 01/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Richard and Patricia Huegele			Amount of contribution (\$) \$250.00	
	Contributor address; City; State; Zip Code PO Box 3513 Victoria TX 77903				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Carlos Chinae, MD			Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code 4801 NE Zac Lentz Pkwy Unit 3903 Victoria TX 77904				
Principal occupation / Job title (See Instructions) Physician-Gastroenterologist			Employer (See Instructions) Self		
Date 01/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Gary and Stephanie Mueller			Amount of contribution (\$) \$150.00	
	Contributor address; City; State; Zip Code 311 Kelly Drive Victoria TX 77904				
Principal occupation / Job title (See Instructions) Retired-Dentist			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**

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: 3
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Walker and Associates-Linda Walker <hr/> 6 Contributor address; City; State; Zip Code 5866 S Staples St Ste 403 Corpus Christi TX 78413	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Bruce and Susan Ryan <hr/> Contributor address; City; State; Zip Code 10342 Nursery Drive Victoria TX 77904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Detar Hospital
Date 01/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Jay and Barbara Lack <hr/> Contributor address; City; State; Zip Code 102 Creekside Victoria TX 77904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Peter and Julie Rojas <hr/> Contributor address; City; State; Zip Code 501 W Colorado St Apt A Victoria TX 77901	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired - Physician		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**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: 3
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Thomas R. Fordiani DDS 6 Contributor address; City; State; Zip Code 102 Professional Park Drive Victoria TX 77904	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor out-of-state PAC (ID#: _____) John Elmore Contributor address; City; State; Zip Code 405 Roseland Ave Victoria TX 77901	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Raymond and Jill Fox Contributor address; City; State; Zip Code 407 N. Craig Victoria TX 77901	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Kenneth R. and Patricia A. Ballard Contributor address; City; State; Zip Code 7958 Coletoville Road Victoria TX 77905	Amount of contribution (\$) \$50.00
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 02/12/2024		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin		9 Loan Amount (\$) 400.00	
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 12/31/2025	
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 04/05/2024		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 12/31/2025	
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 04/15/2024		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 12/31/2025	
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 05/17/2024		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin		Loan Amount (\$) 4,000.00	
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 12/31/2025	
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)		
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 06/26/2024		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin		9 Loan Amount (\$) 3,200.00	
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 12/31/2025	
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		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)	
Is lender a financial institution? Y <input checked="" type="checkbox"/> N		Lender address; City; State; Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions)			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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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 01/07/2025		5 Payee name Shannon D. Martin			
6 Amount (\$) \$2,600.00		7 Payee address: 89 Weber Road		City; Victoria	State; TX Zip Code 77905
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment		(b) Description Reimbursement		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/20/2025		Payee name Chris Nicholson			
Amount (\$) \$991.10		Payee address: PO Box 2522		City; Victoria	State; TX Zip Code 77902
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/20/2025		Payee name Chris Nicholson			
Amount (\$) \$450.00		Payee address: PO Box 2522		City; Victoria	State; TX Zip Code 77902
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 ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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 04/28/2025	5 Payee name USPS			
6 Amount (\$) \$239.00	7 Payee address; 312 S Main Street	City; Victoria	State; TX	Zip Code 77901
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expense		(b) Description Post Office Box Rental	
	(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	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	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	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	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