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 (Et	hics Commission Filers)	2 Total pages	19
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Shannon		MI D		E USE ONLY
NAME	NICKNAME	LAST Martin		SUFFIX	Date Received	ELVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 306		CITY; STA Victoria TX		181	2 0 2024
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXT	TENSION	200	ed or Date Postmarked
OFFICEHOLDER PHONE	(361)	564-8154			Receipt #	Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount 3
TREASURER NAME	Mrs	Shelly		M	Date Processed	
	NICKNAME	Marbach		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #:	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	1253 FM 446 Residence			Victoria	TX	77905
8 CAMPAIGN TREASURER PHONE	(361)	PHONE NUMBER 935-3247	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff		after campaign appointment der Only)
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year 25 / 24	THROUGH	Month 5	Day Yes	
11 ELECTION	Month Day 5 / 28 /	Year Primary		Other Description		
12 OFFICE	OFFICE HELD (if any)			TICE SOUGHT (if known ty Commission	The second section is a second section of	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN M.	ADE WITHOUT THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRES	SS .		
	1	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIG	N FINANCE REPORT CO	OVER SHEET PG 2
15 C/OH NAME Shannon D. Martin	16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 5,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE:	\$. 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,909.08
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,766.38
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,000.00
	Please complete either option below:	
	Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEAL	DEBORAH BREEDEN Notary ID #5163681 My Commission Expires March 27, 2028	
	before me by <u>Deborah Breeden</u> this the <u>204</u>	day of Mali
0.7	which, witness my hand and seal of office.	,,
ilelisrah Br	eden Deborah Breeden Notai	ry Public
Signature of officer administer		title of officer administering oath
	OR	
2) Unsworn Declaratio	n	
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 (month)	, 20
	(month)	(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 Sł	FILER NAME 20 Tannon D. Martin	Filer ID (Ethics Commi	ssion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	■ SCHEDULE E: LOANS	\$	14,000.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BUTIONS \$	21,909.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$	
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 BUS	INESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$	

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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Shannon D. Martin 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Ronnie & Kelly Pesek 02/26/24 6 Contributor address: City; State; Zip Code \$100.00 417 Garcitas Grove Inez TX 77968 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired City of Victoria Fire Dept Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Bruce & Sandy Hill 2/26/24 Contributor address: \$500.00 City; State; Zip Code PO Box 5375 Victoria TX 77903 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Estate of Warren Alkek 2/26/24 Contributor address; \$250.00 State; Zip Code 118 N Main St Victoria TX 77901 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Georgia Sterne 2/29/24 Contributor address; City; State; Zip Code \$100.00 213 Amberglow CT Victoria TX 77904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired 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

Т	The Instruction Guide explains how to	complete th	is form.	1 Total pages Schedule A1: 3
2 FILER NAM Shannon				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor George & Debra Boozalis	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
02/29/24	6 Contributor address; 810 Champion Row	city; Victoria	State; Zip Code	\$500.00
Principal of	ccupation / Job title (See Instructions)		9 Employer (See Instruction Victoria Eye Center	tions)
Date 03/05/24	Janice Ohrt		C (ID#:)	Amount of contribution (\$)
13/03/24	Contributor address; 2221 FM 237	City: Victoria	State; Zip Code TX 77905	\$300.00
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Scindy Stange		C (ID#:)	Amount of contribution (\$)
3/05/24	Contributor address; 312 Kelly Drive	city; Victoria	State; Zip Code	\$300.00
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Dr. & Mrs. James Neumann		C (ID#:)	Amount of contribution (\$)
3/05/24	Contributor address; 301 Kingwood Forest Dr	City; Victoria	State; Zip Code TX 77904	\$200.00
			Employer (See Instructi	ons)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

TI	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAM Shannon D				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Jack Pitts		C (ID#:)	7 Amount of contribution (\$)
03/05/24	6 Contributor address; 4179 Coletoville Road	c _{ity;} Victoria	State; Zip Code	\$500.00
8 Principal occ Retired	ccupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date Full name of contributor out-of-state PAC (ID#:			Amount of contribution (\$)	
03/13/24	Contributor address: PO Box 106	City; Victoria	State; Zip Code TX 77902	\$250.00
Principal occ Retired	cupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 02/40/24	Full name of contributor Margaret Beekler	Margaret Beekler		Amount of contribution (\$)
03/13/24			State; Zip Code	\$100.00
Principal occ Retired	cupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Texas Realtor PAC		C (ID#:)	Amount of contribution (\$)
04/30/24	Contributor address; 1115 San Jacinto Blvd Ste	City;	State; Zip Code	\$2,500.00
Principal occ	cupation / Job title (See Instructions)		Employer (See Instructi	ions)

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Shannon D. Martin 4 TOTAL OF UNITEMIZED LOANS \$ 0 Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) 10/03/2023 2,000.00 Shannon D. Martin 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial 0.00 Institution? 89 Weber Lane Victoria TX 77905 11 Maturity date YVN 06/01/2024 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Firefighter City of Victoria 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City: State: Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: 2.000.00 02/12/2024 Shannon D. Martin Interest rate Lender address; Is lender City; State; Zip Code 0.00 a financial 89 Weber Lane Victoria TX 77905 Institution? Maturity date VN 06/01/2024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired - City of Victoria Fire Department Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address: City: State; Zip Code not applicable 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.

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Shannon D. Martin \$ 0 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 7 Name of lender out-of-state PAC (ID#:____ Date of loan 3,000.00 04/05/24 Shannon D. Martin 10 Interest rate State; Zip Code Is lender 8 Lender address; City; 0.00 a financial TX 77905 Victoria Institution? 89 Weber Lane 11 Maturity date YVN 06/01/2024 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Retired - City of Victoria Fire Department 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State: Zip Code City; 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) pate of loan Name of lender out-of-state PAC (ID#:_____ 3,000.00 04/15/2024 Shannon D. Martin Interest rate State: Zip Code City: Lender address; Is lender 0.00 financial TX 77905 Victoria 89 Weber Lane Institution? Maturity date 06/01/2024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired - City of Victoria Fire Department Check if personal funds were deposited into political Description of Collateral account (See Instructions) Amount Guaranteed (\$) Name of guarantor GUARANTOR NEORMATION State; Zip Code Guarantor address: City; not applicable Employer (See Instructions) Principal Occupation (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.

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: 3 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Shannon D. Martin \$ 0 4 TOTAL OF UNITEMIZED LOANS 7 Name of lender 9 Loan Amount (\$) Date of loan out-of-state PAC (ID#:___ 05/17/2024 4.000.00 Shannon D. Martin 10 Interest rate Is lender 8 Lender address; City; State; Zip Code 0.00 a financial Victoria 89 Weber Lane TX 77905 Institution? 11 Maturity date YVN 06/01/2024 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Retired - City of Victoria Fire Department 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:____ Interest rate Is lender Lender address: City; State; Zip Code a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of quarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (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.

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Can	didate/Officeholder/Politic Card Payment	Phnang	/Wages/Contract Labor	Travel Out Of District Other (enter a category)	
1 Tota 10	al pages Schedule F1	2 FILER NAME Shannon D. Martin	3	Filer ID (Ethics	s Commission Filers)
4 Dat	e	5 Payee name			
02	/28/2024	Colony Creek Country Club			
6 Am	ount (\$)	7 Payee address;	City;	State;	Zip Code
\$51	8.44	301 Colony Creek Drive	Victoria	TX	77904
8		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
E	PURPOSE OF KPENDITURE	Event Expense	Venue for Campa	iign Fundrais	ser
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living	expense
	plete <u>ONLY</u> if direct nditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date		Payee name			
02/2	28/2024	Victoria Livestock Show			
Amo	unt (\$)	Payee address;	City;	State;	Zip Code
\$25	0.00	PO Box 2255	Victoria	TX	77902
		Category (See Categories listed at the top of this schedule)	Description		
	PURPOSE OF PENDITURE	Contribution/Donation	Donation for Victo	oria Livestock	Show Auction
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living	expense
	lete <u>ONLY</u> if direct nditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date		Payee name			
03/0	1/2024	Vela Farms			
Amo	unt (\$)	Payee address;	City;	State;	Zip Code
\$85.	30	4806 John Stockbauer	Victoria	TX	77904
		Category (See Categories listed at the top of this schedule)	Description		
	OF PENDITURE	Contribution/Donation	Donation for Quail Association	Creek Home	eowner
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living e	xpense
	lete <u>ONLY</u> if direct diture to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D	

SCHEDULE F1

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 Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Shannon D. Martin 4 Date 5 Payee name 03/01/2024 Victoria Radio Works 6 Amount (\$) 7 Payee address: City: State: Zip Code 3613 N Main St \$734.40 Victoria TX 77901 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Radio Campaign Advertising OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/01/2024 Victoria Radio Works Amount (\$) Payee address; City: State: Zip Code 3613 N Main St \$316.20 Victoria TX 77901 Category (See Categories listed at the top of this schedule) Description Advertising Expense PURPOSE Radio Campaign Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 03/01/2024 Victoria Radio Works Amount (\$) Payee address: City: State: Zip Code 3613 N Main Street Victoria \$153.00 TX 77901 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Radio Campaign Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Qard 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

	putions/Donations Made E lidate/Officeholder/Politic ard Payment	of Committee	Expense Wages/Contract Labor	Travel Out Of Distri Other (enter a category)	ct ory not listed above)
-		The Instruction Guide explains how to	complete this form.		
1 Tota 10	pages Schedule F1:	2 FILER NAME Shannon D. Martin		3 Filer ID (Ethic	s Commission Filers)
1 Dat		5 Payee name			
03	01/2024	Quail Creek Volunteer Fire Departm	nent		
8 Am	ount (\$)	7 Payee address;	City;	State;	Zip Code
\$60	0.00	513 Chukar Drive	Victoria	TX	77905
3		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
E	PURPOSE OF (PENDITURE	Contributions/Donations	Donation for Fu	ndraiser	
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
	plete <u>ONLY</u> if direct nditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date		Payee name			
03/0	1/2024	H-E-B			
Amo	unt (\$)	Payee address;	City;	State;	Zip Code
\$33	.69	6106 N Navarro	Victoria	TX	77904
		Category (See Categories listed at the top of this schedule)	Description		
	PURPOSE OF PENDITURE	Event Expense	Supplies for Car	mpaign Fundr	aiser
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
	lete <u>ONLY</u> if direct diture to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date		Payee name			
3/0	/2024	Sam's Club			
Amo	unt (\$)	Payee address;	City;	State;	Zip Code
170	.49	9202 N Navarro	Victoria	TX	77904
	PURPOSE OF PENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supplies for Cam	paign Fundra	iser
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
		Candidate / Officeholder name		3	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) at Expense Loan Repayment/Reimburseme

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit dard 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/Wagnes/Contract Labor

	/Wages/Contract Labor	Travel Out Of District Other (enter a catego	
Shannon D. Martin	3	Filer ID (Ethics	Commission Filers)
5 Payee name Sam's Club			
7 Payee address;	City;	State;	Zip Code
9202 N Navarro	Victoria	TX	77904
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Event Expense		paign Fundra	iser
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living	expense
Candidate / Officeholder name DH	Office sought	(Office held
Payee name			
Victoria Radio Works			
Payee address;	City;	State;	Zip Code
3613 N Main St	Victoria	TX	77901
Category (See Categories listed at the top of this schedule) Advertising Expense	Pescription Radio Campaign	Advertising	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	C officeholder living e	xpense
Candidate / Officeholder name H	Office sought		ffice held
Payee name			
Lamar Advertising			
Payee address;	City;	State;	Zip Code
4507 N Main Street	Victoria	TX	77904
Category (See Categories listed at the top of this schedule)	Description		
Advertising Expense	Billboard Advertisin	ng	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living ex	pense
	The Instruction Guide explains how to Shannon D. Martin 5 Payee name Sam's Club 7 Payee address; 9202 N Navarro (a) Category (See Categories listed at the top of this schedule) Event Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Victoria Radio Works Payee address; 3613 N Main St Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H Payee name Lamar Advertising Payee address; 4507 N Main Street Category (See Categories listed at the top of this schedule)	The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form. Payee name Sam's Club Payee address: (a) Category (See Categories listed at the top of this schedule) (b) Description Supplies for Cam (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Victoria Radio Works Payee address: City: Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Lamar Advertising Payee address: City: Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form. It is a Filter ID (Ethics Shannon D. Martin) Shannon D. Martin S

SCHEDULE F1

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

		EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Acco Cons Cont Car	ertising Expense unting/Banking ulting Expense ributions/Donations Made B didate/Officeholder/Politica Card Payment	Fees Off Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense Iaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
0.00		The Instruction Guide explains ho	w to complete this form.	
1 Tot	al pages Schedule F1:	2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 Da	le 3/08/2024	5 Payee name Lamar Advertising		
6 An	ount (\$)	7 Payee address;	City;	State; Zip Code
\$1	000.00	4507 N Main St	Victoria	TX 77904
8		(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
E	PURPOSE OF XPENDITURE	Advertising Expense	Billboard Adver	tising
		(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	n, TX, officeholder living expense
	mplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Da	e	Payee name		
	08/2024	Chris Nicholson		
An	ount (\$)	Payee address;	City;	State; Zip Code
\$7	50.00	PO Box 2522	Victoria	TX 77902
		Category (See Categories listed at the top of this schedu	le) Description	
E	PURPOSE OF XPENDITURE	Consulting Expense	Advising	
		Check if travel outside of Texas. Complete Schedul	eT. Check if Austin	n, TX, officeholder living expense
	nplete <u>ONLY</u> if direct enditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Da	le	Payee name		
03/	8/2024	Chris Nicholson		
Ап	ount (\$)	Payee address;	City;	State; Zip Code
\$1,	300.00	PO Box 2522	Victoria	TX 77902
100		Category (See Categories listed at the top of this schedu	le) Description	
E	PURPOSE OF XPENDITURE	Consulting Expense	Advising	
		Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

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 Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Shannon D. Martin 10 5 Payee name 4 Date **UPS Store** 03/12/2024 State; Zip Code 7 Payee address; City; 6 Amount (\$) Victoria TX 77904 8806 N Navarro \$791.96 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Advertising Expense Advertising Mailouts OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **UPS Store** 03/12/2024 State: Zip Code City; Payee address; Amount (\$) 77904 8806 N Navarro Victoria TX \$798.04 Description Category (See Categories listed at the top of this schedule) Supplies for Campaign Fundraiser **Event Expense** PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/12/2024 **UPS Store** Pavee address: State: Zip Code Amount (\$) City; Victoria TX 77904 8806 N Navarro \$722.70 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense Advertising Mailouts OF XPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct enditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Total pages Schedule F	2 FILER NAME Shannon D. Martin	3 File	er ID (Ethic	s Commission Filer
Date 03/12/2024	5 Payee name UPS Store			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$105.00	8806 N Navarro	Victoria	TX	77904
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising Door Har	ngers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	iceholder living	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
3/28/2024	Creative Impressions by Summer			
Amount (\$)	Payee address;	City;	State;	Zip Code
670.08	715 Main Street	East Bernard	TX	77435
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign T-Shirts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living	expense
complete <u>ONLY</u> if direct xpenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
1/08/2024	Lamar Advertising			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,750.000	4507 N Main St	Victoria	TX	77904
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising Billboards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living	expense
omplete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

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 Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 10 Shannon D. Martin 4 Dat 5 Payee name 04/08/2024 Victoria Livestock Show 6 Amount (\$) 7 Payee address: City; State: Zip Code PO Box 2255 Victoria \$1,607.63 TX 77902 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contributions/Donations Donation to the VLS Auction OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/16/2024 Lamar Advertising Amount (\$) Pavee address: City: State: Zip Code 4507 N Main Street Victoria TX 77904 \$2,500.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Advertising Billboards OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/16/2024 Holy Family Catholic Church Amount (\$) Payee address: City: State: Zip Code 704 Mallette Dr Victoria TX 77904 \$60.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Ad for Annual Church Festival EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Prin	aries/Wages/Contract Labor Other	el In District el Out Of District r (enter a category not listed above)
	2 FILER NAME		er ID (Ethics Commission Filers
10	Shannon D. Martin		
Date	5 Payee name		
04/23/2024	USPS		
Ambunt (\$)	7 Payee address;	City;	State; Zip Code
\$122.00	312 S Main	Victoria	TX 77901
	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Postage ·	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/24/2024	Lamar Advertising		
Amount (\$)	Payee address;	City;	State; Zip Code
62,950.00	4507 N Main Street	Victoria	TX 77904
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising Billboard	S
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, off	iceholder living expense
Complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/16/2024	Sam's Club		
Amount (\$)	Payee address;	City;	State; Zip Code
236.23	9202 N Navarro	Victoria	TX 77904
	Category (See Categories listed at the top of this schedule	Description	
PURPOSE OF EXPENDITURE	Event Expense	Supplies for Campaign	n Fundraiser
	Check if travel outside of Texas. Complete Schedule 1	Check if Austin, TX, office	ceholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

Total pages Schedule F1	2 FILER NAME Shannon D. Martin	3 F	Filer ID (Ethics Commission	on Filer
Date	5 Payee name			
05/16/2024	Hause Venue			
Amount (\$)	7 Payee address;	City;	State; Zip Co	de
350.00	202 E Forrest St	Victoria	TX	779
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Venue for Campaig	n Fundraiser	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
complete <u>ONLY</u> if direct xpenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
5/16/2024	Victoria Radio Works			
Amount (\$)	Payee address;	City;	State; Zip Coo	de
530.40	3613 N Main St	Victoria	TX 7790)1
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Campaign Ad	dvertising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense	
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ate	Payee name			***************************************
5/16/2024	KAVU TV			
mount (\$)	Payee address;	City;	State; Zip Cod	e
,240.25	3808 N Navarro	Victoria	TX 779	01
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Campaign Advert	ising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	fficeholder living expense	
mplete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	