CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT Total pages filed:

The C/OH Instruction G	uide explains how	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Shannon	MI	OFFICE USE ONLY
IANIME.	NICKNAME	LAST Mahan	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 10814 Lasso	APT / SUITE #, Co Lane, Houston, T	eity; state; zip code X 77079	APR 6 2023 By J Mayra rol
Change of Address				
6 CANDIDATE/ OFFICEHOLDER PHONE	(713)	927-4188	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	rescipe »
TREASURER NAME		Leah		Date Processed
147-11410-	NICKNAME	LAST	SUFFIX	
	manufacture and the state of th	Gibson		Date Imaged
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / SI	UITE #: CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1	e Dr., Houston, TX		
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(713)	254-8267		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Đay Year	Month	Day Year
COVERED	1 /	/ 1 / 23	тнкоиен 3	/ 27 / 23
11 ELECTION	ELECTION DA	TE	ELECTION TYPI	E
	Month Day	Year Primary	Runoff Other Description	
	5 / 6 /	✓ 23 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	m)
, , , , , , , , , , , , , , , , , , ,			Spring Branch	•
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	1			
		GO TO	PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

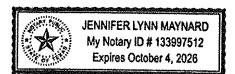
					-
15 C/OH NAME Shannon Mahan		16	Filer	ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR 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 OF REPORTING PERIOD	DAY	\$	4,994.06
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE	\$	0.00
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information					

Signature of Candidate or Officeholder

Shannon Wah

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

NOTART STAWE SEAL						
Sworn to and subscribed before me by	, Shannon Mc	xhan	th	nis the $\underline{\hspace{0.1cm}}$	day of	Apal,
20 <u>33</u> , to certify which, witness	my hand and seal of office.					
20 33, to certify which, witness	Jennifer	Mori	Mound		net	any
Signature of officer administering oath	Printed name of office					r administering oath
		OR .				
(2) Unsworn Declaration						
My name is		, and	d my date of	birth is		· · · · · · · · · · · · · · · · · · ·
My address is			·····			<u>,, .</u>
	(street)		(city)	(state)	(zip code)	(country)
Executed inCou	unty, State of	, on the	day of	(month)	, 20 (year)	
				(month)	(year)	
			Signature of	f Candidate/Off	iceholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME hannon Mahan	20 Filer ID (Ethics Comm	niss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1	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 COI	NTRIBUTIONS	\$	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 FUN	IDS	\$	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 CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00

SCHEDULE A1

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

······································				······································	
The	Instruction Guide explains how to com	plete this	form.	1 Total pages Schedule A1: 11	
2 FILER NAME Shannon I	Mahan			3 Filer ID (Ethics Commission Filers)	
4 Date	Shannon Mahan			7 Amount of contribution (\$)	
02/02/2023	6 Contributor address; City 10814 Lasso Lane, Hous			100.00	
8 Principal occu	oation / Job title (See Instructions)		9 Employer (See Instruct	ions)	
Date	Full name of contributor out-	of-state PAC	(ID#:)	Amount of contribution (\$)	
02/09/2023	Contributor address; Cit 9243 Kenilworth St., Hous	•	State; Zip Code	50.00	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor out-	of-state PAC	(ID#:)	Amount of contribution (\$)	
02/11/2023	Contributor address; Cit 12620 Broken Bough Dr,	•	State; Zip Code	100.00	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	iions)	
Date	Full name of contributor out-	of-state PAC	C (ID#:)	Amount of contribution (\$)	
02/13/2023	Contributor address; Cit	•	State; Zip Code	100.00	
318 Gershwin Drive, Houston, TX 77079					
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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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 I	Mahan	3 Filer ID (Ethics Commission Filers)		
4 Date	Full name of contributor out-of-state PAC (ID# Molonic Cirils	7 Amount of contribution (\$)		
02/13/2023	Melanie Cizik 6 Contributor address; City; State; Z			
	102 Wilchester Blvd, Houston, TX 7707	230.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employe	r (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
02/13/2023	Kevin Kilgore	100 00		
	Contributor address; City; State; Z			
	6115 Rustic Creek Lane, Houston, TX 7	77345		
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
02/14/2023	Georgia Pennington	F00.00		
02/14/2023	Contributor address; City; State; Z			
	722 Marywood Chase, Houston, TX 77	079		
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
00/4 4/0000	Eileen Adkins			
02/14/2023	Contributor address; City; State; Z	500.00		
	416 Dunmoreland Circle, Shreveport, LA 711			
Principal occup	eation / Job title (See Instructions) Employe	er (See Instructions)		
1				

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 for	m.	1 Total pages Schedule A1:
2 FILER NAME Shannon I	Mahan		3 Filer ID (Ethics Commission Filers)
4 Date	6 Full name of contributor out-of-state PAC (ID# Cara Karbach	:)	7 Amount of contribution (\$)
02/14/2023	6 Contributor address; City; S 14347 Broadgreen Dr, Houston, T	itate; Zip Code X 77079	25.00
8 Principal occu	·	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
02/15/2023	, , , , , , , , , , , , , , , , , , ,	State; Zip Code X 77024	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/15/2023	Robert & Sandra Williamson	state; Zip Code	Amount of contribution (\$) 1,000.00
	Contributor address; City; S 560 Dunmoreland Drive, Shreveport, La		1,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#	ŧ)	Amount of contribution (\$)
02/15/2023		State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instructi		

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 I	M ahan	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/17/2023	Maria Burton 6 Contributor address; City; Sta 435 Wycliffe Drive, Houston, TX 77	te; Zip Code 079
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)
Date		Amount of contribution (\$)
02/17/2023	Heather Bonner	100 00
	•	te; Zip Code 100.00
	12323 Woodthorpe Ln, Houston, T	
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/27/2023	Mike Hilgers Contributor address; City; Sta 6907 Stonebrook Pkwy, Lincoln, N	te; Zip Code 250.00
Principal occup		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/27/2023	Sheri Stegent	050.00
UZIZIIZUZU		ate; Zip Code 250.00
	13123 Apple Tree Road, Houston,	TX 77079
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions)
TO STATE OF THE ST		

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 I	∕lahan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Kenny Roos	(iD#:)	7 Amount of contribution (\$)
02/28/2023	6 Contributor address; City; 1049 Dumaine Drive, Shrevepo	State; Zip Code	100.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Michelle Airola	(ID#:)	Amount of contribution (\$)
02/28/2023	Contributor address; City;	State; Zip Code	500.00
ANALASMETER PROPERTY AND ANALASMETER PROPERTY	818 Saint Francis Lane, Housto	on, TX 77079	THE THE PERSON NAMED IN THE PERSON NAMED IN
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
03/01/2023	Kimberly Wood Contributor address; City;	State; Zip Code	50.00
	14519 Kellywood Lane, Housto	•	JU.UU
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
03/01/2023	Stephanie Pancioli Contributor address; City;	State; Zip Code	100.00
	8421 Raylin Dr, Houston		100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
water was a second and the second an		oberton south and the state of	

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 I	Mahan	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
03/01/2023	6 Contributor address; City; State; Zip C	code 700.00
8 Principal occu		See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Douglas Chamberlain	Amount of contabution (4)
03/01/2023	Contributor address; City; State; Zip C	100.00
	13135 Kimberley Ln, Houston, TX 77079	
Principal occup	eation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/01/2023	Brooke Vescovo	400 00
00/01/2020	Contributor address; City; State; Zip C	100.00
	14927 Carolcrest Drive, Houston, TX 770	79
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/01/2023	Tristan Broussard	400.00
00/01/2020	Contributor address; City; State; Zip C	100.00
	11711 Memorial Dr, Houston, TX 77024	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)
1		

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	Vlahan		3 Filer ID (Ethics Commission Filers)	
4 Date	6 Full name of contributor out-of-state PAC Kari Malloy	(10#:)	7 Amount of contribution (\$)	
03/01/2023	6 Contributor address; City; 334 Gershwin Dr, Houston, TX	State; Zip Code 77079-7312	100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
03/01/2023	Contributor address; City; 310 Fawnlake Dr, houston, TX	State; Zip Code	50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Brady Hewitt		Amount of contribution (\$)	
03/01/2023	Contributor address; City; 127 Sibelius Lane, Houston, T	State; Zip Code	500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAG Melissa Kovacs	S (ID#:)	Amount of contribution (\$)	
03/02/2023	Contributor address; City; 319 Cinnamon Oak Lane, House	State; Zip Code	100.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
		Makada Adirah menengan banggan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIN E AS N	renen	

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	Vahan		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Shanna Hetherwick	(ID#:)	7 Amount of contribution (\$)			
03/02/2023	6 Contributor address; City; 11714 Winshire Circle, Houstor	State; Zip Code	50.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date		(ID#:)	Amount of contribution (\$)			
03/02/2023	Kari Oatman Contributor address; City;	State: Zip Code	500.00			
	13514 Indian Creek Road, Hou	ston, TX 77079	000.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date		: (ID#)	Amount of contribution (\$)			
03/02/2023	Whitney Vanderslice Contributor address; City;	State; Zip Code	250.00			
	114 Matisse Dr, Houstor	n, TX 77079				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)			
Date		: (ID#)	Amount of contribution (\$)			
03/02/2023	Suzanne Lewis Contributor address; City;	State; Zip Code	250.00			
	5731, Shreveport, LA 71119					
Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)			
		<u> </u>				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIII E AS N	EEDED			
	If contributor is out-of-state PAC, please see Instr					

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	V ahan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Catherine Henry	(ID#:)	7 Amount of contribution (\$)
03/04/2023	6 Contributor address; City; 626 Electra Drive, Houston, TX	State; Zip Code 77079	50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Allison Nieto	(ID#:)	Amount of contribution (\$)
03/05/2023	Contributor address; City; 8837 Croes Drive910, Houston,	State; Zip Code	25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/06/2023		State; Zip Code	150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	iions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/07/2023	Contributor address; City; 13051 Taylorcrest Rd, Houston	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
And the second s			
	ATTACH ADDITIONAL COPIES (TE THIS SCHEDITIE AS N	EENEN

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	Full name of contributor out-of-state PAC (ID#:) Maggie Stacy	7 Amount of contribution (\$)			
03/08/2023	6 Contributor address; City; State; Zip Code 2103 Briarmead Drive, Houston, TX 77057	250.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:) Kami Buri	Amount of contribution (\$)			
03/19/2023	Contributor address; City; State; Zip Code 13419 Perthshire Rd, Houston, TX 77079	500.00			
Principal occup	vation / Job title (See Instructions) Employer (See Instru	ctions)			
Date 03/09/2023	Full name of contributor out-of-state PAC (ID#:				
00/00/2020	Contributor address; City; State; Zip Code 10851 Lasso Ln., Houston, TX 77079-3627	500.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03/22/2023	Contributor address; City; State; Zip Code 5 Lazee Trail, Houston, TX 77024	1,000.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED			

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 fo	orm.	1 Total pages Schedule A1:		
2 FILER NAME Shannon I	Mahan		3 Filer ID (Ethics Commission Filers)		
4 Date	Full name of contributor out-of-state PAC (III Mark Lumpkin	D#	7 Amount of contribution (\$)		
03/25/2023 c Contributor address; City; State; Zip Code 13038 Hermitage Lane, Houston, TX 77079			250.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date		D#:)	Amount of contribution (\$)		
03/21/2023	Tom Ramsey Campaign Contributor address; City; PO Box 55385, Houston,	State; Zip Code TX 77255	1,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)		
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (I	D#:}	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
COMMINISTRATION OF THE PROPERTY OF THE PROPERT	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED		

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

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	·		
1 Total pages Schedule F1:	Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/27/2023	Sprint2Print		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,940.00	8748 Clay Rd, Suite 300, Houston 7	70780	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Signs	
OF EXPENDITURE			
	(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/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/06/2023	Sprint2Print		
Amount (\$)	Payee address;	City;	State; Zip Code
246.65	8748 Clay Rd, Suite 300, Houston 7	70780	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Signs	
OF EXPENDITURE			
	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/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	***************************************	
02/12/2023	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
2.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	DED

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries M The Instruction Guide explains how to c	Vages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
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 (\$)	7 Payee address;	City;	State;	Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	
PURPOSE OF EXPENDITURE	Accounting/Banking	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 (\$)	Payee address;	City;	State;	Zip Code
10.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Accounting/Banking	Anedot service	fee	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living	· · · · · · · · · · · · · · · · · · ·
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
02/14/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	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/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (erner a datege	ny normated above)		
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics	Commission Filers)		
4 Date 02/14/2023	6 Payee name Anedot					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
4.30	5555 Hilton Ave Suite 106, Baton Rouge, LA 70808					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Accounting/Banking	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 Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				Office held		
Date	Payee name					
02/16/2023	Anedot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
10.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Accounting/Banking	Anedot service	e fee			
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, 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					
02/16/2023	Anedot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
40.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	j expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

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

Credit Card Payment	The instruction Guide explains how to c	omplete 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 (\$)	7 Payee address;	City;	State;	Zip Code
1.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	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/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/16/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Anedot service	fee	
OF EXPENDITURE				
	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/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/16/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

Credit Card Payment	The instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan	3	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
02/16/2023	Anedot		DAGGEORGE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/21/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description	***************************************	
PURPOSE	Accounting/Banking	Anedot service	fee	
OF EXPENDITURE	·			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			MINISTER OF THE PROPERTY OF TH
02/21/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description	1 - ,i ,i ,i	
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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

Credit Card Payment	The instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
02/28/2023	Anedot	<u>-4</u>		· · · · · · · · · · · · · · · · · · ·
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/28/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Anedot service	e fee	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/02/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	www.acommis.ecom.com	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

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 Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics	Commission Filers)
4 Date 03/02/2023	6 Payee name Anedot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	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/Oł	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
03/02/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	efee	
	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			
03/02/2023	Anedot			
Amount (\$) 4.30	Payee address; 5555 Hilton Ave Suite 106, Baton Ro	City; uge, LA 70808	State;	Zip Code
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livinç	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
03/02/2023	Anedot			·
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/02/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	e fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	j expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	***************************************	Office held
Date	Payee name			
03/02/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED	

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	•	/ages/Contract Labor	Other (enter a category not listed above)
J. San Guid, Ayricin	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date	6 Payee name	· · · · · · · · · · · · · · · · · · ·	
03/02/2023	Anedot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2.30	5555 Hilton Ave Suite 106, Baton Roเ	uge, LA 70808	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Accounting/Banking	Anedot service	fee
OF EXPENDITURE			
Bur 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/02/2023	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
20.30	5555 Hilton Ave Suite 106, Baton Rou	uge, LA 70808	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Accounting/Banking	Anedot service	e fee
OF			
EXPENDITURE		1	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name ł	Office sought	Office held
Date	Payee name		
03/02/2023	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Rou	uge, LA 70808	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics	s Commission Filers)	
4 Date 03/02/2023	5 Payee name Anedot				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
4.30	5555 Hilton Ave Suite 106, Baton Rouge, LA 70808				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	0.00		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	e fee		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
03/06/2023	Anedot				
Amount (\$)	Payee address;	City;	State;	Zip Code	
10.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Accounting/Banking	Anedot service	e fee		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	j expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
03/06/2023	Anedot				
Amount (\$)	Payee address;	City;	State;	Zip Code	
20.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan	;	3 Filer ID (Ethics	s Commission Filers)
4 Date 03/06/2023	5 Payee name Anedot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	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/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/06/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Accounting/Banking	Anedot service	fee	
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	.,,	Office held
Date	Payee name			
03/06/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Weener	Office held
The state of the s	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Gitl/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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)
4 Date	6 Payee name		
03/07/2023	Anedot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1.30	5555 Hilton Ave Suite 106, Baton Rou	uge, LA 70808	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Accounting/Banking	Anedot service	efee
OF EXPENDITURE	_		
EXPERIMENT	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	······································	
03/07/2023	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
0.00	5555 Hilton Ave Suite 106, Baton Ro	uge. LA 70808	
2.30	,	J ,	
	Category (See Categories listed at the top of this schedule)	Description	
	Accounting/Banking	Anedot service	e fee
PURPOSE OF	Accounting	Alledot service	5 100
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	-		
03/08/2023	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
	5555 Hilton Ave Suite 106, Baton Ro	•	
6.30	,	<u> </u>	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Accounting/Banking	Anedot service	efee
OF EXPENDITURE	· -	***************************************	
ł 	Observation and a state of the Columbia Columbia	AL 9 2	TV affinehelder fixing current
	Check if travel outside of Texas. Complete Schedule T.	<u></u>	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

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

Credit Card Payment	The instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethic:	s Commission Filers)
4 Date	5 Payee name			
03/08/2023	Anedot	······································		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/12/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Anedot service	e fee	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder пате Н	Office sought	1000 TO THE TOTAL OF THE TOTAL	Office held
Date	Payee name			
03/21/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
03/25/2023	Anedot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Anedot service	e fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/26/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
40.30	5555 Hilton Ave Suite 106, Baton Ro	uge, LA 70808		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Accounting/Banking	Anedot service	e fee	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/12/2023	C3 Management			
Amount (\$) 250.00	Payee address; 6255 Willers Way, Houston, TX 7705	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Bookkeeping 8	k Accounting	service
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

Credit Card Payment	The instruction Guide explains how to o	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan		3 Filer ID (Ethics	Commission Filers)
4 Date	6 Payee name			
03/12/2023 6 Amount (\$)	C3 Management 7 Payee address;	City;	State;	Zip Code
500.00	6255 Willers Way, Houston, TX 7705		oldio,	zip Gody
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Bookkeeping &	& Accounting	service
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
03/14/2023	Harland Clarke			
Amount (\$)	Payee address;	City;	State;	Zip Code
44.13	15955 La Cantera Pkwy, San Antonio	o, TX 78256		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Check printing	, fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/14/2023	Harland Clarke			
Amount (\$) 9.41	Payee address; 15955 La Cantera Pkwy, San Antonio	City; o, TX 78256	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Check printing	fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Credit Card Payment	The instruction Guide explains how to c	complete this form.	Otner (enter a catego	ry not listed above)
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;8748 Clay Rd, Suite 300, Houston 77	City; 70780	State;	Zip Code
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 Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	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/OF	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 Aust	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	