

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: 15			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Shannon	MI L.	OFFICE USE ONLY			
	NICKNAME	LAST Birkelbach	SUFFIX	Date Received Waller Co. Elections JAN 13 2026 RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 17545 Mathis Road Waller Texas 77484			Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 203 6115	EXTENSION	Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed			
	NICKNAME	LAST	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 22718 Murtell RD Hockley Texas 77447 Residence						
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 305 3863	EXTENSION				
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 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 7	Day 1	Year 26	Month 1	Day 15	Year 26	
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Waller County Precinct 2 Commissioner			
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 <input type="checkbox"/> SPECIFIC	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 L Birkelbach		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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)	\$ 12650.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 541.09
	4. TOTAL POLITICAL EXPENDITURES	\$ 10683.24
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6029.44
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,008.92

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.

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

(2) Unsworn Declaration

My name is Shannon L. Birkelbach, and my date of birth is 10-18-71.
 My address is 17545 Mathis Rd, Waller, TX, 77481, Waller.
 Executed in Waller County, State of Texas, on the 12th day of January, 2026.

Shannon L. Birkelbach

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Shannon L Birklebach	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 12650
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3008.92
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7713.23
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2200
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 228.92
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:

5

2 FILER NAME Shannon L Birkelbach			3 Filer ID (Ethics Commission Filers)
4 Date 07/26/2025	5 Full name of contributor Aletha Birkelbach	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 1,000.00
6 Contributor address; 12200 Massey Rd Pilot Point Tx 76258		City: _____ State: _____ Zip Code	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 07/15/2025	Full name of contributor Johnyne Rees	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
Contributor address; PO Box 479 Hempstead Tx 77445		City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 09/19/2025	Full name of contributor Odis Styers	out-of-state PAC (ID#:)	Amount of contribution (\$) 300.00
Contributor address; PO Box 557 Hempstead Tx 77445		City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/10/2025	Full name of contributor Johnyne Rees	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; PO Box 479 Hempstead Tx 77445		City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions) Retired		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: 5
2 FILER NAME Shannon L Birkelbach			3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2025	5 Full name of contributor Sonya Weisser	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 22718 Murrell Rd Hockley Tx 77447	City: State: Zip Code	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 10/23/2025	Full name of contributor Naomi Alvear	out-of-state PAC (ID#:)	Amount of contribution (\$) 40.00
	Contributor address; 30718 Waller Spring Creek Rd Waller Tx 77484	City: State: Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 11/19/2025	Full name of contributor Fonda Lewis	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; 15957 Kingdom Oaks Lane Waller Tx 77484	City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2025	Full name of contributor Alan Chapman	out-of-state PAC (ID#:)	Amount of contribution (\$) 5,000.00
	Contributor address; 1418 Avenue A Katy Tx 77493	City: State: Zip Code	
Principal occupation / Job title (See Instructions) Undertaker		Employer (See Instructions) McWilliams Funeral Home	

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: <u>5</u>
2 FILER NAME Shannon L Birkelbach			3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor Melisa Bush	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; 31153 Howell Rd Waller Tx 77484	City: _____ State: _____ Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/11/2025	Full name of contributor Tiffany Bleasdale	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 26534 Elm Court Hempstead Tx 77445	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/11/2025	Full name of contributor Aletha Birkelbach	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 12200 Massey Rd Pilot Point Tx 76258	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/11/2025	Full name of contributor Sylvia Wooten	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 30510 Howell Rd Waller Tx 77484	City: _____ State: _____ Zip Code	
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**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME Shannon L Birkelbach			3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor Dani Post	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 50.00
6 Contributor address; 24472 Tyrone St Hempstead Tx 77445		City: State: Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/11/2025 Full name of contributor Gloria Koenning Contributor address; 1735 9th St Hempstead Tx 77445			out-of-state PAC (ID#:) Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/12/2025 Full name of contributor Frank Pokluda Contributor address; 2241 Bowler Rd Waller Tx 77484			out-of-state PAC (ID#:) Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/09/2025 Full name of contributor Michelle Lavin Contributor address; 1911 Key St Waller Tx 77484			out-of-state PAC (ID#:) Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 5
2 FILER NAME Shannon L Birkelbach			3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2025	5 Full name of contributor Sylvia Wooten	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; 30510 Howell Rd Waller Tx 77484	City: _____ State: _____ Zip Code	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 10/21/2025	Full name of contributor Donna Faries	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
	Contributor address; 4617 Midsummer Lane College Station Tx 77845	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 11/30/2025	Full name of contributor Sylvia Leyva	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
	Contributor address; 12500 Barker Cypress Apt 7108 Cypress Tx 77429	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed	
Date 11/24/2025	Full name of contributor Fred Caldwell	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
	Contributor address; 15330 Hilltop View Dr Cypress Tx 77429	City: _____ State: _____ Zip Code	
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.

LOANS**SCHEDULE E**

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 E: 2
2 FILER NAME Shannon L Birkelbach			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 08/30/2025	7 Name of lender Shannon Birkelbach	<input type="checkbox"/> out-of-state PAC (ID#:)	9 Loan Amount (\$) 120.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; 17545 Mathis Rd Waller Tx 77484	City: _____ State: _____ Zip Code _____	10 Interest rate 11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 	18 Guarantor address; 17545 Mathis Rd Waller Tx 77484	19 Amount Guaranteed (\$) 108.92
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)		
Date of loan 12/18/2025	Name of lender Shannon Birkelbach	<input type="checkbox"/> out-of-state PAC (ID#:)	Loan Amount (\$) 108.92
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; 17545 Mathis Rd Waller Tx 77484	City: _____ State: _____ Zip Code _____	Interest rate Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor 	Guarantor address; 17545 Mathis Rd Waller Tx 77484	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E: <u>2</u>
2 FILER NAME Shannon L Birkelbach		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/10/2025	7 Name of lender Shannon Birkelbach	9 Loan Amount (\$) 580.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address: 17545 Mathis Rd Waller Tx 77484	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 ✓ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address: 17545 Mathis Rd Waller Tx 77484	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12/31/2025	Name of lender Phillip Birkelbach	Loan Amount (\$) 2,200.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address: 17545 Mathis Rd Waller Tx 77484	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: 17545 Mathis Rd Waller Tx 77484	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: <i>3</i>	2 FILER NAME Shannon L Birkelbach	3 Filer ID (Ethics Commission Filers)		
4 Date 10/07/2025	5 Payee name We Print Wraps			
6 Amount (\$) 518.53	7 Payee address; 15802 N. Cave Creek Rd Suite 3 Phoenix Az 85032 <small>Check if individual's residence address.</small>	City: _____ State: _____ Zip Code _____		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Printed Wrap Film for Bumper Singage		
	(c) Check if travel outside of Texas. Complete Schedule T. _____			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name _____	Office sought _____	Office held _____
Date 09/19/2025	Payee name Waller County Fair			
Amount (\$) 250.00	Payee address; 21988 FM 359 Rd Hempstead Tx 77445 <small>Check if individual's residence address.</small>	City: _____	State: _____	Zip Code _____
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Display of Signage atThe Fair		
	Check if travel outside of Texas. Complete Schedule T. _____			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name _____	Office sought _____	Office held _____
Date 11/30/2025	Payee name Canva			
Amount (\$) 1,577.70	Payee address; 3212 E. Cesar Chavez St Bldg 1 Suite 1300 Austin Tx 78702 <small>Check if individual's residence address.</small>	City: _____	State: _____	Zip Code _____
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage, Business Cards, Shirts		
	Check if travel outside of Texas. Complete Schedule T. _____			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name _____	Office sought _____	Office held _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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: 3	2 FILER NAME Shannon L Birkelbach	3 Filer ID (Ethics Commission Filers)	
4 Date 10/14/2025	5 Payee name Blessed Welding		
6 Amount (\$) 603.20	7 Payee address; 615 A St Waller Tx 77484	City: _____ State: _____ Zip Code _____	
	<input checked="" type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Cutting metal for Bumper Signage	
	(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 12/17/2025	Payee name Jita Marketing and Printing		
Amount (\$) 2,787.45	Payee address; 6200 Rothway St Suite 100 Houston Tx 77040	City: _____	State: _____ Zip Code _____
	<input checked="" type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Singage	
	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 11/06/2025	Payee name CCR Promotions		
Amount (\$) 649.36	Payee address; 32212 Giboney Rd Hempstead Tx 77445	City: _____	State: _____ Zip Code _____
	<input checked="" type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard Signage	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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: 3	2 FILER NAME Shannon Birkelbach	3 Filer ID (Ethics Commission Filers)
4 Date 10/08/2025	5 Payee name Brookshire Steel	
6 Amount (\$) 491.99	7 Payee address; 1006 Otto St Brookshire Tx 77423	City: _____ State: _____ Zip Code _____
Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Metal for Signage
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 11/18/2025	Payee name Waller County Republican Party	
Amount (\$) 750.00	Payee address; PO Box 551 Hempstead Tx 77445	City: _____ State: _____ Zip Code _____
Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee for Position on Primary Ballot
	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 10/01/2025	Payee name Waller County Fair	
Amount (\$) 85.00	Payee address; 21988 FM 359 Rd Hempstead Tx 77445	City: _____ State: _____ Zip Code _____
Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Season Pass Entry Fee for Advertising booth
	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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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	CIV/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F2:	2 FILER NAME Shannon L Birkelbach	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date 12/31/2025	6 Payee name Phillip Birkelbach		
7 Amount (\$) 2,200.00	8 Payee address; 17545 Mathis Rd Waller Tx 77484	City: _____ State: _____ Zip Code _____	
Check if individual's residence address.			
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Design and Manage Website	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City: _____	State: _____ Zip Code _____
Check if individual's residence address.			
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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 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 PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Shannon L Birkelbach	3 Filer ID (Ethics Commission Filers)
4 Date 08/30/2025	5 Payee name Canva US Inc	
6 Amount (\$) 120.00 Reimbursement from political contributions intended	7 Payee address: 3212 E. Cesar Chaves St Bldg 1 suite 1300 Austin Tx 78702 Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Subscription for Design of Signage
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brookshire Steel	Office sought Office held
Date 12/18/2025	Payee name Brookshire Steel	
Amount (\$) 108.92 Reimbursement from political contributions intended	Payee address: 1006 Otto St Brookshire Tx 77423 Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Metal for Bumper Hitch Signage
	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	
Amount (\$)	Payee address; Check if individual's residence 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED