

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>9</u>		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST		MI		<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">APR 28 2025</div> <div style="color: blue; font-style: italic; font-size: 0.8em;">BY: [Signature]</div>
	NICKNAME LAST		SUFFIX		
	<u>SHANNON</u>		<u>E</u>		
	<u>QUICKSALL</u>				
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)		<input type="checkbox"/> Final report Other (specify) _____
	Date Reported: _____				
5 ORIGINAL PERIOD COVERED	Month Day Year		Month Day Year		Receipt # _____ Amount \$ _____
	<u>03/25/2025</u> THROUGH <u>04/23/2025</u>				Date Processed _____
Date Imaged _____					
6 EXPLANATION OF CORRECTION					
<u>PAGE 2, LINE 2, and PAGE 3, LINE 1 CORRECTIONS</u> <u>SEE ATTACHED EXPLANATION</u>					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.					
Check ONLY if applicable:					
<input type="checkbox"/> 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.					
<input type="checkbox"/> 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.					
<div style="display: flex; align-items: center; justify-content: center;"> <div>Signature of Candidate/Officeholder</div> </div>					
<b>Please complete either option below:</b>					
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by _____ this the _____ day of _____,					
20_____, to certify which, witness my hand and seal of office.					
Signature of officer administering oath		Printed name of officer administering oath		Title of officer administering oath	
OR					
(2) Unsworn Declaration					
My name is <u>Shannon Quicksall</u> and my date of birth is <span style="background-color: black; color: black;">[REDACTED]</span>					
My address is <u>804 Howard St</u> <u>Taylor</u> <u>TX</u> <u>76574</u> <u>USA</u>					
(street) (city) (state) (zip code) (country)					
Executed in <u>Williamson</u> County, State of <u>Texas</u> , on the <u>28th</u> day of <u>April</u> , 20 <u>25</u> .					
<div style="display: flex; align-items: center; justify-content: center;"> <div>Signature of Candidate/Officeholder (Declarant)</div> </div>					
<b>Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections</b>					

## EXPLANATION OF CORRECTION

On 8 Day Candidate Campaign Finance Report Form C/OH Cover sheet Page 3 (Subtotals), Line 1 Schedule A1: Monetary Political Contributions was entered as \$250.00 in error and should have been **\$270.00** as shown on the A1. This also made Candidate Campaign Finance Report Form C/OH Cover Sheet Page 2, Line 2 Total Political Contributions incorrect, and the correct amount should have been **\$312.33**. These items did not change Line 5 Total Contributions Maintained As of the Last Day of Reporting Period 04/23/2025 of \$570.15.

**FORM C/OH**  
**COVER SHEET PG 1**

Forms provided by Texas Ethics Commission [www.ethics.state.tx.us](http://www.ethics.state.tx.us) Revised 1/1/2024

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>SHANNON E QUICKSALL</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>312<sup>33</sup></b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>1,405.<sup>65</sup></b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>570.15</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Quicksall*  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is **Shannon Quicksall**, and my date of birth is [REDACTED]  
 My address is **804 Howard St**, **Taylor TX 76574 USA**  
 (street) (city) (state) (zip code) (country)  
 Executed in **Williamson** County, State of **Texas**, on the **28th** day of **April**, 20**25**.  
 (month) (year)  
*Shannon Quicksall*  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>SHANNON E QUICKSALL</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 270 <sup>00</sup>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 42 <sup>33</sup>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,405 <sup>65</sup>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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: 1	
2 FILER NAME SHANNON E QUICKSALL				3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/25	5 Full name of contributor out-of-state PAC (ID# _____) CHARLIE CERVENKA			7 Amount of contribution (\$) \$100 <sup>00</sup>	
	6 Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574				
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER			9 Employer (See Instructions)		
Date 3/31/25	Full name of contributor out-of-state PAC (ID# _____) CHRISTOPHER GONZALES			Amount of contribution (\$) \$100 <sup>00</sup>	
	Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574				
Principal occupation / Job title (See Instructions) CABLE/INTERNET MANAGER			Employer (See Instructions)		
Date 4/15/25	Full name of contributor out-of-state PAC (ID# _____) ANGELICA SALAZAR			Amount of contribution (\$) \$20 <sup>00</sup>	
	Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/21/25	Full name of contributor out-of-state PAC (ID# _____) BOB SIMMONS			Amount of contribution (\$) \$50 <sup>00</sup>	
	Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME SHANNON E QUICKSALL		3 Filer ID (Ethics Commission Filer)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/30/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHANNON QUICKSALL	8 Amount of Contribution \$ \$26 <sup>39</sup>	9 In-kind contribution description Post It Notes QR Code Campaign
7 Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		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 4/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHANNON QUICKSALL	Amount of Contribution \$ \$15 <sup>94</sup>	In-kind contribution description CHAMBER FORUM CUPCAKES FOR LITERATURE TABLE
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>		2 FILER NAME <b>SHANNON E QUICKSALL</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/31/2025</b>		5 Payee name <b>GoDADDY</b>			
6 Amount (\$) <b>\$3<sup>00</sup></b>		7 Payee address; <b>2155 E. GoDADDY Way</b>		City: <b>TEMPE</b>	State; Zip Code <b>AZ 85284</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>		(b) Description <b>ONLINE DONATION FEE CHARGE</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>4/1/25</b>		Payee name <b>SHANNON E. QUICKSALL</b>			
Amount (\$) <b>\$1,074.<sup>82</sup></b>		Payee address; <b>804 HOWARD ST</b>		City: <b>TAYLOR TX</b>	State; Zip Code <b>76574</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>REIMBURSEMENT FOR CAMPAIGN MAILERS</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>4/11/25</b>		Payee name <b>SHANNON QUICKSALL</b>			
Amount (\$) <b>\$277<sup>63</sup></b>		Payee address; <b>804 HOWARD ST</b>		City: <b>TAYLOR TX</b>	State; Zip Code <b>76574</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>REIMBURSEMENT FOR CAMPAIGN MAILERS</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>SHANNON E QUICKSALL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/14/25</b>	5 Payee name <b>GREATER TAYLOR CHAMBER OF COMMERCE</b>	
6 Amount (\$) <b>\$50<sup>00</sup></b>	7 Payee address; <b>1519 N MAIN ST</b>	City: <b>TAYLOR TX</b> State: Zip Code: <b>76574</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT</b>	(b) Description <b>APRIL CHAMBER LUNCHEON</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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