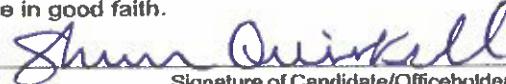
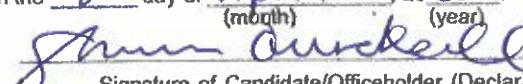


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 9		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR SHANNON NICKNAME QUICKSALL		FIRST E LAST SUFFIX		Date Received RECEIVED APR 28 2025 <i>By [Signature]</i>	
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) _____	
5 ORIGINAL PERIOD COVERED 03/25/2025 THROUGH 04/23/2025		Month Day Year		Month Day Year	
6 EXPLANATION OF CORRECTION PAGE 2, LINE 2, AND PAGE 3, LINE 1 CORRECTIONS SEE ATTACHED EXPLANATION					
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"/> Semianual 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.					
 Signature of Candidate/Officeholder					
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by _____ this the _____ day of _____, 20____.					
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 _____					
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)					
 Signature of Candidate/Officeholder (Declarant)					
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

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**.

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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>SHANNON</i>	MI <i>E</i>	OFFICE USE ONLY Date Received RECEIVED <i>APR 28 2025</i> <i>By: Aldrich</i>			
	NICKNAME	LAST <i>QUICK SALL</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE <i>804 HOWARD ST TAYLOR TX 76574</i>			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(336)</i>	PHONE NUMBER <i>618-2035</i>	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>JACKIE</i>	MI <i>L</i>				
	NICKNAME	LAST <i>KRUEGER</i>	SUFFIX	Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>2704 KELLY DR</i>			STATE: ZIP CODE <i>TAYLOR TX 76574</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>771-7454</i>	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	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	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <i>03</i>	Day <i>25</i>	Year <i>2025</i>	Month <i>04</i>	Day <i>23</i>	Year <i>2025</i>	
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2025</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>CITY COUNCIL DISTRICT 4</i>				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME SHANNON E. QUICKSALL	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)	\$ 312.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,405.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 570.15
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

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

Shane Quinell
Signature of Candidate or Holder

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 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, 2025.

June 2006
(month) (year)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
SHANNON E QUICKSALL	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 270.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 42.33
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,405.65
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 CHARLIE CERVENKA	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) \$100 00
	6 Contributor address; [REDACTED]	City: State: Zip Code TAYLOR TX 76574	
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)	
Date 3/31/25	Full name of contributor CHRISTOPHER GONZALES	out-of-state PAC (ID#_____)	Amount of contribution (\$) \$100 00
	Contributor address; [REDACTED]	City: State: Zip Code TAYLOR TX 76574	
Principal occupation / Job title (See Instructions) CABLE/INTERNET MANAGER		Employer (See Instructions)	
Date 4/15/25	Full name of contributor ANGELICA SALAZAR	out-of-state PAC (ID#_____)	Amount of contribution (\$) \$20 00
	Contributor address; [REDACTED]	City: State: Zip Code TAYLOR TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/25	Full name of contributor BOB SIMMONS	out-of-state PAC (ID#_____)	Amount of contribution (\$) \$50 00
	Contributor address; [REDACTED]	City: State: Zip Code TAYLOR TX 76574	
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: <u>1</u>
2 FILER NAME <u>SHANNON E QUICKSALL</u>				3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ <u>26.39</u>
5 Date <u>3/30/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>SHANNON QUICKSALL</u>)	7 Contributor address: [REDACTED] <u>TAYLOR TX 76574</u>	8 Amount of Contribution \$ <u>\$26.39</u>	9 In-kind contribution description <u>POST IT NOTES</u> <u>QR Code CAMPAIGN</u> 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)				
17 Date <u>4/15/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>SHANNON QUICKSALL</u>)	Contributor address: [REDACTED] <u>TAYLOR TX 76574</u>	Amount of Contribution \$ <u>\$15.94</u>	In-kind contribution description <u>CHAMBER FORUM</u> <u>CUPCAKES FOR</u> <u>LITERATURE TABLE</u> Check if travel outside of Texas. Complete Schedule T.
18 Principal occupation / job title (FOR NON-JUDICIAL) (See Instructions)		19 Employer (FOR NON-JUDICIAL) (See Instructions)		
20 Contributor's principal occupation (FOR JUDICIAL)		21 Contributor's job title (FOR JUDICIAL) (See Instructions)		
22 Contributor's employer/law firm (FOR JUDICIAL)		23 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
24 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
2	SHANNON E. QUICKSALL			
4 Date	5 Payee name			
3/31/2025	GoDADDY			
6 Amount (\$)	7 Payee address;	City: State: Zip Code		
\$3.20	2155 E. GoDADDY Way	TEMPE AZ 85284		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	FEES	ONLINE DONATION FEE CHARGE		
	(c) Check if travel outside of Texas. Complete Schedule T.			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
4/1/25	SHANNON E. QUICKSALL			
Amount (\$)	Payee address;	City:	State:	Zip Code
\$1,074.82	804 HOWARD ST	TAYLOR	TX	76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	PRINTING EXPENSE	REIMBURSEMENT FOR CAMPAIGN MAILERS		
	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			
4/11/25	SHANNON QUICKSALL			
Amount (\$)	Payee address;	City:	State:	Zip Code
\$277.63	804 HOWARD ST	TAYLOR	TX	76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	PRINTING EXPENSE	REIMBURSEMENT FOR CAMPAIGN MAILERS		
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2	SHANNON E QUICKSALL		
4 Date	5 Payee name		
4/14/25	GREATER TAYLOR CHAMBER OF COMMERCE		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$50.00	1519 N MAIN ST	TAYLOR TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	EVENT	APRIL CHAMBER LUNCHEON	
(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED