

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: **17**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Shannon	MI D.	OFFICE USE ONLY		
	NICKNAME	LAST Martin	SUFFIX			Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; PO Box 306	APT / SUITE #;	CITY; Victoria	STATE; TX	ZIP CODE 77902	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 564-8154	EXTENSION		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Shelly	MI M.	Receipt #	Amount \$	
	NICKNAME	LAST Marbach	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1253 FM 446 Residence		CITY; Victoria	STATE; TX	ZIP CODE 77905	
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 935-3247	EXTENSION		Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1	26	24	THROUGH	2	24 / 24
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	3	5	24	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) County Commissioner PCT #3			
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)	\$ 2,750.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,766.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,954.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,005.00

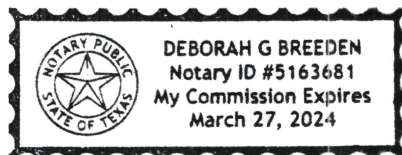
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Deborah Breeden this the 26 day of February, 2024, to certify which, witness my hand and seal of office.

Deborah Breeden Deborah Breeden Notary Public
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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 2,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4,766.15
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: **7**

2 FILER NAME

Shannon D. Martin

3 Filer ID (Ethics Commission Filers)

4 Date

02/05/2024

5 Full name of contributor

Patrick Siddons

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

14233 Interdrive

City;

Houston TX 77032

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/13/2024

Full name of contributor

Mannon & Dottie Mints

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

77 Joe Beaver Lane

City;

Victoria TX 77905

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

02/22/2024

Full name of contributor

Dr. & Mrs. Tony McDowell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

2705 Hospital Dr

City;

Victoria TX 77901

State;

Zip Code

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Victoria Women's Clinic

Date

02/22/2024

Full name of contributor

T. Michael & LuAnn O'Connor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

303 S. Bridge St.

City;

Victoria TX 77901

State;

Zip Code

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.

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: 7
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Clayton & Jennifer Mayfield 6 Contributor address; City; State; Zip Code 6567 W FM 884 Goliad TX 77963	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Louis & Billie Diebel Contributor address; City; State; Zip Code 3497 Weber Road Victoria TX 77905	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Dr. Travis & Toni Schaar Contributor address; City; State; Zip Code 564 Nagel Road Victoria TX 77905	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Main Street Animal Hospital
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Paul & Susan Teinert Contributor address; City; State; Zip Code 5107 John Stockbauer Victoria TX 77904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Paul C. Teinert CPA, PLLC

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: 7
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Ken Schaefer 6 Contributor address; City; State; Zip Code 5506 N Navarro Victoria TX 77904	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Car Dealer		9 Employer (See Instructions) Schaefer Auto Sales
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) David & Linda Palmer Contributor address; City; State; Zip Code 5506 Country Club Victoria TX 77904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Scott & BJ Nelson Contributor address; City; State; Zip Code 244 Riverwood Dr Victoria TX 77904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) White Trash Services
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Bernard & Laura Klimist Contributor address; City; State; Zip Code 406 S. William St Victoria TX 77901	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Klimist Law Firm

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: 7
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jim & Jennifer Hartman 6 Contributor address; City; State; Zip Code 310 Creekridge Victoria TX 77904	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Owners		9 Employer (See Instructions) Victoria Communication Services
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Dr. Tom & Nancy Ashy Contributor address; City; State; Zip Code 104 Albany Victoria TX 77904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Paul & Kathleen Holm Contributor address; City; State; Zip Code PO Box C Victoria TX 77902	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Paul B. Holm & Company, PLLC
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Douglas & Dr. Tanya Seiler Contributor address; City; State; Zip Code 3705 Miori Lane Victoria TX 77901	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Victoria Women's Clinic
<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: 7
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Louis & Mary Dillon 6 Contributor address; City; State; Zip Code 565 Bayside Dr Seadrift TX 77983	7 Amount of contribution (\$) 650.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2024	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)		Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Eddie & Trisha Grahmann Contributor address; City; State; Zip Code 3538 Weber Rd Victoria TX 77905	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Dr. & Mrs. Gustavo Sandigo Contributor address; City; State; Zip Code 202 James Coleman Dr Ste A Victoria TX 77904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gustavo Sandigo MD
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: 7
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Dr. Don & Lisa Breech 6 Contributor address; City; State; Zip Code 605 E San Antonio St 410E Victoria TX 77901	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) Orthopedic Surgeon		9 Employer (See Instructions) Donald Breech MD
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Richard & Patricia Huegele Contributor address; City; State; Zip Code 207 Pasadena Victoria TX 77904	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Jeff & Sherri Kyle Contributor address; City; State; Zip Code PO Box 291 Nursery TX 77976	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Dr. Gary & Stephanie Mueller Contributor address; City; State; Zip Code 311 Kelly Dr 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: 7
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Dr. Thomas & Deanna Fordiani	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 102 Professional Park Victoria TX 77904	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions) Thomas Fordiani, DDS
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: 1
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 (\$) 2,000.00
6 Is lender a financial Institution? <input type="checkbox"/> 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 06/01/2024
12 Principal occupation / Job title (See Instructions) Retired		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? <input type="checkbox"/> Y <input 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	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: 6	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
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4 Date 01/30/2024	5 Payee name Lowe's Home Improvement
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6 Amount (\$) 35.72	7 Payee address; 8602 N Navarro	City; Victoria	State; TX	Zip Code 77904
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Sign Hardware
	(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 01/31/2024	Payee name Otto's Coastal Hay
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Amount (\$) 132.10	Payee address; 276 Old Goliad Road	City; Victoria	State; TX	Zip Code 77905
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Steel post for Campaign Signs
	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 02/02/2024	Payee name Harbor Freight
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Amount (\$) 31.56	Payee address; 3605 N Navarro	City; Victoria	State; TX	Zip Code 77901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Sign Hardware
	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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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: 6	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2024	5 Payee name UPS Store	
6 Amount (\$) 210.00	7 Payee address; City; State; Zip Code 8806 N Navarro Ste #600 Victoria TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Door Hangers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Otto's Coastal Hay	
Amount (\$) 52.84	Payee address; City; State; Zip Code 276 Old Goliad Road Victoria TX 77905	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Steel Post for Campaign Signs
	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 02/07/2024	Payee name Chris Nicholson	
Amount (\$) 750.00	Payee address; City; State; Zip Code PO Box 2522 Victoria TX 77902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Advising
	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.

1 Total pages Schedule F1: 6	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2024	5 Payee name Office Depot	
6 Amount (\$) 99.57	7 Payee address; 5106 N Navarro	City; State; Zip Code Victoria TX 77904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Ink Cartridges for Printer
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Rapid Printing	
Amount (\$) 1,000.00	Payee address; 1708 N Navarro Ste 300	City; State; Zip Code Victoria TX 77901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing of Yard Signs
	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 02/16/2024	Payee name Tommy Marbach	
Amount (\$) 525.00	Payee address; 1253 FM 446	City; State; Zip Code Victoria TX 77905
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Auction item brought at Church fundraiser
	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

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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: 6	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
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4 Date 02/16/2024	5 Payee name Rapid Printing
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6 Amount (\$) 350.00	7 Payee address; 1708 N Navarro Ste 300	City; Victoria	State; TX	Zip Code 77901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Printing of Yard Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name Otto's Coastal Hay
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Amount (\$) 88.07	Payee address; 276 Old Goliad Road	City; Victoria	State; TX	Zip Code 77905
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Steel Post for Campaign Signs
	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
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Date 02/20/2024	Payee name Harbor Frieght
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Amount (\$) 14.88	Payee address; 3605 N Navarro	City; Victoria	State; TX	Zip Code 77901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Sign Hardware
	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
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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: 6	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
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4 Date 02/25/2024	5 Payee name Lowe's
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6 Amount (\$) 76.12	7 Payee address; 8602 N Navarro	City; Victoria	State; TX	Zip Code 77904
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Sign Hardware
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name Victoria Radio Works
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Amount (\$) 642.00	Payee address; 3613 N Main St	City; Victoria	State; TX	Zip Code 77901
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PURPOSE OF EXPENDITURE	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	Office held
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Date 02/21/2024	Payee name Hobby Lobby
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Amount (\$) 37.87	Payee address; 8404 N Navarro St.	City; Victoria	State; TX	Zip Code 77904
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supplies for Campaign Fundraiser
	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
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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)

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|--|-------------------------------|--------------------------------|--|
| 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: 6	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
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4 Date 02/21/2024	5 Payee name HEB
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6 Amount (\$) 60.88	7 Payee address; 6106 N Navarro	City; Victoria	State; TX	Zip Code 77904
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Supplies for Campaign Fundraiser
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/22/2024	Payee name Chris Nicholson
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Amount (\$) 190.34	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) Event Expense	Description Invitations for Campaign Fundraiser
	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
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Date 02/23/2024	Payee name Victoria Radioworks
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Amount (\$) 469.20	Payee address; 3613 N Main	City; Victoria	State; TX	Zip Code 77901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio 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	Office held
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