

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: <u>7</u> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST <u>SHANNON</u> MI <u>E</u> NICKNAME LAST <u>QUICKSALL</u> SUFFIX | | | OFFICE USE ONLY |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: <u>804 HOWARD ST. TAYLOR TX 76574</u> APT / SUITE #: CITY: STATE: ZIP CODE | | | Date Delivered RECEIVED <u>APR 24 2025</u> <u>By: Aldrich</u> |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE <u>(336)</u> | PHONE NUMBER <u>618-2035</u> | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST <u>JACKIE</u> MI <u>L.</u> NICKNAME LAST <u>KRUEGER</u> SUFFIX | | | Receipt # <u></u> Amount \$ <u></u> |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>2704 Kelly Drive TAYLOR TX 76574</u> | | | Date Processed |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <u>(512)</u> | PHONE NUMBER <u>771-7454</u> | 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"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit | | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month <u>03</u> Day <u>25</u> Year <u>2025</u> | THROUGH | | Month <u>04</u> Day <u>23</u> Year <u>2025</u> |
| 11 ELECTION | ELECTION DATE Month <u>05</u> Day <u>03</u> Year <u>2025</u> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <u>CITY COUNCIL DISTRICT 4</u> | | |
| 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | |
| | | COMMITTEE ADDRESS | | |
| | | 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 <i>SHANNON E. QUICKSALL</i> | | 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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>292 33</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>1,405.65</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>570.15</i> |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | | |

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 _____ this the _____ day of _____.

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

Executed in Williamson County, State of Texas, on the 24th day of April, 2025

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|---|--|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
| SHANNON E. QUICKSALL | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 250.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 42.33 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,405.65 |
| 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: 1 |
| 2 FILER NAME SHANNON E QUICKSALL | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/27/25 | 5 Full name of contributor CHARLIE CERVENKA | out-of-state PAC (ID#:) | 7 Amount of contribution (\$) \$100 00 |
| 6 Contributor address; [REDACTED] | City: State: Zip Code TAYLOR TX 76574 | | |
| 8 Principal occupation / Job title (See Instructions) BUSINESS OWNER | | 9 Employer (See Instructions) | |
| Date 3/31/25 | Full name of contributor CHRISTOPHER GONZALES | out-of-state PAC (ID#:) | Amount of contribution (\$) \$100 00 |
| Contributor address; [REDACTED] | City: State: Zip Code TAYLOR TX 76574 | | |
| Principal occupation / Job title (See Instructions) CABLE/INTERNET MANAGER | | Employer (See Instructions) | |
| Date 4/15/25 | Full name of contributor ANGELICA SALAZAR | out-of-state PAC (ID#:) | Amount of contribution (\$) \$20 00 |
| Contributor address; [REDACTED] | City: State: Zip Code TAYLOR TX 76574 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/21/25 | Full name of contributor Bob Simmons | out-of-state PAC (ID#:) | Amount of contribution (\$) \$50 00 |
| Contributor address; [REDACTED] | City: State: Zip Code TAYLOR TX 76574 | | |
| 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: / 1 | |
| 2 FILER NAME SHANNON E QUICKSALL | | | | 3 Filer ID (Ethics Commission Filer) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 3/30/25 | | | | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHANNON QUICKSALL | |
| 7 Contributor address: [REDACTED] | | | | City: State: Zip Code TAYLOR TX 76594 | |
| 8 Amount of Contribution \$ \$26.39 | | | | 9 In-kind contribution description POST IT NOTES OR Code Campaign | |
| <small>Check if travel outside of Texas. Complete Schedule T.</small> | | | | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| Date 4/15/25 | | | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHANNON QUICKSALL | |
| Contributor address: [REDACTED] | | | | City: State: Zip Code TAYLOR TX 76594 | |
| Amount of Contribution \$ \$15.94 | | | | In-kind contribution description Chamber Forum CUPCAKES For LITERATURE TABLE | |
| <small>Check if travel outside of Texas. Complete Schedule T.</small> | | | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED <small>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</small> | | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------|--|---|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME SHANNON E. QUICKSALL | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/31/2025 | 5 Payee name 60 DADDY | |
| 6 Amount (\$) \$ 3.20 | 7 Payee address: 2155 E. GoDADDY Way TEMPE | City: AZ State: Zip Code 85284 |
| 8 PURPOSE OF EXPENDITURE FEES | (a) Category (See Categories listed at the top of this schedule) | (b) Description ONLINE DONATION FEE CHARGE |
| | (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 4/1/25 | Payee name SHANNON E. QUICKSALL | | |
| Amount (\$) \$1,074.82 | Payee address: 804 HOWARD ST. | City: TAYLOR TX State: Zip Code 76574 | |
| PURPOSE OF EXPENDITURE PRINTING EXPENSE | Category (See Categories listed at the top of this schedule) | Description REIMBURSEMENT FOR CAMPAIGN MAILERS | |
| | 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 4/1/25 | Payee name SHANNON QUICKSALL | | |
| Amount (\$) \$277.63 | Payee address: 804 HOWARD ST | City: TAYLOR TX State: Zip Code 76574 | |
| PURPOSE OF EXPENDITURE PRINTING EXPENSE | Category (See Categories listed at the top of this schedule) | Description REIMBURSEMENT FOR CAMPAIGN MAILER | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | |
|--|--|--|--|-----------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| 2 | SHANNON E QUICKSALL | | | |
| 4 Date | 5 Payee name | | | |
| 4/14/25 | GREATER TAYLOR CHAMBER OF COMMERCE | | | |
| 6 Amount (\$) | 7 Payee address: | City: State: Zip Code | | |
| \$50.00 | 1519 N. MAIN ST. | TAYLOR TX 76574 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| | EVENT | APRIL CHAMBER LUNCHEON | | |
| (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 | Payee name | | | |
| Amount (\$) | Payee address: | | | City: State: Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | | |
| Amount (\$) | Payee address: | | | City: State: Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | Office sought | Office held |

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