

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 28		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Shannon Mahan NICKNAME LAST SUFFIX			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
5 ORIGINAL PERIOD COVERED		Month Day Year 3 / 28 / 23 THROUGH 4 / 26 / 23		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

Missing in-kind donations on original report. Added on pages 14 & 15 of the report.

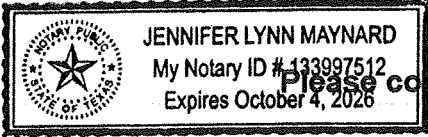
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Shannon Mahan
Signature of Candidate/Officeholder



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Shannon Mahan this the 1 day of May, 2023, to certify which, witness my hand and seal of office.

J Maynard Signature of officer administering oath
 Jennifer Maynard Printed name of officer administering oath
 notary 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

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: 24	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Shannon	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME LAST SUFFIX Mahan			
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 Leah			
	NICKNAME LAST SUFFIX Gibson			
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 3 / 28 / 23 4 / 26 / 23			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 5 / 6 / 23	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Spring Branch ISD Position 2		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	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

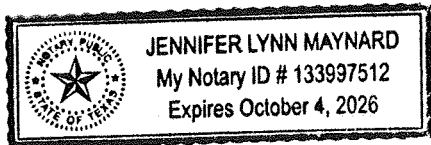
16 C/OH NAME Shannon Mahan		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,849.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,814.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,054.15
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 1 day of May, 2023, to certify which, witness my hand and seal of office.

J Maynard Signature of officer administering oath
Jennifer Maynard Printed name of officer administering oath
notary 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	\$ 4,385.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,464.40
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,814.98
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: **6**

2 FILER NAME

Shannon Mahan

3 Filer ID (Ethics Commission Filers)

4 Date

03/31/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
Stephanie Stachura

6 Contributor address; City; State; Zip Code
41242 Scarborough Lane, Novi, MI 48375

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/01/2023

Full name of contributor out-of-state PAC (ID#: _____)
Leah Gibson

Contributor address; City; State; Zip Code
712 Wilcrest, Houston, TX 77042

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2023

Full name of contributor out-of-state PAC (ID#: _____)
Becky Rollins

Contributor address; City; State; Zip Code
6017 Memorial Drive, Houston, TX 77007

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2023

Full name of contributor out-of-state PAC (ID#: _____)
Marissa Womble

Contributor address; City; State; Zip Code
6218 Lynbrook Drive, Houston, TX 77057

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 04/04/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Mike Fuqua <hr/> 6 Contributor address; City; State; Zip Code 8337 Cedarbrake Dr, Houston, TX 77055	7 Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">250.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Joan Clisham <hr/> Contributor address; City; State; Zip Code 14714 Oak Bend Drive, Houston, TX 77079	Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">10.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Lisa & Chad Bown <hr/> Contributor address; City; State; Zip Code 13518 Myrtlea Drive, Houston, TX 77079	Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">25.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Kristin Dillard <hr/> Contributor address; City; State; Zip Code 11935 Winwood Ln, Houston, TX 77024	Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">250.00</div>
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 04/12/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Richard Haines 6 Contributor address; City; State; Zip Code 6930 Afton Woods Dr., Houston, TX 77055	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Abby Garrett Contributor address; City; State; Zip Code 13734 Apple Tree Road, Houston, TX 77079	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Jeannette Muecke Contributor address; City; State; Zip Code 811 Hedwig Way, Houston, TX 77024	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Kelly Davis Contributor address; City; State; Zip Code 13723 Tosca Ln, 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

04/12/2023

5 Full name of contributor

Claud Edward Roundtree

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

6 Contributor address;

City;

State;

Zip Code

3012 Teague Rd., Houston, TX 77080-2516

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/15/2023

Full name of contributor

Brian Seiler

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

Contributor address;

City;

State;

Zip Code

13518 Pebblebrook, Houston, TX 77079

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2023

Full name of contributor

Wyie Dold

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

Contributor address;

City;

State;

Zip Code

2715 Fontana Drive, Houston, TX 77043

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2023

Full name of contributor

Laura Robinson

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

Contributor address;

City;

State;

Zip Code

4790 Kingsgate Place N., Memphis, TN 38117

Amount of contribution (\$)

200.00

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 04/21/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Alan Greig 6 Contributor address; City; State; Zip Code 8521 Panatella Dr., Houston, TX 77055	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Kyle Sylvester Contributor address; City; State; Zip Code 407 Mignon Lane, Houston, TX 77024	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Connally Tommy Contributor address; City; State; Zip Code 10823 Britoak Ln, Houston, TX 77079-3628	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Don Baughman Contributor address; City; State; Zip Code 14124 Cardinal Ln., Houston, TX 77079	Amount of contribution (\$) 25.00
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

04/25/2024

5 Full name of contributor

Dennis Gerland

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

6 Contributor address;

City;

State;

Zip Code

5019 Tarnbrook Drive, Houston, TX 77084

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Investor

9 Employer (See Instructions)

The FMI Group, Inc.

Date

04/26/2023

Full name of contributor

Christie Brothers

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

Contributor address;

City;

State;

Zip Code

13306 Tosca Lane, Houston, TX 77079

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City;

State;

Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	4
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Minyard 7 Contributor address; City; State; Zip Code 492 Kickerillo Dr., Houston, TX 77079	8 Amount of Contribution \$ 110.00	9 In-kind contribution description Coffee for meet & Greet Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcy & Louis Crappito Contributor address; City; State; Zip Code 335 Knipp Rd., Houston, TX 77024	Amount of Contribution \$ 41.45	In-kind contribution description Meet & Greet at Theilhorn Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/04/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrye & Kyle Krouse	8 Amount of Contribution \$ 41.45	9 In-kind contribution description Meet & Greet at Theilhorn
7 Contributor address; City; State; Zip Code 10815 Everwood Lane, Houston, TX 77024		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret & Billy Murphy	Amount of Contribution \$ 41.45	In-kind contribution description Meet & Greet at Theilhorn
Contributor address; City; State; Zip Code 11734 Bayhurst Dr., Houston, TX 77024		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/04/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen & Lance O-Pry	8 Amount of Contribution \$ 41.45	9 In-kind contribution description Meet & Greet at Theilhorn
	7 Contributor address; City; State; Zip Code 332 Westminister Dr., Houston, TX 77024	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen & Matt Teegarden	Amount of Contribution \$ 41.45	In-kind contribution description Meet & Greet at Theilhorn
	Contributor address; City; State; Zip Code 12107 Pebblebrook Dr., Houston, TX 77024	Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/25/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julia Gutierrez 7 Contributor address; City; State; Zip Code 256 Hedwig Rd., Houston, TX 77024	8 Amount of Contribution \$ 25.00	9 In-kind contribution description Coffee for meet & Greet <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara Marie & Aaron Thielhorn Contributor address; City; State; Zip Code 330 Tynebridge Ln., Houston, TX 77024	Amount of Contribution \$ 41.45	In-kind contribution description Meet & Greet at Thielhorn <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/13/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Educational Freedom 7 Contributor address; City; State; Zip Code PO Box 341027 Austin, TX 78734	8 Amount of Contribution \$ 2,889.00	9 In-kind contribution description Direct Mail <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Educational Freedom Contributor address; City; State; Zip Code PO Box 341027 Austin, TX 78734	Amount of Contribution \$ 326.70	In-kind contribution description Texting service <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Shannon Mahan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/14/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Educational Freedom 7 Contributor address; City; State; Zip Code PO Box 341027 Austin, TX 78734	8 Amount of Contribution \$ 3,865.00	9 In-kind contribution description Direct Mail <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shannon Mahan	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Payee name Anedot	
6 Amount (\$) 20.30	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 <input type="checkbox"/> Office held <input type="checkbox"/>

Date 04/04/2023	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 <input type="checkbox"/> Office held <input type="checkbox"/>

Date 04/04/2023	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 <input type="checkbox"/> Office held <input type="checkbox"/>

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)
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4 Date 04/13/2023	5 Payee name Anedot
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6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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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
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Date 04/17/2023	Payee name Anedot
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Amount (\$) 8.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift Expense	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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Date 04/17/2023	Payee name Anedot
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Amount (\$) 10.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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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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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)
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4 Date 04/05/2023	5 Payee name Anedot
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6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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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
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Date 04/05/2023	Payee name Anedot
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Amount (\$) 10.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift Expense	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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Date 04/10/2023	Payee name Anedot
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Amount (\$) 0.70	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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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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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)
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4 Date 04/13/2023	5 Payee name Anedot
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6 Amount (\$) 1.30	7 Payee address; 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	City;	State;	Zip Code
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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
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Date 04/13/2023	Payee name Anedot
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Amount (\$) 10.30	Payee address; 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift Expense	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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Date 04/13/2023	Payee name Anedot
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Amount (\$) 1.30	Payee address; 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	City;	State;	Zip Code
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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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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)
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4 Date 04/12/2023	5 Payee name CAZ Consulting, LLC
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6 Amount (\$) 902.00	7 Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard signs
	(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
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Date 04/12/2023	Payee name CAZ Consulting, LLC
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Amount (\$) 59.76	Payee address; City; State; Zip Code 12215 Cobblestone Dr., Houston, TX 77024
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting fees
	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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Date 04/12/2023	Payee name CAZ Consulting, LLC
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Amount (\$) 50.00	Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisng Expense	Description Campaign verify
	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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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)
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4 Date 04/12/2023	5 Payee name CAZ Consulting, LLC
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6 Amount (\$) 3,000.00	7 Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Polling
	(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
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Date 04/12/2023	Payee name CAZ Consulting, LLC
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Amount (\$) 975.00	Payee address; City; State; Zip Code 12215 Cobblestone Dr., Houston, TX 77024
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Palm Cards
	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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Date 04/12/2023	Payee name CAZ Consulting, LLC
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Amount (\$) 239.05	Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Fees
	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	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)
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4 Date 04/09/2023	5 Payee name C3 Management
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057
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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. <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
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Date 04/06/2023	Payee name Elizabeth Kimzey
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Amount (\$) 150.00	Payee address; City; State; Zip Code 12215 Cobblestone Dr., Houston, TX 77024
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift Expense	Description Flowers for hostess
	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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Date 04/18/2023	Payee name Anedot
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Amount (\$) 20.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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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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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)
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4 Date 04/23/2023	5 Payee name Anedot
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6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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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
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Date 04/23/2023	Payee name Anedot
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Amount (\$) 8.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift Expense	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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Date 04/21/2023	Payee name Anedot
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Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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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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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 04/21/2023		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	
Date 04/24/2023		Payee name Anedot			
Amount (\$) 1.30		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) Gift Expense		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	
Date 04/25/2023		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	

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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)
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4 Date 04/25/2023	5 Payee name Sprint2Print
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6 Amount (\$) 852.47	7 Payee address; 8748 Clay Rd., Ste. 300, Houston, TX 77080	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs
	(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
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Date 04/26/2023	Payee name Tripple Threat Strategies, LLC
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Amount (\$) 925.00	Payee address; 5900 Balcones Drive Ste.100, Austin, TX 78731-4298	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description MMS - Texting
	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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Date 04/26/2023	Payee name Anedot
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Amount (\$) 2.30	Payee address; 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	City;	State;	Zip Code
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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

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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)
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4 Date 04/21/2023	5 Payee name Anedot
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6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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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