

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: **15**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

SHANNON
QUICKSALL

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

804 HOWARD ST. TAYLOR TX 76574

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(336) 618-2035

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

JACKIE
KRUEGER

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2704 KELLY DRIVE TAYLOR TX 76574

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 771-7454

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01/31/2025

THROUGH

Month

Day

Year

03/24/2025

11 ELECTION

ELECTION DATE

Month

Day

Year

05/03/2025

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL DISTRICT 4

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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>1,753.16</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 E. 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 E. 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 1 day of April, 20 25
(month) (year)

Shannon E. Quicksall
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>SHANNON E. QUICKSALL</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,790.00</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>622.78</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,084.20</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>26.39</i>
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)

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 SHANNONE QUICKSALL		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/25	5 Full name of contributor KORI HALL out-of-state PAC (ID#):	7 Amount of contribution (\$) \$25 ⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] HOLLAND TX 76534		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 2/4/25	Full name of contributor MARK + JULIE MELLIN out-of-state PAC (ID#):	Amount of contribution (\$) \$500 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] SHAVANO PARK TX 78230		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/5/25	Full name of contributor LISA QUICKSALL out-of-state PAC (ID#):	Amount of contribution (\$) \$200 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] SALADO TX 76571		
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions)
Date 2/6/25	Full name of contributor LONNIE + CONNIE ZYCHA out-of-state PAC (ID#):	Amount of contribution (\$) \$100 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
Principal occupation / Job title (See Instructions) RETIRED		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 JOSH RICHARDS out-of-state PAC (ID#: 6 Contributor address: City: State: Zip Code TAYLOR TX 76574	7 Amount of contribution (\$) \$220 ⁰⁰
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#: Contributor address: City: State: Zip Code TAYLOR TX 76574	Amount of contribution (\$) \$50 ⁰⁰
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#: Contributor address: City: State: Zip Code TAYLOR TX 76574	Amount of contribution (\$) \$25 ⁰⁰
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#: Contributor address: City: State: Zip Code TAYLOR TX 76574	Amount of contribution (\$) \$250 ⁰⁰
Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		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>2/14/25</u>	5 Full name of contributor out-of-state PAC (ID#: <u>CHARLIE CERVENKA</u>	7 Amount of contribution (\$) <u>\$55⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		
8 Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</u>		9 Employer (See Instructions)
Date <u>2/18/25</u>	Full name of contributor out-of-state PAC (ID#: <u>CHUCK FARR</u>	Amount of contribution (\$) <u>\$25⁰⁰</u>
Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>SELF-EMPLOYED</u>		Employer (See Instructions)
Date <u>2/18/25</u>	Full name of contributor out-of-state PAC (ID#: <u>JO ANN JENSEN</u>	Amount of contribution (\$) <u>\$200⁰⁰</u>
Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>2/24/25</u>	Full name of contributor out-of-state PAC (ID#: <u>ANNETTE MARUSKA</u>	Amount of contribution (\$) <u>\$275⁰⁰</u>
Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</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 2/24/25	5 Full name of contributor out-of-state PAC (ID#: CHARLIE CERVENKA	7 Amount of contribution (\$) \$225⁰⁰
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 3/20/25	Full name of contributor out-of-state PAC (ID#: BENITO & MARY GONZALES	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
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	Amount of contribution (\$) \$20⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/24/25	Full name of contributor out-of-state PAC (ID#: MISSY KUNZ	Amount of contribution (\$) \$20⁰⁰
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		
Principal occupation / Job title (See Instructions) OFFICE MANAGER		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>		

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>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>\$243⁵⁶</u>	In-kind contribution description <u>PRINTING 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.

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>2/26/25</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: [REDACTED]			City: <u>TAYLOR TX</u> State: <u>TX</u> Zip Code: <u>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: [REDACTED]			City: <u>TAYLOR TX</u> State: <u>TX</u> Zip Code: <u>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)					
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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 (\$) \$19.03		7 Payee address; 2155 E GoDaddy Way		City; TEMPE	State; AZ
				Zip Code 85284	
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	Office held
Date 2/5/25		Payee name GoDaddy			
Amount (\$) \$6.10		Payee address; 2155 E GoDaddy Way		City; TEMPE	State; AZ
				Zip Code 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 2/8/25		Payee name BOB CORNELIUS			
Amount (\$) \$663⁵¹		Payee address; 315 N. DOAK		City; TAYLOR	State; TX
				Zip Code 76574	
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

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 GO DADDY WAY	City: TEMPE AZ State: Zip Code: 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 NAMETAG
	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: 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 (\$) \$132.50		7 Payee address; 3450 FM 112		City; TAYLOR	State; TX
				Zip Code 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description MEET + GREET		
	(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 <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 (\$) \$478.03		Payee address; 6706 LOHMAN FORD RD.		City; LAGO VISTA	State; TX
				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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
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 (\$) \$92.88		Payee address; 315 N. DOAK		City; TAYLOR	State; TX
				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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
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 Expenses
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; 6706 LOHMAN FORD RD.		City; LAGO VISTA TX	State; Zip Code 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.		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 3/12/25		Payee name GREATER TAYLOR CHAMBER OF COMMERCE			
Amount (\$) \$25⁰⁰		Payee address; 1519 N. MAW ST.		City; TAYLOR TX	State; Zip Code 76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT		Description LITERATURE TABLE CHARGES		
	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 3/23/25		Payee name SHANNON QUICKSALL			
Amount (\$) \$47³⁶		Payee address; 804 HOWARD ST.		City; TAYLOR TX	State; Zip Code 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.		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
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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
TYPE OF EXPENDITURE	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		