

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>17</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX	Date Recalled or Date Postmarked		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15			<input type="checkbox"/> Runoff		
	<input type="checkbox"/> July 15			<input type="checkbox"/> Exceeded modified reporting limit		
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election			<input type="checkbox"/> Final report		
	<input type="checkbox"/> 8th day before election			<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
Month		Day	Year	Month	Day	Year

6 EXPLANATION OF CORRECTION
PAGE 2 COVER SHEET, LINE 5 CORRECTION
SEE ATTACHED EXPLANATION

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Shannon Quicksall
Signature of Candidate/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

My name is Shannon Quicksall, and my date of birth is [REDACTED]

My address is 804 Howard St, Taylor, TX, 76574, USA

(street) (city) (state) (zip code) (country)

Executed in Williamson County, State of Texas, on the 28th day of April, 2025

(month) (year)

Shannon Quicksall
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

EXPLANATION OF CORRECTION

Original Candidate Campaign Finance Report on Form C/OH Cover Sheet Page 2, Line 5 Contributions Maintained as of Last Day of Reporting Period 03/24/2025 showed a balance of \$1,753.16. Expenditure on F1 (4 pages) of \$47.36 was included in Total Expenditures, but NOT DEDUCTED from the balance. Page 2, Line 5 should have shown a balance of **\$1,705.80.**

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: <div style="font-size: 1.5em; text-align: center;">15</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">SHANNON E</div>		<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="text-align: center; font-weight: bold; color: blue; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.1em;">APR 28 2025</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.1em;">BY: H. Alford</div> </div>								
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">QUICKSALL</div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>											
5 CANDIDATE / OFFICEHOLDER PHONE											
6 CAMPAIGN TREASURER NAME											
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>		<div style="text-align: center;">Date Received</div> <div style="text-align: center;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Date Receipt #</div> <div>Amount \$</div> </div> <div style="text-align: center;">Date Processed</div> <div style="text-align: center;">Date Imaged</div>									
8 CAMPAIGN TREASURER PHONE		<div style="text-align: center;">STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</div> <div style="text-align: center; font-size: 1.2em;">2704 KELLY DRIVE TAYLOR TX 76574</div>									
9 REPORT TYPE		<div style="text-align: center;">AREA CODE PHONE NUMBER EXTENSION</div> <div style="text-align: center; font-size: 1.2em;">(512) 771-7454</div>									
10 PERIOD COVERED		<div style="display: flex; justify-content: space-between;"> <div> <div style="text-align: center;">January 15 <input checked="" type="checkbox"/></div> <div style="text-align: center;">July 15 <input type="checkbox"/></div> </div> <div> <div style="text-align: center;">30th day before election <input type="checkbox"/></div> <div style="text-align: center;">8th day before election <input type="checkbox"/></div> </div> <div> <div style="text-align: center;">Runoff <input type="checkbox"/></div> <div style="text-align: center;">Exceeded Modified Reporting Limit <input type="checkbox"/></div> </div> <div> <div style="text-align: center;">15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/></div> <div style="text-align: center;">Final Report (Attach C/OH - FR) <input type="checkbox"/></div> </div> </div>									
11 ELECTION		<div style="display: flex; justify-content: space-between;"> <div> <div style="text-align: center;">ELECTION DATE</div> <div style="text-align: center;">Month Day Year</div> <div style="text-align: center; font-size: 1.2em;">05/03/2025</div> </div> <div> <div style="text-align: center;">ELECTION TYPE</div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <div>Primary <input type="checkbox"/></div> <div>Runoff <input type="checkbox"/></div> <div>Other Description <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <div>General <input checked="" type="checkbox"/></div> <div>Special <input type="checkbox"/></div> </div> </div> </div>									
12 OFFICE		13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)		<div style="text-align: center;">OFFICE HELD (if any)</div> <div style="text-align: center; font-size: 1.2em;">CITY COUNCIL DISTRICT 4</div>									
<div style="text-align: center;">Additional Pages</div>		<div style="font-size: 0.8em;">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> <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 15%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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 <u>SHANNON E QUICKSALL</u>		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)	\$ <u>4,412.78</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,110.59</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,705.80</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Shannon Quicksall

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

My name is Shannon Quicksall and my date of birth is [REDACTED]

My address is 804 Howard St Taylor Tx 76574 USA
(street) (city) (state) (zip code) (country)

Executed in Williamson County, State of Texas, on the 28th day of April, 2025.
(month) (year)

Shannon Quicksall
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME SHANNON E QUICKSALL		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,790.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 622.78
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,084.20
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 26.39
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: <u>5</u>
2 FILER NAME <u>SHANNON E QUICKSALL</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/31/25</u>	5 Full name of contributor out-of-state PAC (ID#: <u>JACKIE KRUEGER</u>	7 Amount of contribution (\$) <u>\$400⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)
Date <u>2/3/25</u>	Full name of contributor out-of-state PAC (ID#: <u>CLINT QUICKSALL</u>	Amount of contribution (\$) <u>\$1,000⁰⁰</u>
Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>OPERATIONS MANAGER</u>		Employer (See Instructions)
Date <u>2/3/25</u>	Full name of contributor out-of-state PAC (ID#: <u>SUSAN RAPP</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>HOLLAND TX 76534</u>		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>2/4/25</u>	Full name of contributor out-of-state PAC (ID#: <u>CINDY QUICKSALL</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Contributor address; City; State; Zip Code <u>SALADO TX 76571</u>		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: <u>5</u>	
2 FILER NAME <u>SHANNON E QUICKSALL</u>				3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/4/25</u>	5 Full name of contributor <u>KORI HALL</u> out-of-state PAC (ID# _____)			7 Amount of contribution (\$) <u>\$25⁰⁰</u>	
6 Contributor address; [REDACTED]		City; <u>HOLLAND TX</u>	State; <u>TX</u>	Zip Code <u>76534</u>	
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>			9 Employer (See Instructions)		
Date <u>2/4/25</u>	Full name of contributor <u>MARK + JULIE MELLIN</u> out-of-state PAC (ID# _____)			Amount of contribution (\$) <u>\$500⁰⁰</u>	
Contributor address; [REDACTED]		City; <u>SHAVANO PARK TX</u>	State; <u>TX</u>	Zip Code <u>78230</u>	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>			Employer (See Instructions)		
Date <u>2/5/25</u>	Full name of contributor <u>LISA QUICKSALL</u> out-of-state PAC (ID# _____)			Amount of contribution (\$) <u>\$200⁰⁰</u>	
Contributor address; [REDACTED]		City; <u>SALADO TX</u>	State; <u>TX</u>	Zip Code <u>76571</u>	
Principal occupation / Job title (See Instructions) <u>OFFICE MANAGER</u>			Employer (See Instructions)		
Date <u>2/6/25</u>	Full name of contributor <u>LONNIE + CONNIE LYCHA</u> out-of-state PAC (ID# _____)			Amount of contribution (\$) <u>\$100⁰⁰</u>	
Contributor address; [REDACTED]		City; <u>TAYLOR TX</u>	State; <u>TX</u>	Zip Code <u>76514</u>	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>			Employer (See Instructions)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

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: 5
2 FILER NAME SHANNON E QUICKSALL		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/25	5 Full name of contributor out-of-state PAC (ID#: JOSH RICHARDS	7 Amount of contribution (\$) \$220 ⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 2/14/25	Full name of contributor out-of-state PAC (ID#: JUDY WHATLEY	Amount of contribution (\$) \$50 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/14/25	Full name of contributor out-of-state PAC (ID#: PATRICIA McNULTY	Amount of contribution (\$) \$25 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/14/25	Full name of contributor out-of-state PAC (ID#: GARY GOLLA	Amount of contribution (\$) \$250 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		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: 5
2 FILER NAME SHANNON E. QUICKSALL		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/25	5 Full name of contributor out-of-state PAC (ID#: CHARLIE CERVENKA	7 Amount of contribution (\$) \$55 ⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 2/18/25	Full name of contributor out-of-state PAC (ID#: CHUCK FARR	Amount of contribution (\$) \$25 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions)
Date 2/18/25	Full name of contributor out-of-state PAC (ID#: JO ANN JENSEN	Amount of contribution (\$) \$200 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/24/25	Full name of contributor out-of-state PAC (ID#: ANNETTE MARUSKA	Amount of contribution (\$) \$275 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
Principal occupation / Job title (See Instructions) BUSINESS OWNER		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: 5
2 FILER NAME SHANNON E QUICKSALL		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/25	5 Full name of contributor out-of-state PAC (ID#: CHARLIE CERVENKA 6 Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574	7 Amount of contribution (\$) \$225 ⁰⁰
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 3/20/25	Full name of contributor out-of-state PAC (ID#: BENITO + MARY GONZALES Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574	Amount of contribution (\$) \$50 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/24/25	Full name of contributor out-of-state PAC (ID#: WILBERT VORWERK Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574	Amount of contribution (\$) \$20 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/24/25	Full name of contributor out-of-state PAC (ID#: MISSY KUNZE Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574	Amount of contribution (\$) \$20 ⁰⁰
Principal occupation / Job title (See Instructions) OFFICE MANAGER		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: <u>2</u>	
2 FILER NAME <u>SHANNON E QUICKSALL</u>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date <u>2/4/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JACKIE KRUEGER</u>			8 Amount of Contribution \$ <u>\$29²²</u>	9 In-kind contribution description <u>CAMPAIGN CLIPBOARDS</u>
7 Contributor address; City; State; Zip Code <u>[REDACTED] TAYLOR TX 76574</u>				Check if travel outside of Texas. Complete Schedule T.	
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 <u>2/26/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>90 DEGREE AGENCY</u>			Amount of Contribution \$ <u>\$243⁵⁶</u>	In-kind contribution description <u>PRINTING CAMPAIGN LITERATURE</u>
Contributor address; City; State; Zip Code <u>[REDACTED] TAYLOR TX 76574</u>				Check if travel outside of Texas. Complete Schedule T.	
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 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: <u>2</u>	
2 FILER NAME <u>SHANNON E QUICKSALL</u>		3 Filer ID (Ethics Commission Filer)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>2/26/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>90 DEGREES AGENCY</u>	8 Amount of Contribution \$ <u>\$150⁰⁰</u>	9 In-kind contribution description <u>DESIGN CAMPAIGN LOGO</u>
7 Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		Check if travel outside of Texas. Complete Schedule T.	
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 <u>2/26/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>90 DEGREES AGENCY</u>	Amount of Contribution \$ <u>\$200⁰⁰</u>	In-kind contribution description <u>DESIGN CAMPAIGN LITERATURE</u>
Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		Check if travel outside of Texas. Complete Schedule T.	
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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 4		2 FILER NAME SHANNON E QUICKSALL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/4/25		5 Payee name GoDADDY			
6 Amount (\$) \$19⁰³		7 Payee address: 2155 E GoDADDY WAY		City: TEMPE	State: AZ
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2/5/25		Payee name GoDADDY			
Amount (\$) \$6¹⁰		Payee address: 2155 E GoDADDY WAY		City: TEMPE	State: AZ
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description ONLINE DONATION FEE CHARGE	
		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	
Date 2/8/25		Payee name BOB CORNELIUS			
Amount (\$) \$663⁵⁷		Payee address: 315 N. DOAK		City: TAYLOR	State: TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		Description SIGNS	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME SHANNON E QUICKSALL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/8/25		5 Payee name BOB CORNELIUS			
6 Amount (\$) \$334⁰⁰		7 Payee address: 315 N. DOAK		City: TAYLOR TX	State: Zip Code 76574
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description QUICKSALL TSHIRTS		
	(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 2/18/25		Payee name Go DADDY			
Amount (\$) \$1⁰³		Payee address: 2155 E. GoDADDY Way		City: TEMPE	State: Zip Code AZ 85284
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description ONLINE DONATION FEE CHARGE		
	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 2/25/25		Payee name GTX AWARDS ENGRAVING & APPAREL			
Amount (\$) \$14⁰⁷		Payee address: 202 South AUSTIN AVE, Suite 104 GEORGETOWN TX		City: 78626	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description NAME TAG		
	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
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: 4		2 FILER NAME SHANNON E QUICKSALL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/25/25		5 Payee name CONNIE ZYCHA			
6 Amount (\$) \$132⁵⁰		7 Payee address; 3450 FM 112		City; TAYLOR TX	State; Zip Code 76574
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description MEET + GRAB		
	(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 2/25/25		Payee name DCS DIRT CHEAP SIGNS			
Amount (\$) \$478⁰³		Payee address; 6706 LOHMAN FORD RD		City; LAGO VISTA TX	State; Zip Code 78645
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING		Description SIGNS		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/25/25		Payee name BOB CORNELIUS			
Amount (\$) \$92⁸⁸		Payee address; 315 N DOAK		City; TAYLOR TX	State; Zip Code 76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description CUSTOM SQUARE ADHESIVE STICKERS		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 4	2 FILER NAME SHANNON E QUICKSALL	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Payee name DCS DIRT CHEAP SIGNS	
6 Amount (\$) \$270⁶³	7 Payee address; 1606 LOHMAN FORD RD	City; State; Zip Code LAGO VISTA TX 78645
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/12/25	Payee name GREATER TAYLOR CHAMBER OF COMMERCE	
Amount (\$) \$25⁰⁰	Payee address; 1519 N MAIN ST	City; State; Zip Code TAYLOR TX 76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT	Description LITERATURE TABLE CHARGE
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/23/25	Payee name SHANNON QUICKSALL	
Amount (\$) \$47³⁶	Payee address; 804 HOWARD ST	City; State; Zip Code TAYLOR TX 76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	Description REIMBURSEMENT MEET & GREET
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F2: 1	2 FILER NAME SHANNON E QUICKSALL	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 3/20/25	6 Payee name SHANNON QUICKSALL	
7 Amount (\$) \$26 ³⁹	8 Payee address; City; State; Zip Code 804 HOWARD ST TAYLOR TX 76574	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description REIMBURSEMENT CAMPAIGN POST IT NOTES
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		