

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: 7								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Shannon D <hr/> NICKNAME LAST SUFFIX Martin										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE PO Box 306 Victoria TX 77902										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 564-8154										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Shelly M <hr/> NICKNAME LAST SUFFIX Marbach										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE 1253 FM 446 Victoria TX 77905										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 935-3247										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 7 1 25 </div> <div>THROUGH</div> <div> Month Day Year 12 31 25 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 3 7 28 </div> <div> ELECTION TYPE Primary <input checked="" type="checkbox"/> Runoff General Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) County Commissioner PCT #3		13 OFFICE SOUGHT (if known)								
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	<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
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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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 30.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,600.00

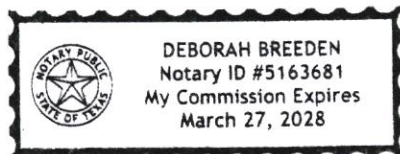
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by DEBORAH BREEDEN this the 13th day of JANUARY, 20 26, to certify which, witness my hand and seal of office.

Deborah Breedon DEBORAH BREEDEN 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**

19 FILER NAME Shannon D. Martin		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 13,600.00	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30.00	
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	\$	

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				\$ 0.00	
5 Date of loan 02/12/2024		7 Name of lender Shannon D. Martin		9 Loan Amount (\$) 400.00	
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 12/31/2025	
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 04/05/2024		Name of lender 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 12/31/2025	
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: 3	
2 FILER NAME Shannon D. Martin				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 0.00	
5 Date of loan 04/15/2024		7 Name of lender 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 12/31/2025	
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 05/17/2024		Name of lender Shannon D. Martin		Loan Amount (\$) 4,000.00	
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 12/31/2025	
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)	

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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		\$ 0.00
5 Date of loan 06/26/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon D. Martin	9 Loan Amount (\$) 3,200.00
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 12/31/2025
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 <input checked="" type="checkbox"/> 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)
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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: 1		2 FILER NAME Shannon D. Martin		3 Filer ID (Ethics Commission Filers)	
4 Date 10/06/2025		5 Payee name Prosperity Bank			
6 Amount (\$) 10.00		7 Payee address; 101 S. Bridge Street		City; Victoria	State; TX Zip Code 77901
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Bank Service 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 11/04/2025		Payee name Prosperity Bank			
Amount (\$) 10.00		Payee address; 101 S. Bridge Street		City; Victoria	State; TX Zip Code 77901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Bank Service Charge		
	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 12/04/2025		Payee name Prosperity Bank			
Amount (\$) 10.00		Payee address; 101 S. Bridge Street		City; Victoria	State; TX Zip Code 77901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Bank Service Charge		
	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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