

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 <i>SHANNON</i>	MI <i>E</i>	OFFICE USE ONLY
	NICKNAME	LAST <i>QUICKSALL</i>	SUFFIX	RECEIVED APR 02 2025 By: <i>J. Aldrid</i>
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	Date Hand-delivered or Date Postmarked
(336) 618-2035				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>JACKIE</i>	MI <i>L.</i>	Receipt #
	NICKNAME	LAST <i>KRUEGER</i>	SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY: STATE: ZIP CODE
2704 KELLY DRIVE TAYLOR TX 76574				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged
(512) 771-7454				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	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	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year	Month Day Year
	01/31/2025 THROUGH			03/24/2025
11 ELECTION	ELECTION DATE			ELECTION TYPE
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>05/03/2025</i> <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	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL			
	<input type="checkbox"/> SPECIFIC	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 <i>SHANNON E. QUICKSALL</i>		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)	\$ <i>4,412.78</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,110.59</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,753.16</i>
	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.

Ann E. Quirkel

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

08

(2) Unsworn Declaration

Executed in Williamson County, State of Texas, on the 1 day of April, 2025

Sharon E. Quicksell
(month) (year)
Signature of Candidate/Officeholder (Declarant)

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: <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 <u>JACKIE KRUEGER</u>	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <u>\$400 00</u>
6 Contributor address: [REDACTED]	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 <u>CLINT QUICKSALL</u>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$1,000 00</u>
Contributor address: [REDACTED]	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 <u>SUSAN RAPP</u>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$50 00</u>
Contributor address: [REDACTED]	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 <u>CINDY QUICKSALL</u>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$100 00</u>
Contributor address: [REDACTED]	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

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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>\$25 00</u>
6 Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <u>HOLLAND TX 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>\$500 00</u>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <u>SHAVANO PARK TX 78232</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>\$200 00</u>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <u>SALADO TX 76571</u>	
Principal occupation / Job title (See Instructions) <u>OFFICE MANAGER</u>		Employer (See Instructions)	
Date <u>2/4/25</u>	Full name of contributor <u>LONNIE + CONNIE ZYCHA</u>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$100 00</u>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <u>TAYLOR TX 76574</u>	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>2/13/25</u>	5 Full name of contributor <u>JOSH RICHARDS</u>	out-of-state PAC (ID#:	7 Amount of contribution (\$) <u>\$220.00</u>
	6 Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u>	
8 Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</u>		9 Employer (See Instructions)	
Date <u>2/14/25</u>	Full name of contributor <u>JUDY WHATLEY</u>	out-of-state PAC (ID#:	Amount of contribution (\$) <u>\$50.00</u>
	Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u>	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)	
Date <u>2/14/25</u>	Full name of contributor <u>PATRICIA MENEULY</u>	out-of-state PAC (ID#:	Amount of contribution (\$) <u>\$25.00</u>
	Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u>	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)	
Date <u>2/14/25</u>	Full name of contributor <u>GARY GOLA</u>	out-of-state PAC (ID#:	Amount of contribution (\$) <u>\$250.00</u>
	Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u>	
Principal occupation / Job title (See Instructions) <u>REAL ESTATE BROKER</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

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <u>5</u>
2 FILER NAME		SHANNON E. QUICKSALL		
4 Date	5 Full name of contributor	out-of-state PAC (ID#:		6 Contributor address: [REDACTED]
2/14/25	CHARLIE CERVENKA			City: TAYLOR State: TX Zip Code 76574
7 Amount of contribution (\$)			\$55.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
BUSINESS OWNER				
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)
2/18/25	CHUCK FARR			\$25.00
Contributor address: [REDACTED]	City: TAYLOR	State: TX	Zip Code 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
SELF-EMPLOYED				
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)
2/18/25	JO ANN JENSEN			\$200.00
Contributor address: [REDACTED]	City: TAYLOR	State: TX	Zip Code 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
RETIRED				
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)
2/24/25	ANNE MARUSKA			\$275.00
Contributor address: [REDACTED]	City: TAYLOR	State: TX	Zip Code 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
BUSINESS OWNER				

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>2/24/25</u>	5 Full name of contributor <u>CHARLIE CERVENKA</u>	out-of-state PAC (ID#:	7 Amount of contribution (\$) <u>\$225 00</u>
	6 Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u>	
8 Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</u>		9 Employer (See Instructions)	
Date <u>3/20/25</u>	Full name of contributor <u>BENITO & MARY GONZALES</u>	out-of-state PAC (ID#:	Amount of contribution (\$) <u>\$50 00</u>
	Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u>	
Principal occupation / Job title (See Instructions) <u>RETIRERD</u>		Employer (See Instructions)	
Date <u>3/24/25</u>	Full name of contributor <u>WILBERT VORWERK</u>	out-of-state PAC (ID#:	Amount of contribution (\$) <u>\$20 00</u>
	Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u>	
Principal occupation / Job title (See Instructions) <u>RETIRERD</u>		Employer (See Instructions)	
Date <u>3/24/25</u>	Full name of contributor <u>MISSY KUNZ</u>	out-of-state PAC (ID#:	Amount of contribution (\$) <u>\$20 00</u>
	Contributor address: [REDACTED]	City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u>	
Principal occupation / Job title (See Instructions) <u>OFFICE MANAGER</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.

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>2/4/25</u>	6 Full name of contributor <u>JACKIE KRUEGER</u>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		<p>8 Amount of Contribution \$ <u>\$29.22</u></p> <p>9 In-kind contribution description <u>CAMPAGN CLIPBOARDS</u></p> <p>Check if travel outside of Texas. Complete Schedule T.</p>
7 Contributor address: [REDACTED]	City: _____	State: _____	Zip Code: _____ <u>TAYLOR TX 76574</u>	
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>				11 Employer (FOR NON-JUDICIAL) (See Instructions)
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>				13 Contributor's job title (FOR JUDICIAL) (See Instructions)
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date <u>2/26/25</u></p> <p>Full name of contributor <u>90 DEGREES AGENCY</u></p> <p>Contributor address: [REDACTED]</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____ <u>TAYLOR TX 76574</u></p>				<p>Amount of Contribution \$ <u>\$243.56</u></p> <p>In-kind contribution description <u>PRINTING CAMPAIGN LITERATURE</u></p> <p>Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>				Employer (FOR NON-JUDICIAL) (See Instructions)
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				Contributor's job title (FOR JUDICIAL) (See Instructions)
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<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>				

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>				<p>1 Total pages Schedule A2: <u>2</u></p>
<p>2 FILER NAME <u>SHANNON E QUICKSALL</u></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$</p>				
<p>5 Date <u>2/26/25</u></p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>90 DEGREES AGENCY</u>)</p>			<p>8 Amount of Contribution \$ <u>\$150.00</u></p>
	<p>7 Contributor address: <input type="checkbox"/> City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u></p>			<p>9 In-kind contribution description <u>DESIGN CAMPAIGN LOGO</u></p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<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>				
<p>Date <u>2/26/25</u> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>90 DEGREES AGENCY</u>)</p>				<p>Amount of Contribution \$ <u>\$200.00</u></p>
<p>Contributor address: <input type="checkbox"/> City: <u>TAYLOR</u> State: <u>TX</u> Zip Code <u>76574</u></p>				<p>In-kind contribution description <u>DESIGN CAMPAIGN LITERATURE</u></p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<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>				
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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	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: <u>4</u>	2 FILER NAME <u>SHANNON E QUICKSALL</u>	3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/4/25</u>	5 Payee name <u>GoDADDY</u>		
6 Amount (\$) <u>\$19.03</u>	7 Payee address; <u>2155 E GoDADDY WAY</u>	City; <u>TEMPE</u>	
		State; <u>AZ</u>	
		Zip Code <u>85284</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>FEES</u>	(b) Description <u>ONLINE DONATION FEE CHARGE</u>	
	(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 <u>2/5/25</u>	Payee name <u>GoDADDY</u>		
Amount (\$) <u>\$ 6.10</u>	Payee address; <u>2155 E GoDADDY WAY</u>	City; <u>TEMPE</u>	State; <u>AZ</u>
		Zip Code <u>85284</u>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FEES</u>	Description <u>ONLINE DONATION FEE CHARGE</u>	
	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 <u>2/8/25</u>	Payee name <u>BOB CORNELIUS</u>		
Amount (\$) <u>\$ 663.51</u>	Payee address; <u>315 N DOAK</u>	City; <u>TAYLOR</u>	State; <u>TX</u>
		Zip Code <u>76574</u>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING</u>	Description <u>SIGNS</u>	
	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	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	
5 Date	6 Payee name	7 Payee address; City: State: Zip Code
2/8/25	BOB CORNELIUS	315 NDOAK TAYLOR TX 76574
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVBRTISING	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 07	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: 4	2 FILER NAME SHANNON E QUICKSALL	3 Filer ID (Ethics Commission Filers)
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4 Date 2/25/25	5 Payee name CONNIE ZYCHA	
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6 Amount (\$) \$132.50	7 Payee address: 3450 FM 112	City: TAYLOR	State: TX	Zip Code 76574
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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.	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
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Date 2/25/25	Payee name DCS DIRT CHEAP SIGNS	
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Amount (\$) \$478.03	Payee address: 6706 LOHMAN FORD Rd.	City: LAGO VISTA	State: TX	Zip Code 78645
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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
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Date 2/25/25	Payee name BOB CORNELIUS	
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Amount (\$) \$92.88	Payee address: 315 N. DOAK	City: TAYLOR	State: TX	Zip Code 76574
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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	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			
5 Date	6 Payee name			
3/11/25	DCS DIRT CHEAP SIGNS			
7 Amount (\$)	8 PURPOSE OF EXPENDITURE	9 Candidate / Officeholder name	Office sought	Office held
\$270 ⁶³	PRINTING			
	(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				
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:	2 FILER NAME <i>SHANNON E QUICKSALL</i>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date <i>3/30/25</i>	6 Payee name <i>SHANNON QUICKSALL</i>	City: State: Zip Code	
7 Amount (\$) <i>\$26 39</i>	8 Payee address: <i>804 HOWARD ST.</i>	<i>TAYLOR TX 76574</i>	
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) <i>PRINTING</i>	(b) Description <i>REIMBURSEMENT CAMPAIGN POST IT NOTES</i>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> 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 checked="" 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 <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			