

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: 30
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center;">Shannon</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center;">Mahan</div>	OFFICE USE ONLY Date Received <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED APR 6 2023 BY: J Maynard </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10814 Lasso Lane, Houston, TX 77079		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 927-4188		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center;">Leah</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center;">Gibson</div>	Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 104 Fawnlake Dr., Houston, TX 77079		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 254-8267		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="display: flex; justify-content: space-around;"> 1 / 1 / 23 3 / 27 / 23 </div>		
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 23	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Spring Branch ISD Position 2	
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	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Shannon Mahan

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)	\$ 10,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,455.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,994.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

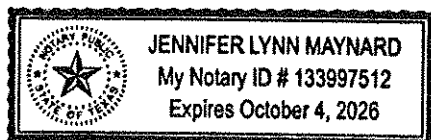
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shannon Mahan

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Shannon Mahan this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

J Maynard Jennifer Maynard notary
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 Mahan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,450.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00	
4. SCHEDULE E: LOANS	\$ 0.00	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,455.94	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00	

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: **11****2** FILER NAME

Shannon Mahan

3 Filer ID (Ethics Commission Filers)**4** Date

02/02/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

Shannon Mahan

7 Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

10814 Lasso Lane, Houston, TX 77079

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/09/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Loerna Guilanshah

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

9243 Kenilworth St., Houston, TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Karen Masraff

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

12620 Broken Bough Dr, Houston, TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Heather Willard

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

318 Gershwin Drive, Houston, TX 77079

Principal occupation / Job title (See Instructions)

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:
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2023	5 Full name of contributor out-of-state PAC (ID#: Melanie Cizik 6 Contributor address; City; State; Zip Code 102 Wilchester Blvd, Houston, TX 77079	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/13/2023	Full name of contributor out-of-state PAC (ID#: Kevin Kilgore Contributor address; City; State; Zip Code 6115 Rustic Creek Lane, Houston, TX 77345	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: Georgia Pennington Contributor address; City; State; Zip Code 722 Marywood Chase, Houston, TX 77079	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: Eileen Adkins Contributor address; City; State; Zip Code 416 Dunmoreland Circle, Shreveport, LA 71106	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Cara Karbach 6 Contributor address; City; State; Zip Code 14347 Broadgreen Dr, Houston, TX 77079	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Dennis Gormley Contributor address; City; State; Zip Code 12331 Boheme Drive, Houston, TX 77024	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert & Sandra Williamson Contributor address; City; State; Zip Code 560 Dunmoreland Drive, Shreveport, LA 71106	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Kimberly Davis Contributor address; City; State; Zip Code 306 Fawnlake Drive, Houston, TX 77079	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Maria Burton 6 Contributor address; City; State; Zip Code 435 Wycliffe Drive, Houston, TX 77079	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Heather Bonner Contributor address; City; State; Zip Code 12323 Woodthorpe Ln, Houston, TX 77024	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Mike Hilgers Contributor address; City; State; Zip Code 6907 Stonebrook Pkwy, Lincoln, NE 68521	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Sheri Stegent Contributor address; City; State; Zip Code 13123 Apple Tree Road, Houston, TX 77079	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		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:**2** FILER NAME

Shannon Mahan

3 Filer ID (Ethics Commission Filers)**4** Date

02/28/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

Kenny Roos

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

1049 Dumaine Drive, Shreveport, LA 71106

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/28/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Michelle Airola

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

818 Saint Francis Lane, Houston, TX 77079

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/01/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Kimberly Wood

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

14519 Kellywood Lane, Houston, TX 77079

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/01/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Stephanie Pancioli

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

8421 Raylin Dr, Houston, TX 77055

Principal occupation / Job title (See Instructions)

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:
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2023	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Sally Jones</div> <div>6 Contributor address; City; State; Zip Code 711 Electra, Houston, TX 77079</div>	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Douglas Chamberlain</div> <div>Contributor address; City; State; Zip Code 13135 Kimberley Ln, Houston, TX 77079</div>	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Brooke Vescovo</div> <div>Contributor address; City; State; Zip Code 14927 Carolcrest Drive, Houston, TX 77079</div>	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Tristan Broussard</div> <div>Contributor address; City; State; Zip Code 11711 Memorial Dr, Houston, TX 77024</div>	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kari Malloy 6 Contributor address; City; State; Zip Code 334 Gershwin Dr, Houston, TX 77079-7312	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Melissa Simmons Contributor address; City; State; Zip Code 310 Fawnlake Dr, houston, TX 77079	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Brady Hewitt Contributor address; City; State; Zip Code 127 Sibelius Lane, Houston, TX 77079	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Melissa Kovacs Contributor address; City; State; Zip Code 319 Cinnamon Oak Lane, Houston, TX 77079	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor out-of-state PAC (ID#: Shanna Hetherwick 6 Contributor address; City; State; Zip Code 11714 Winshire Circle, Houston, TX 77024	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: Kari Oatman Contributor address; City; State; Zip Code 13514 Indian Creek Road, Houston, TX 77079	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: Whitney Vanderslice Contributor address; City; State; Zip Code 114 Matisse Dr, Houston, TX 77079	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: Suzanne Lewis Contributor address; City; State; Zip Code 5731, Shreveport, LA 71119	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2023	5 Full name of contributor out-of-state PAC (ID#: Catherine Henry 6 Contributor address; City; State; Zip Code 626 Electra Drive, Houston, TX 77079	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2023	Full name of contributor out-of-state PAC (ID#: Allison Nieto Contributor address; City; State; Zip Code 8837 Croes Drive910, Houston, TX 77055	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: Elizabeth Biar Contributor address; City; State; Zip Code 12203 Broken Bough Drive, Houston, TX 77024	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: Deborah Kopp Contributor address; City; State; Zip Code 13051 Taylorcrest Rd, Houston, TX 77079	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Maggie Stacy 6 Contributor address; City; State; Zip Code 2103 Briarmead Drive, Houston, TX 77057	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Kami Buri Contributor address; City; State; Zip Code 13419 Perthshire Rd, Houston, TX 77079	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2023	Full name of contributor out-of-state PAC (ID#: _____) Barbara & Mike Kenny Contributor address; City; State; Zip Code 10851 Lasso Ln., Houston, TX 77079-3627	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Ken Valach Contributor address; City; State; Zip Code 5 Lazee Trail, Houston, TX 77024	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2023	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Mark Lumpkin</div> <div>6 Contributor address; City; State; Zip Code 13038 Hermitage Lane, Houston, TX 77079</div>	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Tom Ramsey Campaign</div> <div>Contributor address; City; State; Zip Code PO Box 55385, Houston, TX 77255</div>	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	<div>Full name of contributor out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	<div>Full name of contributor out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		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.		

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: 16	2 FILER NAME Shannon Mahan	3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2023	5 Payee name Sprint2Print	
6 Amount (\$) 1,940.00	7 Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300, Houston 770780	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 03/06/2023	Payee name Sprint2Print	
Amount (\$) 246.65	Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300, Houston 770780	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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
Date 02/12/2023	Payee name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service 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
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:		2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 Date 02/14/2023		5 Payee name Anedot			
6 Amount (\$) 4.30		7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name 02/14/2023 Anedot					
Amount (\$) 10.30 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name 02/14/2023 Anedot					
Amount (\$) 4.30 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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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:		2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 Date 02/14/2023		5 Payee name Anedot			
6 Amount (\$) 4.30		7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee		
	(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 02/16/2023		Payee name Anedot			
Amount (\$) 10.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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					
Date 02/16/2023		Payee name Anedot			
Amount (\$) 40.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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					

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2023	5 Payee name Anedot		
6 Amount (\$) 1.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee
	(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 02/16/2023	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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			
Date 02/16/2023	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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			

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan	3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2023	5 Payee name Anedot	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(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 02/21/2023	Payee name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service 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
Date 02/21/2023	Payee name Anedot	
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service 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

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Payee name Anedot		
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee
	(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 02/28/2023	Payee name Anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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			
Date 03/02/2023	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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			

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan	3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Payee name Anedot	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(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 03/02/2023	Payee name Anedot	
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service 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		
Date 03/02/2023	Payee name Anedot	
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Payee name Anedot		
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee
	(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 03/02/2023	Payee name Anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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			
Date 03/02/2023	Payee name Anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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			
Date 03/02/2023	Payee name Anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:		2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 Date 03/02/2023		5 Payee name Anedot			
6 Amount (\$) 2.30		7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee		
	(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 03/02/2023		Payee name Anedot			
Amount (\$) 20.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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					
Date 03/02/2023		Payee name Anedot			
Amount (\$) 4.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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					

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 Date 03/02/2023		5 Payee name Anedot			
6 Amount (\$) 4.30		7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee		
	(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 03/06/2023		Payee name Anedot			
Amount (\$) 10.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service fee		
	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 03/06/2023		Payee name Anedot			
Amount (\$) 20.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service fee		
	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 _____					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 Date 03/06/2023		5 Payee name Anedot			
6 Amount (\$) 2.30		7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee		
	(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 03/06/2023		Payee name Anedot			
Amount (\$) 4.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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					
Date 03/06/2023		Payee name Anedot			
Amount (\$) 10.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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					

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 Date 03/07/2023		5 Payee name Anedot			
6 Amount (\$) 1.30		7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/07/2023		Payee name Anedot			
Amount (\$) 2.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/08/2023		Payee name Anedot			
Amount (\$) 6.30		Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Payee name Anedot		
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee
	(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 03/12/2023	Payee name Anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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			
Date 03/21/2023	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2023	5 Payee name Anedot		
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Anedot service fee
	(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 03/26/2023	Payee name Anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Anedot service 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			
Date 03/12/2023	Payee name C3 Management		
Amount (\$) 250.00	Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Bookkeeping & Accounting service
	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

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2023	5 Payee name C3 Management		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Bookkeeping & Accounting service
	(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 03/14/2023	Payee name Harland Clarke		
Amount (\$) 44.13	Payee address; City; State; Zip Code 15955 La Cantera Pkwy, San Antonio, TX 78256		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Check printing 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			
Date 03/14/2023	Payee name Harland Clarke		
Amount (\$) 9.41	Payee address; City; State; Zip Code 15955 La Cantera Pkwy, San Antonio, TX 78256		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Check printing 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2023	5 Payee name Sprint2Print		
6 Amount (\$) 2,100.05	7 Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300, Houston 770780		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(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	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 <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		
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			
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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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