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:

OFFICE USE ONLY

Date Received

FILED FOR RECORD AT 1:00P M

JAN 17 2024

KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY B. RIOS DEPUTY

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Terry | MI: W

NICKNAME | LAST: Shamsie | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4002 Castle Valley Drive

Corpus Christi Texas 78410

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(361) 960-6300

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Becky | MI:

NICKNAME | LAST: Moeller | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7217 Sparkle Sea Unit EE

Corpus Christi Texas 78412

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(512) 923-3707

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: July / 1 / 2023 THROUGH Dec / 31 / 2023

11 ELECTION

ELECTION DATE: Month Day Year: 3 / 5 / 2024

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): Nueces County District Attorney

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

2024-0040

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,000 **
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,000 **
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

Terry Shamsie
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

AMANDA L. PENA NOTARY PUBLIC STATE OF TEXAS ID 131568070 EXP. 05-15-2026

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Terry Shamsie this the 17 day of JANUARY, 2024, to certify which, witness my hand and seal of office.

Amanda L. Peña — Amanda L. Peña — Notary

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
TERRY SHAMSIE	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,000
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
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: ONE

2 FILER NAME: Terry Shamsie

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
Dec 13, 2023	George Finley III 6 Contributor address; City; State; Zip Code: 3360 Ocean Drive Corpus Christi TX 78411	1,000

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
Dec 15, 2023	Ernest Garza Contributor address; City; State; Zip Code: 10201 Leopard Street Corpus Christi, Texas 78410	1,000

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Certified Public Accountant	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; 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.

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: Mr. | FIRST: Terry | MI: W
NICKNAME | LAST: Shamsie | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4002 Castle Valley Dr.
Corpus Christi, TX 78410

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (361) | PHONE NUMBER: 960-6300 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Ms | FIRST: Becky | MI:
NICKNAME | LAST: Moeller | SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7217 Sparkle Sea Unit EE
CORPUS CHRISTI, TX 78412

8 CAMPAIGN TREASURER PHONE
AREA CODE: (512) | PHONE NUMBER: 923-3707 | EXTENSION

OFFICE USE ONLY

Date Received

FILED FOR RECORD
AT M

JUL 15 2024

KARA SANDS
CLERK, COUNTY COURT, NUECES COUNTY, TEXAS
BY _____ DEPUTY

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

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
	01	01	24
THROUGH	06	30	24

11 ELECTION

ELECTION DATE: Month 11 / Day 05 / Year 24

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Nueces County District Attorney

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
- ☐ GENERAL
- ☐ 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	**16** Filer ID (Ethics Commission Filers)
Terry W. Shamsie	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 1600
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1600
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 35.16
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 35.16
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3564.84
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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

ELVIA L. HERNANDEZ
My Notary ID # 11510411
Expires June 5, 2028

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Terry Shamsie this the 15th day of July, 20 24, 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
	Elvia L. Hernandez	NOTARY PUBLIC

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Terry W. Shamsie	

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1600
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	SCHEDULE E: LOANS	$ 0
5. ■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 35.16
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
TERRY W. SHAMSIE

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor (out-of-state PAC (ID#:_____))	**7** Amount of contribution ($)
02/28/2024	JOE A. FLORES **6** Contributor address; City; State; Zip Code 500 N. SHORELINE BLVD. STE 1002, CORPUS CHRISTI, TX 78401	100

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
ATTORNEY	SELF

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
02/28/2024	VILMA LUNA Contributor address; City; State; Zip Code 1307 WILDERNESS DR., CORPUS CHRISTI, TX 78746	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	SELF

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
03.15.202	PHILLIP GOFF Contributor address; City; State; Zip Code 4224 OCEAN DR. APT. 361, CORPUS CHRISTI, TX 78411	1000

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	SELF

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
	Contributor address; 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	TERRY W. SHAMSIE	

4 Date	5 Payee name
05/07/2024	DELUXE CHECK BANK OF ODEM CHECK PRINTING

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
35.16	PO BOX 726 ODEM, TEXAS, 78370			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ACCOUNTING/BANKING	CHARGE TO HAVE CHECKS PRINTED
	(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	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 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

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

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): 0088369

2 Total pages filed: 19

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Terry | MI: W

NICKNAME | LAST: Shamsie | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 4002 Castle Valley Dr. | APT / SUITE #: | CITY: Corpus Christi, TX | STATE: | ZIP CODE: 78410

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) | PHONE NUMBER: 960-6300 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms | FIRST: Becky | MI:

NICKNAME | LAST: Moeller | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 7217 Sparkle Sea, Unit EE, Corpus Christi, TX 78412 | APT / SUITE #: | CITY: | STATE: | ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 923-3707 | EXTENSION:

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: **07/01/2024** THROUGH Month Day Year: **09/30/2024**

11 ELECTION

ELECTION DATE — Month Day Year: **11/05/2024**

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☒ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Nueces County District Attorney

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: FILED FOR RECORD AT 8:44 A M OCT 07 2024 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY DEPUTY

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)
	00883619

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 26,335.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 24,523.27
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$5,376.57

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

JENNIFER PENA
My Notary ID # 128224768
Expires August 6, 2026

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Terry Shamsie this the 4th day of October, 2024, 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
Jennifer Pena	Jennifer Pena	Paralegal

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Terry Shamsie	0088369

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 26,335.00
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ]	SCHEDULE E: LOANS	$
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 24,523.27
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: 8

2 FILER NAME: Terry Shamsie

3 Filer ID (Ethics Commission Filers): 0088369

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	
07/08/24	Larry J. Adams 325 Del Mar Blvd, Corpus Christi, TX 78404	500.00	$500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Attorney	**Self**

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
7/16/24	Timothy Lange PO Box 260790, Corpus Christi, TX 78426	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Businessman	Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
7/30/2024	Webb Cason PC 710 N Mesquite St., Corpus Christi, TX 78401	$5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Law Firm	Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
07/29/24	Charles C. Webb Jr. 4745 Ocean Dr., Corpus Christi, TX 78401	$5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	**Webb Cason PC**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
08/27/2024	**C.C. Brake & Clutch**	
	6 Contributor address; City; State; Zip Code **4730 Leopard St., Corpus Christi, TX 78408**	$400.00
8 Principal occupation / Job title (See Instructions) **Auto Repair**	**9** Employer (See Instructions) Self	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	**Gale Law Group**	
	Contributor address; City; State; Zip Code **PO Box 2591, Corpus Christi, TX 78401**	$1000.00
Principal occupation / Job title (See Instructions) **Law Firm**	Employer (See Instructions) **Self**	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Alma's Bonding Co.	
08/26/2024	Contributor address; City; State; Zip Code 920 Antelope St., Corpus Christi, TX 78401	$500.00
Principal occupation / Job title (See Instructions) **Bail Bonds**	Employer (See Instructions) **Self**	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/22/2024	**Law Office of Scott Ellison**	
	Contributor address; City; State; Zip Code **410 Peoples St., Corpus Christi, TX 78401**	$250.00
Principal occupation / Job title (See Instructions) Law Firm	Employer (See Instructions) **Self**	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Terry Shamsie

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
08/20/24	**Alejandro Deleon**	
	6 Contributor address; City; State; Zip Code **209 Cape Hatteras, Corpus Christi, TX 78412**	$100.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Stock broker	**Self**

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	**Red Fish Fleeting Services, LLC**	
	Contributor address; City; State; Zip Code **3517 Rosedown Dr., Corpus Christi, TX 78418**	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
business	**self**

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	**Bianca A. Medina-Rodriguez**	
	Contributor address; City; State; Zip Code **807 Craig St., Corpus Christi, TX 78404**	$2000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
attorney	**self**

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	**Charles C. Webb Jr.**	
	Contributor address; City; State; Zip Code **4745 Ocean Dr. Corpus Christi, TX 78412**	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	**Webb Cason PC**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Terry Shamsie

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
08/20/2024	Edward Luna **6** Contributor address; City; State; Zip Code 1213 Antelope St, Corpus Christi, TX 78401	$500.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Paralegal	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Santos Ronje Contributor address; City; State; Zip Code 606 Santa Monica Place, Corpus Christi, TX 78411	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Process Server	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Steve Lopez Contributor address; City; State; Zip Code 418 Peoples St., Suite 500, Corpus Christi, TX 78401	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Law Firm	Lopez Law Firm, PLLC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Sandra I. Garcia Contributor address; City; State; Zip Code 969 Raven St., Corpus Christi, TX 78418	$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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date: **08/20/2024**

5 Full name of contributor ☐ out-of-state PAC (ID#:_____): **R Reagan Sahadi**

6 Contributor address; City; State; Zip Code: **414 S. Tancahua, Corpus Christi, TX 78401**

7 Amount of contribution ($): 2500.00

8 Principal occupation / Job title (See Instructions): **Attorney**

9 Employer (See Instructions): **Self**

Date: **08/20/2024**

Full name of contributor ☐ out-of-state PAC (ID#:_____): **Juan Villarreal**

Contributor address; City; State; Zip Code: **15830 Lindo, Corpus Christi, TX 78418**

Amount of contribution ($): 100.00

Principal occupation / Job title (See Instructions): **Education**

Employer (See Instructions): **Corpus Christi ISD**

Date: **08/29/2024**

Full name of contributor ☐ out-of-state PAC (ID#:_____): **Steve Carrigan**

Contributor address; City; State; Zip Code: **101 N Shoreline Blvd. Suite 420, Corpus Christi, TX 78401**

Amount of contribution ($): 500.00

Principal occupation / Job title (See Instructions): **Attorney**

Employer (See Instructions): **Carrigan & Anderson PLLC**

Date: **09/06/2024**

Full name of contributor ☐ out-of-state PAC (ID#:_____): **Plumbers Local Union No. 68**

Contributor address; City; State; Zip Code: **PO Box 8746, Houston, TX 77249**

Amount of contribution ($): 500.00

Principal occupation / Job title (See Instructions): **Plumbers**

Employer (See Instructions): **Plumbers Local Union No. 68**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Terry Shamsie

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
09/07/2024	Linda K. White **6** Contributor address; City; State; Zip Code 825 Egyptioan, Corpus Christi, TX 78412	25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Ariana Hospitality LLC Contributor address; City; State; Zip Code 6230 Dairy Rd, Victoria, TX 77904	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Zeba LLC Contributor address; City; State; Zip Code PO Box 3696, Corpus Christi, TX 78463	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Real Estate	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Lisa Renee Harris Contributor address; City; State; Zip Code 2306 Red Mile Rd., Corpus Christi, TX 78418	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Terry Shamsie

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
08/20/2024	Leslie Cassidy **6** Contributor address; City; State; Zip Code PO Box 941, Corpus Christi, TX 78403	$250.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Attorney	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Law Office of Nathan Burkett Contributor address; City; State; Zip Code PO Box 3189, Corpus Christi, TX 78463	750.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Belinda Villiur Contributor address; City; State; Zip Code 1019 Iowa St., Robstown, TX 78368	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Housewife	None

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Mary Saenz Contributor address; City; State; Zip Code 926 E FM 628, Riviera TX 78379	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Terry Shamsie

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
08/20/2024	Tyner Little	$60.00
	6 Contributor address; City; State; Zip Code: 3417 Monterrey, Corpus Christi, TX 78411	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Retired	Retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Heidi Hovda	100.00
	Contributor address; City; State; Zip Code: 1022 Harrison St., Corpus Christi, TX 78404	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Innovation PM	Gulf Business Printing

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/20/2024	Nelda Rodriguez	500.00
	Contributor address; City; State; Zip Code: 117 Lake Shore Dr. Corpus Christi, TX 78413	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; 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.

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 Terry Shamsie	**3** Filer ID (Ethics Commission Filers) 0088369
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
8/20/2024	Katie Rodriguez	723.75	host fundraiser
	7 Contributor address; City; State; Zip Code: 433 S Tancahua, Corpus Christi, 78401	☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): Psychologist	**11** Employer (FOR NON-JUDICIAL) (See Instructions): Self
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code	☐ 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:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
5	**Terry Shamsie**			**0088369**

4 Date	5 Payee name			
09/22/2024	Lisa Hernandez			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
1000.00	434 Villa Dr.	Corpus Christi	TX	78408

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Consulting Expense	Consulting Expense	Campaign Consulting
	(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	Payee name			
09/20/2024	Gulf Coast Mailing & Printing Services			
Amount ($)	Payee address;	City;	State;	Zip Code
167.79	PO Box 9312	Corpus Christi	TX	78469

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	Contribution Envelopes
	☐ 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			
09/06/2024	Steve Garza General Maintenance			
Amount ($)	Payee address;	City;	State;	Zip Code
600.91	2606 Montgomery St.	Corpus Christi	TX	78405

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Salaries Wages Contract Labor	Signs and table set up
	☐ 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)
5	Terry Shamsie			0088369
4 Date	**5** Payee name			
09/06/2024	Becky Moeller			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
2897.01	7217 Sparkle Sea Unit EE	Corpus Christi	TX	78412

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Loan Repayment/Reimbursement	Signs

(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	Payee name			
08/16/2024	BECKY MOELLER			
Amount ($)	Payee address;	City;	State;	Zip Code
1000.00	7217 SPARKLE SEA UNIT EE	CORPUS CHRISTI	tx	78412

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
loan repayment/reimbursement	signs

☐ 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			
09/05/2024	BECKY MOELLER			
Amount ($)	Payee address;	City;	State;	Zip Code
703.63	7217 SPARKLE SEA UNIT EE		TX	78412

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
LOAN REPAYMENT/REIMBURSEMENT	T-SHIRTS

☐ 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)
5	TERRY SHAMSIE	0088369

4 Date	5 Payee name
09/04/2024	CHAIRBORNE SOLUTIONS

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
10,300.00	1502 18TH STREET	CORPUS CHRISTI	TX	78404

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	DIGITAL MEDIA

(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	Payee name
09/04/2024	TWINS MEDIA

Amount ($)	Payee address;	City;	State;	Zip Code
5000.00	1289 Carnaby Street	Corpus Christi	TX	78415

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	advertsing expense	photography/videography

☐ 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
08/22/2024	Prestige Printing

Amount ($)	Payee address;	City;	State;	Zip Code
450.00	8 Burwood Lane	San Antonio	TX	78216

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertsing expense	Push cards

☐ 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)
5	Terry Shamsie			0088369
4 Date	**5** Payee name			
08/16/2024	Lisa Hernandez			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
1500.00	434 Villa Dr.	Corpus Christi	TX	78404
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description		
	Advertising Expense	Mail/Digital Media Design		
	(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	Payee name			
07/24/2024	Sandra Hernandez			
Amount ($)	Payee address;	City;	State;	Zip Code
178.93	434 Villa Dr.	Corpus Christi	TX	78404
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Reimbursement	Pushcards		
	☐ 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			
07/19/2024	Irene Maag-Hernandez			
Amount ($)	Payee address;	City;	State;	Zip Code
475.00	2015 Perennial Drive	Corpus Christi	TX	78232
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Logos/Design		
	☐ 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)
5	Terry Shamsie			0088369
4 Date	**5** Payee name			
07/19/2024	Lisa Hernandez			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
250.00	434 Villa Dr.	Corpus Christi	TX	78404

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description
Consulting	Consulting Expense	Event Consulting
	(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	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 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
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

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): 0088369

2 Total pages filed: 9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Terry | MI: W

NICKNAME | LAST: Shamsie | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 4002 Castle Valley Dr. | APT / SUITE #: | CITY: Corpus Christi, TX | STATE: | ZIP CODE: 78410

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) | PHONE NUMBER: 960-6300 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms | FIRST: Becky | MI:

NICKNAME | LAST: Moeller | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 7217 Sparkle Sea, Unit EE, Corpus Christi, TX 78412 | APT / SUITE #: | CITY: | STATE: | ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 923-3707 | EXTENSION:

OFFICE USE ONLY

Date Received: FILED FOR RECORD AT M
OCT 28 2024
KARA SANDS
CLERK, COUNTY COURT, NUECES COUNTY TEXAS
BY KV DEPUTY
1:23 pm

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

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: 10/01/2024 THROUGH 10/26/2024

11 ELECTION

ELECTION DATE: Month / Day / Year: 11/05/2024

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Nueces County District Attorney

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: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

102820244

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Terry Shamsie			**16** Filer ID (Ethics Commission Filers) 0088369
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 660.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 11,850.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ $13,807.70
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4078.87
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$0.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

JENNIFER PENA
My Notary ID # 128224768
Expires August 6, 2026

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Terry Shamsie this the 28th day of October, 2024, to certify which, witness my hand and seal of office.

Jennifer Peña — Jennifer Peña — Notary

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	**20** Filer ID (Ethics Commission Filers)
Terry Shamsie	0088369

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 12,350.00
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	[ ]	SCHEDULE E: LOANS	$ 0
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 13,807.70
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	[ ]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

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: 3

2 FILER NAME: Terry Shamsie

3 Filer ID (Ethics Commission Filers): 0088369

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10/19/2024	Christina Bonner **6** Contributor address; City; State; Zip Code 3285 Ocean Dr. , Corpus Christi, TX 78404	100.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Retired	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/16/2024	Laura Garza Jimenez Contributor address; City; State; Zip Code 11544 up River Rd., Corpus Christi, TX 78410	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/19/2024	Epigmenio Gonzalez Contributor address; City; State; Zip Code 6669 Bent Trail, Corpus Christi, TX 78413	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	none

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/19/2024	Not Guilty, Inc. Contributor address; City; State; Zip Code 2739 County Road 26, Robstown, TX 78380	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Self

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: 3

2 FILER NAME: Terry Shamsie

3 Filer ID (Ethics Commission Filers): 0088369

4 Date	**5** Full name of contributor	**7** Amount of contribution ($)
10/18/2024	[x] out-of-state PAC (ID#: C00002089) Communications Workers of America - COPE PCC **6** Contributor address; City; State; Zip Code: 501 Third Street, N.W., Washington, DC. 20001	$1500.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
PAC	Communications Workers of America Union

Date	Full name of contributor	Amount of contribution ($)
10/24/2024	[x] out-of-state PAC (ID#: C00027342) IBEW PAC Voluntary Fund Contributor address; City; State; Zip Code: 900 Seventh Street, N.W., Washington D.C., 20001	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PAC	International Brotherhood of Electrical Workers

Date	Full name of contributor	Amount of contribution ($)
10/04/2024	[ ] out-of-state PAC (ID#:) Everest Consulting Services, LLC Contributor address; City; State; Zip Code: 275 Commercial Blvd. Ste. 204, Fort Lauderdale, FL 33308	$2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medical	Self

Date	Full name of contributor	Amount of contribution ($)
10/07/2024	[ ] out-of-state PAC (ID#:) RSalazar Construction / Rene Salazar Contributor address; City; State; Zip Code: 337 Palmero St., Corpus Christi, TX 78404	$2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Construction	Self

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: 3
2 FILER NAME Terry Shamsie	**3** Filer ID (Ethics Commission Filers) 0088369

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) Tim Lange	**7** Amount of contribution ($)
10/04/2024	**6** Contributor address; City; State; Zip Code PO Box 260790, Corpus Christi, TX 78426	$1000.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Businessman	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) George Finley / CC Old Car Museum LLC	Amount of contribution ($)
10/03/2024	Contributor address; City; State; Zip Code 3360 Ocean Dr., Corpus Christi TX 78411	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Businessman	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Becky Moeller	Amount of contribution ($)
10/03/2024	Contributor address; City; State; Zip Code 7217 Sparkle Sea Unit EE, Corpus Christi, TX 78404	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	none

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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)
	Terry Shamsie			0088369
4 Date	**5** Payee name			
10/19/2024	Chairborne Solutions			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
$8,000.00	1502 18th Street	Corpus Christi	TX	78404
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description		
	Advertising Expense	Digital Media		
	(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	Payee name			
10/19/2024	CreativeBMG			
Amount ($)	Payee address;	City;	State;	Zip Code
$750.00	802 S. Carancahua	Corpus Christi	TX	78415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Advertisement production		
	☐ 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			
10/25/2024	CreativeBMG			
Amount ($)	Payee address;	City;	State;	Zip Code
$300.00	802 S. Caranahua	Corpus Christi	TX	78415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Advertisement Production		
	☐ 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)
	Terry Shamsie	0088369

4 Date	5 Payee name
10/23/24	Lisa Hernandez

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
500.00	434 Villa Dr., Corpus Christi, TX 78404			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expenses	Media Design

(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	Payee name
09/15/2024	ACTBLUE

Amount ($)	Payee address;	City;	State;	Zip Code
19.75	PO BOX 962017	BOSTON	MA	02196

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FEES	PROCESSING FEE

☐ 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
09/29/2024	ACTBLUE

Amount ($)	Payee address;	City;	State;	Zip Code
4.95	PO BOX 962017	BOSTON	MA	02196

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FEES	PROCESSING FEE

☐ 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	**2** FILER NAME Terry Shamsie	**3** Filer ID (Ethics Commission Filers) 0088369
4 Date 10/23/2024	**5** Payee name KIII-TV	
6 Amount ($) $4,233.00	**7** Payee address; City; State; Zip Code 5002 South Padre island Dr., Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Advertising Expense	**(b)** Description TV ads
	(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	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 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	
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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