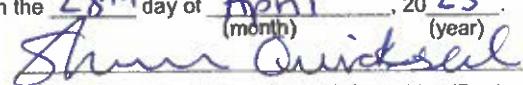


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 17		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR NICKNAME		FIRST SHANNON E LAST QUICKSALL		MI SUFFIX			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> Final report Other (specify)	
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year
		01/31/2025		THROUGH		03/24/2025	
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:							
<input type="checkbox"/> 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. <input type="checkbox"/> 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.							
 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 <u>Shannon Quicksall</u> , and my date of birth is _____							
My address is <u>804 Howard St</u> <u>Taylor</u> , <u>TX</u> , <u>76574</u> <u>USA</u> (street) (city) (state) (zip code) (country)							
Executed in <u>Williamson</u> County, State of <u>Texas</u> , on the <u>28th</u> day of <u>April</u> , 20 <u>25</u> .							
 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: <i>15</i>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>SHANNON</i>	MI <i>E</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>QUICKSALL</i>	SUFFIX	Date Received RECEIVED <i>APR 28 2025</i> <i>By: Oldad</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>804 HOWARD ST. TAYLOR TX 76574</i>			Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>JACKIE</i>	MI <i>L</i>	Date Processed			
	NICKNAME	LAST <i>KRUEGER</i>	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <i>2704 KELLY DRIVE TAYLOR TX 76574</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(512) 771-7454</i>						
9 REPORT TYPE	January 15	<input checked="" type="checkbox"/> 30th day before election	Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	<input type="checkbox"/> 8th day before election	Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <i>01/31/2025</i>	Day	Year	Month <i>03/24/2025</i>	Day	Year	
11 ELECTION	ELECTION DATE Month <i>05/03/2025</i>		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) <i>CITY COUNCIL DISTRICT 4</i>			
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	COMMITTEE NAME					
		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 E QUICKSALL		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)	\$ 4,412.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,110.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,705.80
	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.

Shawn Dicksell

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

(street) (city) (state) (zip code) (country)
Executed in Williamsburg, County, State of Texas on the 7th day of April, 2025

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

28th day of April, 2025
(month) (year)

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	\$ 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:

5

2 FILER NAME

SHANNON E QUICKSALL

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/25

5 Full name of contributor

JACKIE KRUEGER

out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$400 00

6 Contributor address:

City: State: Zip Code

TAYLOR TX 76574

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

2/3/25

Full name of contributor

CLINT QUICKSALL

out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,000 00

Contributor address:

City: State: Zip Code

TAYLOR TX 76574

Principal occupation / Job title (See Instructions)

OPERATIONS MANAGER

Employer (See Instructions)

Date

2/3/25

Full name of contributor

SUSAN RAPP

out-of-state PAC (ID#:

Amount of contribution (\$)

\$50 00

Contributor address:

City: State: Zip Code

HOLLAND TX 76534

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/4/25

Full name of contributor

CINDY QUICKSALL

out-of-state PAC (ID#:

Amount of contribution (\$)

\$100 00

Contributor address:

City: State: Zip Code

SALADO TX 76571

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: <i>5</i>
2 FILER NAME <i>SHANNON E QUICKSALL</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/4/25</i>	5 Full name of contributor <i>KORI HALL</i>	out-of-state PAC (ID# _____)	7 -Amount of contribution (\$) <i>\$25 00</i>
6 Contributor address; [REDACTED]	City: _____ <i>HOLLAND</i>	State: _____ <i>TX</i>	Zip Code _____ <i>76534</i>
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)	
Date <i>2/4/25</i>	Full name of contributor <i>MARK + JULIE MELLIN</i>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$500 00</i>
Contributor address; [REDACTED]	City: _____ <i>SHAVANO Park</i>	State: _____ <i>TX</i>	Zip Code _____ <i>78230</i>
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
Date <i>2/5/25</i>	Full name of contributor <i>LISA QUICKSALL</i>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$200 00</i>
Contributor address; [REDACTED]	City: _____ <i>SALADO</i>	State: _____ <i>TX</i>	Zip Code _____ <i>76571</i>
Principal occupation / Job title (See Instructions) <i>OFFICE MANAGER</i>		Employer (See Instructions)	
Date <i>2/6/25</i>	Full name of contributor <i>LONNIE + CONNIE ZYCHA</i>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100 00</i>
Contributor address; [REDACTED]	City: _____ <i>TAYLOR</i>	State: _____ <i>TX</i>	Zip Code _____ <i>76574</i>
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		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: <u>5</u>
2 FILER NAME SHANNON E QUICKSALL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/13/25	5 Full name of contributor JOSH RICHARDS	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$220 00
6 Contributor address: [REDACTED]	City: TAYLOR State: TX Zip Code 76574		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)	
Date 2/14/25	Full name of contributor JUDY WHATLEY	out-of-state PAC (ID# _____)	Amount of contribution (\$) \$50 00
Contributor address: [REDACTED]	City: TAYLOR State: TX Zip Code 76574		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 2/14/25	Full name of contributor PATRICIA McNULTY	out-of-state PAC (ID# _____)	Amount of contribution (\$) \$25 00
Contributor address: [REDACTED]	City: TAYLOR State: TX Zip Code 76574		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 2/14/25	Full name of contributor GARY GOLA	out-of-state PAC (ID# _____)	Amount of contribution (\$) \$250 00
Contributor address: [REDACTED]	City: TAYLOR State: TX Zip Code 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: <u>5</u>
2 FILER NAME SHANNON E. QUICKSALL			3 Filer ID (Ethics Commission Filters)
4 Date 2/14/25	5 Full name of contributor CHARLIE CERVENKA	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$55 00
6 Contributor address: [REDACTED]	City: _____	State: _____	Zip Code: _____
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)	
Date 2/18/25	Full name of contributor CHUCK FARR	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25 00
Contributor address: [REDACTED]	City: _____	State: _____	Zip Code: _____
Principal occupation / Job title (See Instructions) SELF- EMPLOYED		Employer (See Instructions)	
Date 2/18/25	Full name of contributor JO ANN JENSEN	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$200 00
Contributor address: [REDACTED]	City: _____	State: _____	Zip Code: _____
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 2/24/25	Full name of contributor ANNETTE MARUSKA	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$275 00
Contributor address: [REDACTED]	City: _____	State: _____	Zip Code: _____
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: <u>5</u>
2 FILER NAME SHANNON E QUICKSALL			3 Filer ID (Ethics Commission Filers)
4 Date 2/24/25	5 Full name of contributor CHARLIE CERVONKA	out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) \$225.00
6 Contributor address: [REDACTED]	City: TAYLOR State: TX Zip Code 76574		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)	
Date 3/20/25	Full name of contributor BENITO + MARY GONZALES	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$50.00
Contributor address: [REDACTED]	City: TAYLOR State: TX Zip Code 76574		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 3/24/25	Full name of contributor WILBERT VORWERK	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$20.00
Contributor address: [REDACTED]	City: TAYLOR State: TX Zip Code 76574		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 3/24/25	Full name of contributor MISSY KUNZE	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$20.00
Contributor address: [REDACTED]	City: TAYLOR State: TX Zip Code 76574		
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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A2: <i>2</i>
<p>2 FILER NAME <i>SHANNON E QUICKSALL</i></p>				3 Filer ID (Ethics Commission Filer)
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$ <i>29 22</i>
5 Date <i>2/4/25</i>	6 Full name of contributor <i>JACKIE KRUEGER</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		8 Amount of Contribution \$ <i>\$29 22</i>
7 Contributor address: <i>[REDACTED]</i>		City: <i>TAYLOR</i>	State: <i>TX</i>	9 In-kind contribution description <i>CAMPAIGN CLIPBOARDS</i>
				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 <i>2/26/25</i> Full name of contributor <i>90 DEGREE AGENCY</i> Contributor address: <i>[REDACTED]</i>				Amount of Contribution \$ <i>\$243 56</i> In-kind contribution description <i>PRINTING CAMPAIGN LITERATURE</i> 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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A2: <u>2</u>
<p>2 FILER NAME <u>SHANNON E QUICKSALL</u></p>				3 Filer ID (Ethics Commission Filer)
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
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>)	7 Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code: <u>76574</u>	8 Amount of Contribution \$ <u>\$150 00</u> 9 In-kind contribution description <u>DESIGN CAMPAIGN LOGO</u> Check if travel outside of Texas. Complete Schedule T.
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See Instructions)</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
Date <u>2/26/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>90 DEGREES AGENCY</u>)	Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code: <u>76574</u>	Amount of Contribution \$ <u>\$200 00</u> In-kind contribution description <u>DESIGN CAMPAIGN LITERATURE</u> Check if travel outside of Texas. Complete Schedule T.
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4	SHANNON E QUICKSALL		
4 Date	5 Payee name		
2/4/25	GoDADDY		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$19 03	2155 E GoDADDY Way	TEMPE AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	FEES	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	Office held
Date	Payee name		
2/5/25	GoDADDY		
Amount (\$)	Payee address:	City:	State: Zip Code
\$6 10	2155 E GoDADDY Way	TEMPE	AZ 85284
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	FEES	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	Payee name		
2/8/25	Bob Cornelius		
Amount (\$)	Payee address:	City:	State: Zip Code
\$663 52	315 N DOAK	TAYLOR	TX 76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	PRINTING	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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4	SHANNON E QUICKSALL		
5 Payee name			
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$334 00	315 N. DOAK	TAYLOR TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	ADVERTISING	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	Payee name		
2/18/25	GoDADDY		
Amount (\$)	Payee address:	City:	State: Zip Code
\$1 03	2155 E. GoDADDY Way	TEMPE	AZ 85284
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	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	Payee name		
2/25/25	GTX AWARDS ENGRAVING & APPAREL		
Amount (\$)	Payee address:	City:	State: Zip Code
\$14 01	202 South Austin Ave, Suite 104 Georgetown TX	78626	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING	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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4	SHANNON E QUICKSALL			
4 Date	5 Payee name			
2/25/25	CONNIE ZYCHA			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
\$132 50	3450 FM 112	TAYLOR TX 76574		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Food/BEVERAGE EXPENSE	MEET + GREET		
	(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	Payee name			
2/25/25	DCS DIRT CHEAP SIGNS			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$478 03	6706 LOHMAN FORD RD	LAGOVISTA	TX	78645
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	PRINTING	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	Payee name			
2/25/25	BOB CORNELIUS			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$92 88	315 N DOAK	TAYLOR	TX	76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	ADVERTISING	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	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 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4	SHANNON E QUICKSALL		
4 Date	5 Payee name		
3/11/25	DCS DIRT CHEAP SIGNS		
6 Amount (\$)	7 Payee address;	City: State: Zip Code	
\$270 63	16706 LOHMAN FORD RD	LAGOVISTA TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	PRINTING	SIGNS	
	(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	Payee name		
3/12/25	GREATER TAYLOR CHAMBER OF COMMERCE		
Amount (\$)	Payee address;	City:	State: Zip Code
\$25 00	1519 N MAIN ST	TAYLOR	TX 76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	EVENT	LITERATURE TABLE 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	Payee name		
3/23/25	SHANNON QUICKSALL		
Amount (\$)	Payee address;	City:	State: Zip Code
\$47 36	804 HOWARD ST	TAYLOR	TX 76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	FOOD/BEVERAGE	REIMBURSEMENT MEET & GREET	
	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

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	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
	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 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; 804 HOWARD ST	City; TAYLOR State; TX Zip Code 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 checked="" 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			