

# 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: <b>8</b>		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <i>SHANNON</i>	MI <i>E.</i>	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST <i>QUICKSALL</i>	SUFFIX	Date Received		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		
<i>804 HOWARD ST. TAYLOR TX 76574</i>						
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
<i>(336) 618-2035</i>						
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <i>JACKIE</i>	MI <i>L.</i>	Receipt #		
	NICKNAME	LAST <i>KRUEGER</i>	SUFFIX	Amount \$		
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; STATE; ZIP CODE		
<i>2704 KELLY DRIVE</i>			<i>TAYLOR</i>	<i>TX 76574</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed		
<i>(512) 771-7454</i>						
<b>9 REPORT TYPE</b>	<input 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month <i>04</i>	Day <i>24</i>	Year <i>2025</i>	Month <i>05</i>	Day <i>16</i>	Year <i>2025</i>
<b>11 ELECTION</b>	ELECTION DATE  <i>05/03/2025</i>	Month <i>05</i>	Day <i>03</i>	Year <i>2025</i>	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description	
<b>12 OFFICE</b>	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> 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 <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>1,653. 32</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>570. 15</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>Ø</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 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**

My name is Shannon QUICKSALL, and my date of birth is 12/12/1981  
My address is 804 Houston St, Taylor, TX, 76574, USA

(street) (city) (state) (zip code) (country)

Executed in Williamson County, State of Texas, on the 16th day of May, 2025

**Signature of Candidate/Officeholder (Declarant)**

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	SHANNON E QUICKSALL	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		\$ 1,653.32
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 570.15
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		\$

# 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: <b>2</b>
2 FILER NAME <b>SHANNON B QUICKSALL</b>				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ <b>15</b>				
5 Date <b>5/2/25</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>90 DEGREES AGENCY</b> 7 Contributor address: <b>[REDACTED]</b> City: <b>TAYLOR</b> State: <b>TX</b> Zip Code: <b>76574</b>			8 Amount of Contribution \$ <b>\$ 92.00</b> 9 In-kind contribution description <b>DESIGN CAMPAIGN CARD HANDOUTS</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
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 <b>5/3/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>WILLIAMSON COUNTY REPUBLICAN PARTY</b> Contributor address: <b>[REDACTED]</b> City: <b>GEORGETOWN</b> State: <b>TX</b> Zip Code: <b>78626</b>			Amount of Contribution \$ <b>\$ 1,535.04</b> In-kind contribution description <b>CAMPAIGN DOOR-TO-DOOR KNOCKS</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
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)				
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <small>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</small>				

## **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 Filer)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>26.28</u>
5 Date <u>5/3/25</u>	6 Full name of contributor <u>WILLIAMSON COUNTY REPUBLICAN PARTY</u>	7 Contributor address: City: <u>GEORGETOWN</u> State: <u>TX</u> Zip Code: <u>78626</u>
8 Amount of Contribution \$ <u>\$26.28</u>	9 In-kind contribution description <u>CAMPAIGN TEXT MSGS</u>	
Check if travel outside of Texas. Complete Schedule T.		

11 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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):	Amount of Contribution \$	In-kind contribution description
	.....	.....	.....
	Contributor address: City: State: Zip Code		
			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.

# 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)		
2	SHANNON E QUICKSALL			
4 Date	5 Payee name			
4/21/25	CITY OF TAYLOR - MAIN STREET			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
\$100.00	400 PORTER ST.	TAYLOR TX 76574		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	EVENT	TAYLOR FEST 10X10 BOOTH		
(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			
5/2/25	BOB CORNELIUS			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$136.40	315 N. DOAK ST.	TAYLOR	TX	76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	PRINTING	PRINT CAMPAIGN CARD HANDOUTS		
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			
4/30/25	ROUND TOP STATE BANK			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$3.00	106 NW CARLOS PARKER BLVD	TAYLOR	TX	76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	FEES	MINIMUM BALANCE FEE		
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:  <b>2</b>	2 FILER NAME  <b>SHANNON E. QUICKSALL</b>	3 Filer ID (Ethics Commission Filers)
4 Date  <b>5/12/25</b>	5 Payee name  <b>ANNETTE MARUSKA</b>	
6 Amount (\$)  <b>\$123.00</b>	7 Payee address;  <b>306 W. 4th St.</b>	City: <b>TAYLOR</b> State: <b>TX</b> Zip Code <b>76574</b>
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Food / BEVERAGE EXPENSE</b>	(b) Description  <b>WATCH PARTY</b>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
	9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH  Candidate / Officeholder name  <b>Williamson County GOP</b>	
Date  <b>5/13/25</b>	Payee name  <b>WILLIAMSON COUNTY GOP</b>	Office sought Office held
Amount (\$)  <b>\$207.75</b>	Payee address;  <b>716 S. Rock St. GEORGETOWN TX 78626</b>	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>CONTRIBUTIONS/ DONATIONS MADE BY CANDIDATE</b>	Description  <b>FINAL DISBURSEMENT OF CAMPAIGN FUNDS</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
	Complete <b>ONLY</b> if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
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 <b>ONLY</b> if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

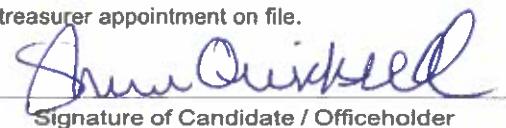
The Instruction Guide explains how to complete this form.

\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME <i>SHANNON E. QUICKSALL</i>	2 Filer ID (Ethics Commission Filers)
--	---------------------------------------

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below only if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

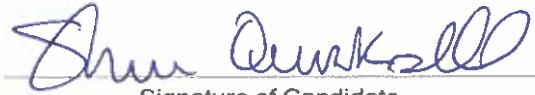
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

## 5 OFFICEHOLDER

\*\* Complete this section only if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder