

# 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: 19								
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; margin-top: 5px;"> Date Received  <div style="text-align: center; font-weight: bold; color: red; font-size: 1.2em;">RECEIVED MAY 20 2024</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin-top: 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; margin-top: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin-top: 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  July 15 </div> <div> 30th day before election  8th day before election </div> <div> <input checked="" type="checkbox"/> Runoff  Exceeded Modified Reporting Limit </div> <div> 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR) </div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  2    /    25    /    24 </div> <div>THROUGH</div> <div> Month    Day    Year  5    /    18    /    24 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  5    /    28    /    24 </div> <div> ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <div> Primary  General </div> <div> <input checked="" type="checkbox"/> Runoff  Special </div> <div> Other Description </div> </div> </div> </div>										
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) County Commissioner PCT #3									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> 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. </div>										
Additional Pages	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			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)	\$	5,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE:	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	21,909.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	6,766.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	14,000.00

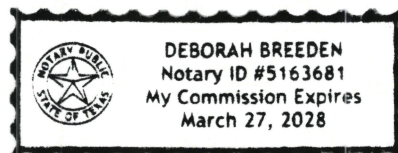
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Deborah Breedon this the 20th day of May, 2024, to certify which, witness my hand and seal of office.  
Deborah Breedon Deborah Breedon 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**

<b>19</b>	FILER NAME <b>Shannon D. Martin</b>	<b>20</b>	Filer ID (Ethics Commission Filers)
<b>21</b>	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 CONTRIBUTIONS	\$	21,909.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Shannon D. Martin

3 Filer ID (Ethics Commission Filers)

4 Date

02/26/24

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Ronnie & Kelly Pesek

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State; Zip Code

417 Garcitas Grove

Inez

TX

77968

8 Principal occupation / Job title (See Instructions)

Retired City of Victoria Fire Dept

9 Employer (See Instructions)

Date

2/26/24

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Bruce & Sandy Hill

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State; Zip Code

PO Box 5375

Victoria

TX 77903

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/26/24

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Estate of Warren Alkek

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State; Zip Code

118 N Main St

Victoria

TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/29/24

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Georgia Sterne

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State; Zip Code

213 Amberglow CT

Victoria

TX 77904

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**

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

02/29/24

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

George & Debra Boozalis

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

810 Champion Row

Victoria

TX

77904

8 Principal occupation / Job title (See Instructions)

Physician

9 Employer (See Instructions)

Victoria Eye Center

Date

03/05/24

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Janice Ohrt

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

2221 FM 237

Victoria

TX

77905

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

03/05/24

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Scindy Stange

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

312 Kelly Drive

Victoria

TX

77904

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

03/05/24

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dr. & Mrs. James Neumann

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

301 Kingwood Forest Dr

Victoria

TX

77904

Principal occupation / Job title (See Instructions)

Radiologist

Employer (See Instructions)

Victoria Radiology Associates

**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 03/05/24	5 Full name of contributor out-of-state PAC (ID# _____) Jack Pitts 6 Contributor address; City; State; Zip Code 4179 Coletoville Road Victoria TX 77905	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/13/24	Full name of contributor out-of-state PAC (ID# _____) Torin Bales Contributor address; City; State; Zip Code PO Box 106 Victoria TX 77902	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/13/24	Full name of contributor out-of-state PAC (ID# _____) Margaret Beekler Contributor address; City; State; Zip Code 111 Lance Lane Victoria TX 77904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/30/24	Full name of contributor out-of-state PAC (ID# _____) Texas Realtor PAC Contributor address; City; State; Zip Code 1115 San Jacinto Blvd Ste 200 Austin TX 78701	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>3</b>
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 10/03/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin	9 Loan Amount (\$) 2,000.00
6 Is lender a financial institution?  Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	10 Interest rate 0.00
		11 Maturity date 06/01/2024
12 Principal occupation / Job title (See Instructions) Firefighter		13 Employer (See Instructions) City of Victoria
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 02/12/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin	Loan Amount (\$) 2,000.00
Is lender a financial institution?  Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	Interest rate 0.00
		Maturity date 06/01/2024
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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
5 Date of loan 04/05/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon D. Martin	9 Loan Amount (\$) 3,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	10 Interest rate 0.00
		11 Maturity date 06/01/2024
12 Principal occupation / Job title (See Instructions) Retired - City of Victoria Fire Department		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 04/15/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon D. Martin	Loan Amount (\$) 3,000.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	Interest rate 0.00
		Maturity date 06/01/2024
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: <b>3</b>
2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 05/17/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon D. Martin	9 Loan Amount (\$) 4,000.00
6 Is lender a financial Institution?  Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905	10 Interest rate 0.00
		11 Maturity date 06/01/2024
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 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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 10		2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)	
4 Date 02/28/2024		5 Payee name Colony Creek Country Club			
6 Amount (\$) \$518.44		7 Payee address; 301 Colony Creek Drive		City; Victoria	State; TX Zip Code 77904
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Venue 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					
Date 02/28/2024		Payee name Victoria Livestock Show			
Amount (\$) \$250.00		Payee address; PO Box 2255		City; Victoria	State; TX Zip Code 77902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation		Description Donation for Victoria Livestock Show Auction		
	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					
Date 03/01/2024		Payee name Vela Farms			
Amount (\$) \$85.30		Payee address; 4806 John Stockbauer		City; Victoria	State; TX Zip Code 77904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation		Description Donation for Quail Creek Homeowner Association		
	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					
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: 10	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2024	5 Payee name Victoria Radio Works	
6 Amount (\$) \$734.40	7 Payee address; 3613 N Main St City: Victoria State: TX Zip Code: 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Radio Campaign Advertising
	(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 03/01/2024	Payee name Victoria Radio Works	
Amount (\$) \$316.20	Payee address; 3613 N Main St City: Victoria State: TX Zip Code: 77901	
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.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/01/2024	Payee name Victoria Radio Works	
Amount (\$) \$153.00	Payee address; 3613 N Main Street City: Victoria State: TX Zip Code: 77901	
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.	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	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: 10		2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)	
4 Date 03/01/2024		5 Payee name Quail Creek Volunteer Fire Department			
6 Amount (\$) \$600.00		7 Payee address; 513 Chukar Drive		City; Victoria	State; TX Zip Code 77905
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations		(b) Description Donation for Fundraiser		
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/01/2024		Payee name H-E-B			
Amount (\$) \$33.69		Payee address; 6106 N Navarro		City; Victoria	State; TX Zip Code 77904
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/01/2024		Payee name Sam's Club			
Amount (\$) \$170.49		Payee address; 9202 N Navarro		City; Victoria	State; TX Zip Code 77904
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	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: 10		2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)	
4 Date 03/01/2024		5 Payee name Sam's Club			
6 Amount (\$) \$48.67		7 Payee address; 9202 N Navarro		City; Victoria	State; TX      Zip Code 77904
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/01/2024		Candidate / Officeholder name Victoria Radio Works			
Amount (\$) \$489.60		Payee address; 3613 N Main St		City; Victoria	State; TX      Zip Code 77901
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/08/2024		Candidate / Officeholder name Lamar Advertising			
Amount (\$) \$25.00		Payee address; 4507 N Main Street		City; Victoria	State; TX      Zip Code 77904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Billboard Advertising		
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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: 10	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2024	5 Payee name Lamar Advertising	
6 Amount (\$) \$1,000.00	7 Payee address; 4507 N Main St	City; State; Zip Code Victoria TX 77904
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Billboard Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/08/2024	Payee name Chris Nicholson	
Amount (\$) \$750.00	Payee address; PO Box 2522	City; State; Zip Code Victoria TX 77902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Advising
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/08/2024	Payee name Chris Nicholson	
Amount (\$) \$1,300.00	Payee address; PO Box 2522	City; State; Zip Code Victoria TX 77902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Advising
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 10	2 FILER NAME Shannon D. Martin	3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2024	5 Payee name UPS Store	
6 Amount (\$) \$791.96	7 Payee address: 8806 N Navarro	City; State; Zip Code Victoria TX 77904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising Mailouts
	(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 03/12/2024	Payee name UPS Store	
Amount (\$) \$798.04	Payee address: 8806 N Navarro	City; State; Zip Code Victoria TX 77904
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.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/12/2024	Payee name UPS Store	
Amount (\$) \$722.70	Payee address: 8806 N Navarro	City; State; Zip Code Victoria TX 77904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising Mailouts
	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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 10		2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)	
4 Date 03/12/2024		5 Payee name UPS Store			
6 Amount (\$) \$105.00		7 Payee address; 8806 N Navarro		City; Victoria	State; TX Zip Code 77904
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Advertising Door Hangers		
	(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					
Date 03/28/2024		Candidate / Officeholder name Creative Impressions by Summer			
Amount (\$) \$670.08		Payee address; 715 Main Street		City; East Bernard	State; TX Zip Code 77435
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign T-Shirts		
	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					
Date 04/08/2024		Candidate / Officeholder name Lamar Advertising			
Amount (\$) \$1,750.000		Payee address; 4507 N Main St		City; Victoria	State; TX Zip Code 77904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Advertising Billboards		
	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					
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Shannon D. Martin		<b>3</b> Filer ID (Ethics Commission Filers)				
<b>4</b> Date 04/08/2024		<b>5</b> Payee name Victoria Livestock Show						
<b>6</b> Amount (\$) \$1,607.63		<b>7</b> Payee address: PO Box 2255		City: Victoria	State: TX Zip Code: 77902			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations		<b>(b)</b> Description Donation to the VLS Auction					
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>							
	<table border="0" style="width:100%;"> <tr> <td><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date 04/16/2024		Payee name Lamar Advertising						
Amount (\$) \$2,500.00		Payee address: 4507 N Main Street		City: Victoria	State: TX Zip Code: 77904			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Advertising Billboards					
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>							
	<table border="0" style="width:100%;"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date 04/16/2024		Payee name Holy Family Catholic Church						
Amount (\$) \$60.00		Payee address: 704 Mallette Dr		City: Victoria	State: TX Zip Code: 77904			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Ad for Annual Church Festival					
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>							
	<table border="0" style="width:100%;"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Shannon D. Martin		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/23/2024		<b>5</b> Payee name USPS			
<b>6</b> Amount (\$) \$122.00		<b>7</b> Payee address; 312 S Main		City; Victoria	State; TX      Zip Code 77901
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Postage		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/24/2024		Payee name Lamar Advertising			
Amount (\$) \$2,950.00		Payee address; 4507 N Main Street		City; Victoria	State; TX      Zip Code 77904
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Advertising Billboards		
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 05/16/2024		Payee name Sam's Club			
Amount (\$) \$236.23		Payee address; 9202 N Navarro		City; Victoria	State; TX      Zip Code 77904
<b>PURPOSE OF EXPENDITURE</b>	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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10	<b>2</b> FILER NAME Shannon D. Martin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/16/2024	<b>5</b> Payee name Hause Venue	
<b>6</b> Amount (\$) \$350.00	<b>7</b> Payee address; 202 E Forrest St Victoria TX 77901	
<b>8</b>  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Venue for Campaign Fundraiser
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span>		
Date 05/16/2024	Payee name Victoria Radio Works	
Amount (\$) \$530.40	Payee address; 3613 N Main St Victoria TX 77901	
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span>		
Date 05/16/2024	Payee name KAVU TV	
Amount (\$) \$2,240.25	Payee address; 3808 N Navarro Victoria TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description TV Campaign Advertising
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span>		

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