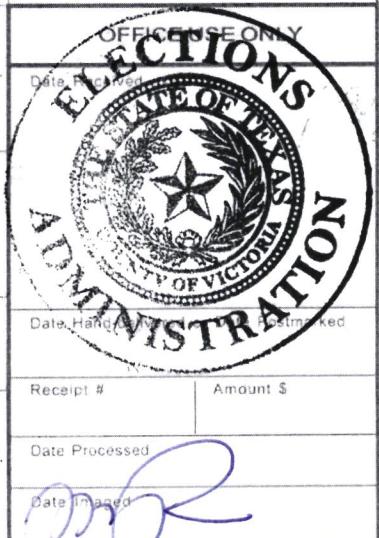
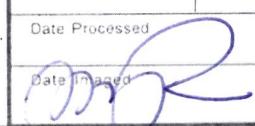


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filer)	2 Total pages filed: 7						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Shannon	MI D								
	NICKNAME	LAST Martin	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: PO Box 306		APT / SUITE #:	CITY: Victoria	STATE: TX ZIP CODE: 77902						
Change of Address											
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 564-8154	EXTENSION								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Shelly	MI M	<table border="1"> <tr> <td>Receipt #</td> <td>Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imposed</td> </tr> </table> 		Receipt #	Amount \$	Date Processed		Date Imposed	
	Receipt #	Amount \$									
Date Processed											
Date Imposed											
NICKNAME	LAST Marbach	SUFFIX									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 1253 FM 446		CITY: Victoria	STATE: TX	ZIP CODE: 77905						
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 935-3247	EXTENSION								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)							
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month 7	Day 1	Year 25	Month 12	Day 31	Year 25					
11 ELECTION	ELECTION DATE			ELECTION TYPE							
	Month 3	Day 7	Year 28	Primary <input checked="" type="checkbox"/>	Runoff	Other Description					
12 OFFICE	OFFICE HELD (if any) County Commissioner PCT #3			13 OFFICE SOUGHT (if known)							
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.										
	COMMITTEE TYPE GENERAL 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
Shannon D. Martin

16 Filer ID (Ethics Commission Filers)

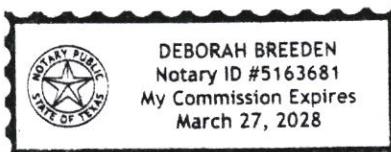
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL 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
	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 Breeden

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. ■ SCHEDULE E: LOANS	\$ 13,600.00
5. ■ 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	<input type="checkbox"/> out-of-state PAC (ID#:_ _ _ _ _)		9 Loan Amount (\$) 400.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; 89 Weber Lane	City; Victoria	State; Zip Code 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; 89 Weber Lane	City; Victoria	State; Zip Code TX 77905	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)		
Date of loan 04/05/2024	Name of lender Shannon D. Martin	<input type="checkbox"/> out-of-state PAC (ID#:_ _ _ _ _)		Loan Amount (\$) 3,000.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; 89 Weber Lane	City; Victoria	State; Zip Code 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; 89 Weber Lane	City; Victoria	State; Zip Code TX 77905	
Principal Occupation (See Instructions)		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	<input type="checkbox"/> out-of-state PAC (ID#:_ _ _ _ _)	9 Loan Amount (\$) 3,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; 89 Weber Lane	City; Victoria State; TX Zip Code 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	18 Guarantor address; 89 Weber Lane	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan 05/17/2024	Name of lender Shannon D. Martin	<input type="checkbox"/> out-of-state PAC (ID#:_ _ _ _ _)	Loan Amount (\$) 4,000.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; 89 Weber Lane	City; Victoria State; TX Zip Code 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	Guarantor address; 89 Weber Lane	Amount Guaranteed (\$)
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 06/26/2024	7 Name of lender Shannon D. Martin	8 Lender address; City; State; Zip Code 89 Weber Lane Victoria TX 77905
6 Is lender a financial institution? Y ✓ N	9 Loan Amount (\$) 3,200.00	
	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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender	Loan Amount (\$)
Is lender a financial institution? Y ✓ N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.

**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: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		