

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

MI

Shannon

L.

NICKNAME

LAST

SUFFIX

Birkelbach

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

17545 Mathis Road Waller Texas 77484

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

203 6115

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

22718 Murrell RD Hockley Texas 77447 Residence

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

305 3863

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7

/

1

/

26

THROUGH

Month

Day

Year

1

/

15

/

26

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 26

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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	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
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 541.09
	4. TOTAL POLITICAL EXPENDITURES	\$ 10683.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6029.44
OUTSTANDING LOAN TOTALS	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 10-8-71

My address is 17545 Mathis Rd, Waller, TX, 77481, Waller
(street) (city) (state) (zip code) (country)

Executed in Waller County, State of Texas, on the 12th day of January, 2026
(month) (year)

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

out-of-state PAC (ID#:

Aletha Birkelbach

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

12200 Massey Rd Pilot Point Tx 76258

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

07/15/2025

Full name of contributor

out-of-state PAC (ID#:

Johnyne Rees

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

PO Box 479 Hempstead Tx 77445

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

09/19/2025

Full name of contributor

out-of-state PAC (ID#:

Odis Styers

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

PO Box 557 Hempstead Tx 77445

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/2025

Full name of contributor

out-of-state PAC (ID#:

Johnyne Rees

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

PO Box 479 Hempstead Tx 77445

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
10/12/20255 Full name of contributor out-of-state PAC (ID#:
Sonya Weisser6 Contributor address; City; State; Zip Code
22718 Murrell Rd Hockley Tx 77447

7 Amount of contribution (\$)

500.008 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
10/23/2025Full name of contributor out-of-state PAC (ID#:
Naomi AlvearContributor address; City; State; Zip Code
30718 Waller Spring Creek Rd Waller Tx 77484

Amount of contribution (\$)

40.00Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
11/19/2025Full name of contributor out-of-state PAC (ID#:
Fonda LewisContributor address; City; State; Zip Code
15957 Kingdom Oaks Lane Waller Tx 77484

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/30/2025Full name of contributor out-of-state PAC (ID#:
Alan ChapmanContributor address; City; State; Zip Code
1418 Avenue A Katy Tx 77493

Amount of contribution (\$)

5,000.00Principal occupation / Job title (See Instructions)
UndertakerEmployer (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: **5****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#: _____)

6 Contributor address;

City;

State;

Zip Code

31153 Howell Rd Waller Tx 77484

7 Amount of contribution (\$)

100.00

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#: _____)

Contributor address;

City;

State;

Zip Code

26534 Elm Court Hempstead Tx 77445

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date**11/11/2025****Full name of contributor****Aletha Birkelbach**

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

Contributor address;

City;

State;

Zip Code

12200 Massey Rd Pilot Point Tx 76258

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date**11/11/2025****Full name of contributor****Sylvia Wooten**

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

Contributor address;

City;

State;

Zip Code

30510 Howell Rd Waller Tx 77484

Amount of contribution (\$)

100.00

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:

5

2 FILER NAME

Shannon L Birkelbach

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/2025

5 Full name of contributor

out-of-state PAC (ID#:

Dani Post

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

24472 Tyrone St Hempstead Tx 77445

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/11/2025

Full name of contributor

out-of-state PAC (ID#:

Gloria Koenning

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

1735 9th St Hempstead Tx 77445

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/2025

Full name of contributor

out-of-state PAC (ID#:

Frank Pokluda

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2241 Bowler Rd Waller Tx 77484

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/09/2025

Full name of contributor

out-of-state PAC (ID#:

Michelle Lavin

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

1911 Key St Waller Tx 77484

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:

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#:

6 Contributor address;

City;

State;

Zip Code

30510 Howell Rd Waller Tx 77484

7 Amount of contribution (\$)

1,000.00

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#:

Contributor address;

City;

State;

Zip Code

4617 Midsummer Lane College Station Tx 77845

Amount of contribution (\$)

1,000.00

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#:

Contributor address;

City;

State;

Zip Code

12500 Barker Cypress Apt 7108 Cypress Tx 77429

Amount of contribution (\$)

1,000.00

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#:

Contributor address;

City;

State;

Zip Code

15330 Hilltop View Dr Cypress Tx 77429

Amount of contribution (\$)

1,000.00

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.

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Birkelbach	9 Loan Amount (\$) 120.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 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 ▪ none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION ▪ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12/18/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Birkelbach	Loan Amount (\$) 108.92
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 17545 Mathis Rd Waller Tx 77484	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral ▪ none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION ▪ not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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: **2****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**☐ out-of-state PAC (ID#: _____)**Shannon Birkelbach****9 Loan Amount (\$)****580.00****6 Is lender a financial institution?**☐ Y ☒ N**8 Lender address;**

City;

State;

Zip Code

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**☐ none**15**

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION**17 Name of guarantor****19 Amount Guaranteed (\$)**☐ not applicable**18 Guarantor address;**

City;

State;

Zip Code

20 Principal Occupation (See Instructions)**21 Employer (See Instructions)****Date of loan****12/31/2025****Name of lender**☐ out-of-state PAC (ID#: _____)**Phillip Birkelbach****Loan Amount (\$)****2,200.00****Is lender a financial institution?**☐ Y ☒ N**Lender address;**

City;

State;

Zip Code

17545 Mathis Rd Waller Tx 77484**Interest rate****Maturity date****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Description of Collateral**☐ none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION**Name of guarantor****Amount Guaranteed (\$)**☐ not applicable**Guarantor address;**

City;

State;

Zip Code

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
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: 3		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; City; State; Zip Code 15802 N. Cave Creek Rd Suite 3 Phoenix Az 85032 <small>Check if individual's residence address.</small>			
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) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>			
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; City; State; Zip Code 21988 FM 359 Rd Hempstead Tx 77445 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Display of Signage atThe Fair	
		<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>			
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; City; State; Zip Code 3212 E. Cesar Chavez St Bldg 1 Suite 1300 Austin Tx 78702 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signage, Business Cards, Shirts	
		<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>			
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 PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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: 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; City; State; Zip Code 615 A St Waller Tx 77484 <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; City; State; Zip Code 6200 Rothway St Suite 100 Houston Tx 77040 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; City; State; Zip Code 32212 Giboney Rd Hempstead Tx 77445 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
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: 3	2 FILER NAME Shannon Birkelbach	3 Filer ID (Ethics Commission Filers)
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4 Date 10/08/2025	5 Payee name Brookshire Steel
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6 Amount (\$) 491.99	7 Payee address; 1006 Otto St Brookshire Tx 77423 City; State; Zip Code <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Metal for Signage
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/18/2025	Payee name Waller County Republican Party
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Amount (\$) 750.00	Payee address; PO Box 551 Hempstead Tx 77445 City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filling Fee for Position on Primary Ballot
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/01/2025	Payee name Waller County Fair
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Amount (\$) 85.00	Payee address; 21988 FM 359 Rd Hempstead Tx 77445 City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Season Pass Entry Fee for Advertising booth
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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 F2: 1	2 FILER NAME Shannon L Birkelbach	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/31/2025	6 Payee name Phillip Birkelbach
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7 Amount (\$) 2,200.00	8 Payee address; 17545 Mathis Rd Waller Tx 77484 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Design and Manage Website
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

11 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
------	------------

Amount (\$)	Payee address; <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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 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
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 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; City; State; Zip Code 3212 E. Cesar Chaves St Bldg 1 suite 1300 Austin Tx 78702 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 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 Office sought Office held	
Date 12/18/2025	Payee name Brookshire Steel	
Amount (\$) 108.92 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1006 Otto St Brookshire Tx 77423 Check if individual's residence address.	
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 (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code Check if individual's residence address.	
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	

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