		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Terry	MI	OFFICE USE ONLY
	NICKNAME	5 h Amsi	SUFFIX	Date Received FILED FOR RECORD AT /*00 P M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CASTIE VAL	•	JAN 17 2024 KARA SANDS
Change of Address	'		Texas 78410	CLERK, COUNTY COUNTY TEXAS BY DEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	PHONE NUMBER 960-630	EXTENSION (Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Becky	MI	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
I		MOELLER	<u>. </u>	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	72	•	e sea unit ee	STATE; ZIP CODE
(Residence or Business)	Cor	apus Chris	ti Texas =	78412
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 923 - 3	EXTENSION 3707	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	TJ y	Day Year / 1 / 2023	THROUGH Dec	Day Year / 31 / 20 2 3
11 ELECTION	ELECTION DA	\	ELECTION TYPE	
	Month Day 3 / 5 /	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	,	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MA	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2 202	24-0040 ⁼

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		77.78	16 Filer ID (Ethics Commission Filers
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GU. CONTRIBUTIONS MADE EL	TICAL CONTRIBUTIONS (OTHER TH ARANTEES OF LOANS, OR LECTRONICALLY)	AN \$
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOAN	\$ 2,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPE	NDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE L	* 2,000 "
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS	OF THE \$
18 SIGNATURE I swe requi	ear, or affirm, under penalty of perjury red to be reported by me under Title 15	y, that the accompanying report is t 5, Election Code.	rue and correct and includes all informa
		Jen 87	an'
		Signature of 0	Candidate or Officeholder
	Please com	nplete either option belo	w:
	WHEE		
Junin de la company	L. PANI		
(1) Affidavit	PURITA		
(1) Affidavit	A Se		
9	THE STATE OF THE S		
NOTARY STAMP/SEASES	315699. 20	. \	
Sworn to and subscribed be	AGE THRIDY TERRY	Shamsis this the	day of JANVAR
20 21, to certify wh	ich, witness my hand and seal of office.		,
amarde St	eru Amanda	L. Peña	Notary
Signature of officer administering	g oath Printed name of	officer administering oath	Title of officer administering or
	;	OR	
(2) Unsworn Declaration			
My name is		, and my date of birth	s
My address is			
	(street)	(city)	(state). (zip code) (country)
Executed in	County, State of	, on the day of	th) (year)
			, (your)
		Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	LER NAME	20 Filer ID (Ethics Co	mmission Filers)
	TERRY Shamsif		
	CHEDULE SUBTOTALS AME 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 CO	NTRIBUTIONS	\$
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 FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH-	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

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)		
Te	2RY Shamsit				
4 Date	5 Full name of contributor uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
Dec 13,	Heorge Finley III		. •		
2023	6 Contributor address; City;	State; Zip Code 78411	1,000:		
	3360 Ocean Drive Compu		.,, -		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
	Retices	AIG			
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)		
Dec 15	ERNEST DARZA				
Dec 15,	Contributor address; City;	State; Zip Code	1,000		
2023	10201 Leopard Street	Julio, Lip Codo	1,000		
	coupus christi, Texas	78410			
• •	ation / Job title (See Instructions)	Employer (See Instruct	•		
Contif	en Public Acrountant	self empl	04.50		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
			, another of continuation (w)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
· '					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Dain air at a	Antice / Joh title (Coe Instructions)	Employer (See Instruc	tione)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	uons)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED		

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 C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Terry	MI W	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
		Shamsie		FILED FOR RECORD
4 CANDIDATE /	ADDRESS / PO BOX	,	CITY; STATE; ZIP CODE	M TA
OFFICEHOLDER MAILING	4002 Castle	•	JUL 1 5 2024	
ADDRESS	Corpus Chri	sti, TX 78410		KARA SANDS
Change of Address				CLERK, COUNTY COURT, NUECES COUNTY, TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	960-6300	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Ms	Becky		Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		Moeller		Dute imaged
7 CAMPAIGN		(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS		e Sea Unit EE		
(Residence or Business)	CORRUS CH	11st1, TX 78	412	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512)	923-3707		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
OOVERLED	01	/ 01 / 24	THROUGH 06	/ 30 / 24
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year	Runoff Other Description	
	11 / 05	General General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Nueces County D	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CANI	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL .	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
	1	GO TO	PAGE 2	

Forms provided by Texas Ethics Com

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Revised 1/1/2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

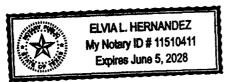
15 C/OH NAME Terry W. Shamsie			16 Filer	ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	1600
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR 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 OF REPORTING PERIOD	TDAY	\$	3564.84
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	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.

Signalure of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL					(\
Swom to and subscribed bef	fore me by Term S	homsie	th	nis the 15	h day of	July.
20 24 , to certify whi	ch, witness my hand and seal of office	L Herran	lız g oath	Nota		r 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/Of	ficeholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer Parry W. Shamsie	ID (Ethics Commiss	ion Filers)
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 CONTRIBUTI	ons \$	35.16
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	utions \$	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 BUSINES	S OF C/OH \$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	ions \$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETO FILER	TURNED \$	0

Reset Page

SCHEDULE A1

If the reques	sted information is not applicable	e, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to	1 Total pages Schedule A1:		
2 FILER NAME TERRY W.	SHAMSIE			3 Filer ID (Ethics Commission Filers)
4 Date	JOE A. FLORES		C (ID#:)	7 Amount of contribution (\$)
02/28/2024		City;	State; Zip Code S CHRISTI, TX 78401	100
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor VILMA LUNA	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/28/2024	Contributor address; 1307 WILDERNESS DR., (City;	State; Zip Code	500.00
Principal occup ATTORNEY	oation / Job title (See Instructions)		Employer (See Instruct	cions)
Date	Full name of contributor PHILLIP GOFF	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03.15.202	Contributor address; 4224 OCEAN DR. APT. 361, (City;	State; Zip Code RISTI, TX 78411	1000
Principal occup ATTORNEY	oation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS Nuction guide for additional r	

Forms provided by Texas Ethics Comm

Reset Form

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Revised 1/1/2024

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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME TERRY W. SHAMSIE		3 Filer ID (Ethics Commission Filers)		
4 Date 05/07/2024	5 Payee name DELUXE CHECK BANK OF ODEM (CHECK PRINT	ING		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
35.16	PO BOX 726 ODEM, TEXAS, 78370				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ACCOUNTING/BANKING	CHARGE TO	HAVE CHECKS PRINTED)	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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	n, 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	n, 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 S	SCHEDULE AS NEE	DED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Eth 0088369	hics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Terry		MI W	OFFICE	USEONLY
INAIVIE	NICKNAME	LAST Shamsie		SUFFIX	Date Received FILED F AT	FOR RECORD
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	X; APT / SUITE #;	CITY; STAT	TE; ZIP CODE		0 7 2024
MAILING ADDRESS Change of Address	4002 Castle Valle	ey Dr. Corpus Christi, TX	x	78410	CLERK COUNTY COL BY	RA SANDS URT, NUECES COUNTY, TEXAS DEPUTY
5 CANDIDATE/ OFFICEHOLDER	AREA CODE (361) 9	PHONE NUMBER	EXTE	ENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Ms NICKNAME	Becky		SUFFIX	Date Processed	
		Moeller			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S		DITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	ЕХТЕ	ENSION		
PHONE	(512)	923-3707				
9 REPORT TYPE	January 15	X 30th day before e	election	Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele		Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 07/	Day Year 01/2024	THROUGH	Month 09 /	Day Year /30/2 024	
11 ELECTION	ELECTION DA	Primary	Runoff	ELECTION TYPE Other		
l.	Month Day 11/05/20		Special	Description ———		
12 OFFICE	OFFICE HELD (if any))		CE SOUGHT (if known)	,	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MAI	DE WITHOUT THE CAND	IDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	3		
		GO TO	PAGE 2	<u></u>		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		6 Filer ID (Ethics Commission Filers) 0 088 3(a9
17 CONTRIBUTION TOTALS	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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	\$5,376.57
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all information
red	quired to be reported by me under Title 15, Election Code.	
	Jee 1	
	Signature of Cand	idate or Officeholder
	Please complete either option below:	
	r lease complete chiler option below.	
	and the same of th	
	JENNIFER PENA	
(1) Affidavit	My Notary ID # 128224768 Expires August 6, 2026	
•	Specific Expired radiation, 2020	
NOTARY STAMP/SEA	<u>.</u>	11
Sworn to and subscribed	before me by Terry Shamsie this the 2	I'M day of October.
\sim 1	which, witness my hand and seal of office.	
	Para Tona For Para	Darabaal
Signature of officer administe	ring oath Printed name of officer administering oath	Title of office administering oath
	OR	
(A) 11		
(2) Urlsworn Declaration	on	
My name is	, and my date of birth is	
	, and my date of birth is	•
iviy address is		te) (zip code) (country)
Executed in		, , , , , , , , , , , , , , , , , , , ,
	County, State of , on the day of (month)	
	20.00	
	Signature of Candidate	e/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 CONTR	BUTIONS \$ 24,523.27
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COM	ITRIBUTIONS \$
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 BUS	SINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED \$

SCHEDULE A1

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

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME Terry S	hamsie		3 Filer ID (Ethics Commission Filers) 0088369
4 Date 07/08/24	5 Full name of contributor out-of-state Larry J. Adams	PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 325 Del Mar Blvd, Corpus Christi, TX 78404	State; Zip Code	500.00 \$500.00
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruction Self	ctions)
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
7/16/24	Contributor address; City; PO Box 260790, Corpus Christi, TX 78426	State; Zip Code	\$1000.00
Principal occup Businessman	ation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
7/30/2024	Contributor address; City; 710 N Mesquite St., Corpus Christi, TX 78401	State; Zip Code	\$5000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction Self	ctions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
07/29/24	Contributor address; City; 4745 Ocean Dr., Corpus Christi, TX 78401	State; Zip Code	\$5000.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruction Webb Cason PC	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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. 2 FILER NAME 5 FUII name of contributor						
Date	The	e Instruction Guide explains h	ow to complete th	nis form.	1 Total pages Schedule A1:	
C.C. Brake & Clutch Contributor address: City: State: Zip Code S400.00 Principal occupation / Job title (See Instructions) Auto Repair Date Full name of contributor Contributor address; PO Box 2591, Corpus Christi, TX 78401 Principal occupation / Job title (See Instructions) Law Firm Date Full name of contributor Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Bail Bonds Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) Self Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) Self Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) Self Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) Employer (See Instructions) Self Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	FILER NAME	=			3 Filer ID (Ethics Commission Filers)	
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State Zip Code \$400.00	08/27/2024					
Auto Repair Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$)					\$400.00	
Auto Repair Date Date Ob/20/2024 Full name of contributor Contributor address; City; State: Zip Code PO Box 2591, Corpus Christi, TX 78401 Date Full name of contributor Amount of contribution (\$) Principal occupation / Job title (See Instructions) Law Firm Date Full name of contributor Alma's Bonding Co. 26/2024 Contributor address: City: State: Zip Code \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Bail Bonds Employer (See Instructions) Employer (See Instructions) Self Date Full name of contributor Out-of-state PAC (ID#		4730 Leopard St., Corp	us Christi, TX 784	08		
Date Gale Law Group Contributor address; City: State: Zip Code \$1000.00 Principal occupation / Job title (See Instructions) Law Firm Date Full name of contributor out-of-state PAC (ID#	Principal occ	upation / Job title (See Instruction	ns)	9 Employer (See Instruc	tions)	
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Law Firm Self	Principal occu	ation / Job title (See Instructions	\$)	Employer (See Instruct	ions)	
	Law Firm			Self		
		ATTACH ADD	ITIONAL COPIES	OF THIS SCHEDULE AS ME	EEDED.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		· · · · · · · · · · · · · · · · · · ·		TO THE STATE OF THE MO IT		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

SCHEDULE A1

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

	Instruction Guide explains ho	w to complete th	is form.	1 Total pages Schedule A1:	
FILER NAME Terry Sham				3 Filer ID (Ethics Commission Filers	
Date 08/20/24	5 Full name of contributor Alejandro Deleon	out-of-state P	AC (ID#:)	7 Amount of contribution (\$)	
	6 Contributor address; 209 Cape Hatteras, Corp	City;	State; Zip Code	\$100.00	
Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instruc	tions)	
08/20/2024 Red Fish Fleeting Services, LLC			PAC (ID#:) Amount of contribution		
	Contributor address; 3517 Rosedown Dr., Corpus	City;	State; Zip Code	\$300.00	
Principal occup	Dation / Job title (See Instructions)	Employer (See Instructions) self		
Date 08/20/2024	Full name of contributor Bianca A. Medina-Rodrig		AC (ID#)	Amount of contribution (\$)	
	Contributor address: 807 Craig St., Corpus Chris	City; sti, TX 78404	State; Zip Code	\$2000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date Full name of contributor out-of-stat 08/20/2024 Charles C. Webb Jr.		out-of-state P/	AC (ID#)	Amount of contribution (\$)	
	Contributor address; 4745 Ocean Dr. Corpus Ch	City; nristi, TX 78412	State; Zip Code	\$250.00	
	pation / Job title (See Instructions)	Employer (See Instruct Webb Cason PC	tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

08/20/2024 6 1 Principal occupation Paralegal Date	Full name of contributor Edward Luna Contributor address; 213 Antelope St, Corpus Christion / Job title (See Instructions) Full name of contributor		State;		3 Filer ID (Ethics Commission Filers7 Amount of contribution (\$)\$500.00
08/20/2024 6 1 8 Principal occupation Paralegal Date	Edward Luna Contributor address; 213 Antelope St, Corpus Christion / Job title (See Instructions)	City; sti, TX 78401	State;		
Principal occupation Paralegal Date	213 Antelope St, Corpus Christian / Job title (See Instructions)	sti, TX 78401		Zip Code	
Principal occupation Paralegal Date	ion / Job title (See Instructions)		9 Emplo	ì	
S	Full name of contributor			yer (See Instruc	tions)
08/20/2024	Santos Ronje	_)	Amount of contribution (\$)
	Contributor address; 06 Santa Monica Place, Corpu	City; s Christi, TX 784	State;	Zip Code	\$50.00
Principal occupatio	on / Job title (See Instructions)		Employ	 yer (See Instruct	tions)
Date	Full name of contributor	butor out-of-state PAC (ID#:)		Amount of contribution (\$)	
08/20/2024	Contributor address; I18 Peoples St., Suite 500, Co	City;		Zip Code	\$1000.00
Principal occupatio Law Firm	on / Job title (See Instructions)			yer (See Instruct aw Firm, PLLC	ions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
8/20/2024	Contributor address; 69 Raven St., Corpus Christi,	City; TX 78418	State; 2	Zip Code	\$100.00
Principal occupation	n / Job title (See Instructions)		Employ	yer (See Instruct	ions)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2024	R Reagan Sahadi	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 414 S. Tancahua, Corpus Christi, TX 78401	State; Zip Code	2500.00
B Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc Self	itions)
Date 08/20/2024	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 15830 Lindo, Corpus Christi, TX 78418	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Corpus Christi ISD	,
Date 08/29/2024	Steve Carrigan	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 101 N Shoreline Blvd. Suite 420, Corpus Chris	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Carrigan & Anderso	
Date 09/06/2024	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
	Contributor address; City; PO Box 8746, Houston, TX 77249	State; Zip Code	500.00
	ation / Job title (See Instructions)	Employer (See Instruct Plumbers Local Unio	,

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SCHEDULE A1

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

Terry Shamse 4 Date 5 Full name of contributor out-of-state PAC (ID# 77 Amount of contribution (\$) Linda K. White 09/07/2024 6 Contributor address: City: State: Zip Code 25:00 825 Egyptioan, Corpus Christi, TX 78412 3 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# 78 Amount of contribution (\$) Ariana Hospitality LLC 08/20/2024 Contributor address: City: State: Zip Code \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# 78 Amount of contribution (\$) Zeba LLC 08/20/2024 Contributor address: City: State: Zip Code \$1000.00 PO Box 3696, Corpus Christi, TX 78463 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Salte: Zip Code \$1000.00 Amount of contribution (\$) Solf Principal occupation / Job title (See Instructions) Real Estate Full name of contributor out-of-state PAC (ID# 78 Amount of contribution (\$) Lisa Renee Harris	Terry Shamsie 4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$) Linda K. White 09/07/2024 6 Contributor address: City: State: Zip Code 25.00 825 Egyptioan, Corpus Christi, TX 78412 3 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Ariana Hospitality LLC 08/20/2024 Contributor address: City: State: Zip Code S500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Zeba LLC 08/20/2024 Contributor address: City: State: Zip Code \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 2 State: Zip Code S1000.00 Principal occupation / Job title (See Instructions) Real Estate Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Lisa Renee Harris Contributor address: City: State: Zip Code \$1000.00 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Terry Sham				
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Real Estate Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Lisa Renee Harris Contributor address; City; State; Zip Code \$1000.00 2306 Red Mile Rd., Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Real Estate Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Lisa Renee Harris Contributor address; City; State; Zip Code \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)		PO Box 3696, Corpus Christi, TX	〈 78463		ı
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Lisa Renee Harris Contributor address; City; State; Zip Code \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Lisa Renee Harris Contributor address; City; State; Zip Code \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
08/20/2024 Lisa Renee Harris Contributor address; City; State; Zip Code \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	D8/20/2024 Lisa Renee Harris Contributor address; City; State; Zip Code \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Real Estate			Self	
D8/20/2024 Lisa Renee Harris Contributor address; City; State; Zip Code \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	D8/20/2024 Lisa Renee Harris Contributor address; City; State; Zip Code \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
08/20/2024 Contributor address; City; State; Zip Code \$1000.00 2306 Red Mile Rd., Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions)	O8/20/2024 Contributor address; City; State; Zip Code \$1000.00 2306 Red Mile Rd., Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
2306 Red Mile Rd., Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions)	2306 Red Mile Rd., Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions)	08/20/2024		City;	State; Zip Code	\$1000.00
	•		2306 Red Mile Rd., Corpus Chris	sti, TX 78418		
		Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
		Attorney				·

Forms provided by Texas Ethics Commission

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

Revised 1/1/2024

SCHEDULE A1

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

2 FILER NAME	e Instruction Guide explains how	w to complete to	this form.	1 Total pages Schedule A1:
Terry Shams				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Leslie Cassidy		PAC (ID#:)	7 Amount of contribution (\$)
08/20/2024	6 Contributor address; PO Box 941, Corpus Christi, T	City;	State; Zip Code	\$250.00
8 Principal occu Attorney	Lupation / Job title (See Instructions)	1	9 Employer (See Instruction Self	ons)
Date	Full name of contributor Law Office of Nathan Burkett		PAC (ID#:)	Amount of contribution (\$)
08/20/2024	Contributor address; PO Box 3189, Corpus Christi,	City;	State; Zip Code	750.00
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruction	(anc
Date	Full name of contributor Belinda Villiur		PAC (ID#:)	Amount of contribution (\$)
08/20/2024	Contributor address; 1019 Iowa St., Robstown, TX 76	City;	State; Zip Code	\$500.00
Principal occup Housewife	pation / Job title (See Instructions)		Employer (See Instruction None	ons)
Date	Full name of contributor Mary Saenz	out-of-state F	PAC (ID#:)	Amount of contribution (\$)
08/20/2024	Contributor address; 926 E FM 628, Riviera TX 7837	City;	State; Zip Code	\$100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Terry Shamsie)			
4 Date	5 Full name of contributor	out-of-state PA(C (ID#:)	7 Amount of contribution (\$)
	Tyner Little			
08/20/2024	6 Contributor address;	City;	State; Zip Code	\$60.00
	3417 Monterrey, Corpus Christi	i, TX 78411		
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Retired			Retired	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Heidi Hovda			
08/20/2024	Contributor address;	City;	State; Zip Code	100.00
	1022 Harrison St., Corpus Christ	iti, TX 78404		100.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Innovation PM			Gulf Business Printing	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Nelda Rodriguez			
08/20/2024	Contributor address;	City;	State; Zip Code	500.00
	117 Lake Shore Dr. C	Corpus Christi, TX	78413	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	etions)
Retired			Retired	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDITIO	ONAL COPIES (OF THIS SCHEDULE AS N	ICENEN
	ALIAGUADUITE	SINCE COFFIES C	N THIS SCHEDULL AS IN	EEDED

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.

		— — page	m the report.			
TI	he Instruction Guide explains how to complete this for	m.	1 Total pages Schee	dule A2:		
2 FILER NAM Terry S	Shamsie		3 Filer ID (Ethics C 0088369	ommission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	6 Full name of contributor □ out-of-state PAC (ID#)	8 Amount of Contribution \$	9 In-kind contribution description		
8/20/2024	7 Contributor address; City; State;	Zip Code	723.75	host fundraiser		
	433 S Tancahua Corpus Christi 78-	401	Check if travel outs	lide of Texas. Complete Schedule T.		
10 Principal occ Psychologist	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Date Full name of contributor out-of-state PAC (ID#:					
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	ployer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	I F AS NEEDED			
Н	f contributor is out-of-state PAC, please see Instruction			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 Politing Expense Printing Expense Salaries/Contract Labor

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

4	The Instruction Guide explains how to o	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F1: 5	2 FILER NAME Terry Shamsie		3 Filer ID (Ethics Commission Filers) 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 Christ	eti TX 78408
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign Consulting	
Consulting Expense	(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/OF	Candidate / Officeholder name H	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
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Contribution Envelopes	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/06/2024	Steve Garza General Maintenance		
Amount (\$)	Payee address;	City;	State; Zip Code
600.91	2606 Montgomery St.	Corpus Christi	TX 78405
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	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

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 Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Terry Shamsie 0088369 4 Date 5 Payee name 09/06/2024 Becky Moeller 6 Amount (\$) 7 Payee address; City; State: Zip Code 78412 2897.01 Corpus Christi TX 7217 Sparkle Sea Unit EE (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Loan Repayment/Reimbursement Signs OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 08/16/2024 **BECKY MOELLER** Amount (\$) City; Pavee address: Zip Code State: 1000.00 78412 CORPUS CHRISTI tx 7217 SPARKLE SEA UNIT EE Category (See Categories listed at the top of this schedule) Description **PURPOSE** loan repayment/reimbursement signs OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 09/05/2024 **BECKY MOELLER** Amount (\$) Payee address; City; State: Zip Code 78412 703.63 TX 7217 SPARKLE SEA UNIT EE Category (See Categories listed at the top of this schedule) Description **PURPOSE** LOAN REPAYMENT/REIMBURSEMENT T-SHIRTS OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Ti Tr

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries \(\) The Instruction Guide explains how to \(\)	Wages/Contract Labor complete this form.	Other (enter a category no	ot listed above)	
1 Total pages Schedule F1: 5			3 Filer ID (Ethics Co 0088369	mmission Filers)	
4 Date	5 Payee name				
09/04/2024	CHAIRBORNE SOLUTIONS				
6 Amount (\$)	7 Payee address;	City;	State; 2	Zip Code	
10,300.00	1502 18TH STREET	CORPUS CI	HRISTI TX	78404	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DIGITAL MEDIA			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Offi	ce held	
Date	Payee name				
09/04/2024	TWINS MEDIA				
Amount (\$)	Payee address;	City;	State; Z	Zip Code	
5000.00	1289 Carnaby Street	Corpus Christi	i TX	78415	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	advertsing expense photography/videography				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	inse	
Complete <u>ONLY</u> 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; Z	Zip Code	
450.00	8 Burwood Lane	San Antonio	TX	78216	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertsing expense	Push cards			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living exper	nse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offi	ce held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED		

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 Consulting Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment 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 08/16/2024 _isa Hernandez 6 Amount (\$) 7 Pavee address: City; State; Zip Code 1500.00 78404 434 Villa Dr. Corpus Christi TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Mail/Digital Media Design OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete **ONLY** if direct Office sought Office held expenditure to benefit C/OH Date Payee name 07/24/2024 Sandra Hernandez Amount (\$) Pavee address: City; State: Zip Code 178.93 78404 434 Villa Dr. Corpus Christi TΧ Category (See Categories listed at the top of this schedule) Description **PURPOSE** Reimbursement OF **Pushcards EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 07/19/2024 Irene Maag-Hernandez Amount (\$) Payee address; City; State: Zip Code 78232 475.00 2015 Perennial Drive Corpus Christi TX Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Logos/Design OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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 Credit Card Payment

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Committee 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 07/19/2024 Lisa Hernandez 6 Amount (\$) 7 Pavee address: City; State; Zip Code 250.00 434 Villa Dr. Corpus Christi TX 78404 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Consulting Expense **Event Consulting** OF **EXPENDITURE** Consulting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/QH Date Payee name Amount (\$) Pavee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. 0088369 MI MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** W Mr. Terry NAME Date Received SUFFIX LAST NICKNAME FILED FOR RECORD Shamsie AT APT / SUITE # CITY STATE ZIP CODE CANDIDATE / ADDRESS / PO BOX; OCT 28 2024 **OFFICEHOLDER** MAILING KARA SANDS 78410 4002 Castle Valley Dr. Corpus Christi, TX **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (361 960-6300 PHONE Receipt # Amount \$ MS / MRS / MR FIRST МІ 6 CAMPAIGN TREASURER Ms Becky Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Moeller STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # STATE; ZIP CODE CITY CAMPAIGN **TREASURER ADDRESS** 7217 Sparkle Sea, Unit EE, Corpus Christi, TX 78412 (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER PHONE** (512 923-3707 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 x 8th day before election Reporting Limit 10 PERIOD Day Month Month Year **COVERED** 10/01/2024 10/26/2024 **THROUGH ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Runoff Other Day Year Month Description 11/ 05 /2024 X General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE **Nueces County District Attorney** 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS 102820244 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

FORM C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

3,		
15 C/OH NAME Terry Shamsie		16 Filer ID (Ethics Commission Filers) 0088369
17 CONTRIBUTION TOTALS	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 LAS OF REPORTING PERIOD	\$ 4078.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$0.00
18 SIGNATURE s	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
	quired to be reported by me under Title 15, Election Code.	_
		\
	Signature of Ca	andidate or Officeholder
	J.g. 1.00	
<u>.</u>		
	Please complete either option below	v:
	•	
	JENNIFER PENA	
(1) Affidavit	My Notary ID # 128224768	
(1) Amaavic	Expires August 6, 2026	
NOTARY STAMP/SEA	اِ اِ	1.1
Sworn to and subscribed	before me by <u>Terry Shamsie</u> this the	28th day of Otlober.
20 To certify	which, witness my hand and seal of office. Jennifer Perra	Notary
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer idministering oath
	OR	•
(2) Unsworn Declaration	22	
(2) Oliswolli Decialau	oii	
My name is	, and my date of birth is	
iviy addiess is	(street) (city) (street)	state) (zip code) (country)
e		
Executed in	County, State of , on the day of(month	i) (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

IBTOTAL MOUNT
0.00
)7.70

SCHEDULE A1

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

,					
Th	e Instruction Guide explains how to c	complete this	form.		1 Total pages Schedule A1:
2 FILER NAM	Ξ				3 Filer ID (Ethics Commission Filers)
Terry Shamsie					0088369
4 Date	5 Full name of contributor Christina Bonner	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10/19/2024	6 Contributor address;	City;	State;	Zip Code	100.00
10/19/2024	3285 Ocean Dr. , Corpus Christi, TX 78	•	,		100.00
8 Principal oc	cupation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Retired					
Date	Full name of contributor Laura Garza Jimenez	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/16/2024	Contributor address; 11544 up River Rd., Corpus Christi,	City;	State;	Zip Code	\$250.00
Principal occ	upation / Job title (See Instructions)		Empl	oyer (See Instruc	l ctions)
Retired					
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Epigmenio Gonzalez				
10/19/2024	Contributor address;	City;	State;	Zip Code	500.00
	6669 Bent Trail, Corpus Christi, TX 784	13			
Principal occ	upation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
Retired			none		
Date	Full name of contributor Not Guilty, Inc.	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/19/2024	Contributor address;	City;	State;	Zip Code	1000.00
	2739 County Road 26, Robstown, TX	78380			1000.00
Principal occ	upation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
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.

SCHEDULE A1

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

	The state of the s		
The	Instruction Guide explains how to complete this	s 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 Dout-of-state PAC Communications Workers of America - COPE PCC	C (ID#: <u>C00002089</u>)	7 Amount of contribution (\$)
10/18/2024	6 Contributor address; City; 501 Third Street, N.W., Washington, DC. 20001	State; Zip Code	\$1500.00
8 Principal occu PAC	pation / Job title (See Instructions)	9 Employer (See Instructions Worker)	
Date	IBEW PAC Voluntary Fund	C (ID#:)	Amount of contribution (\$)
10/24/2024	Contributor address; City; 900 Seventh Street, N.W., Washington D.C., 20001	State; Zip Code	\$1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructional Brotherhood	
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
10/04/2024	Contributor address; City;	State; Zip Code	\$2500.00
	275 Commercial Blvd. Ste. 204, Fort Lauderdale, FL	. 33308	
Principal occup Medical	pation / Job title (See Instructions)	Employer (See Instruction Self	etions)
Date	Full name of contributor out-of-state PA RSalazar Construction / Rene Salazar	C (ID#:)	Amount of contribution (\$)
10/07/2024	Contributor address; City; 337 Palmero St., Corpus Christi, TX 78404	State; Zip Code	\$2500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
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.

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
2 FILER NAME Terry Shamsie			3 Filer ID (Ethics Commission Filers) 0088369
4 Date	5 Full name of contributor out-of-state F	PAC (ID#:)	7 Amount of contribution (\$)
10/04/2024	6 Contributor address; City; PO Box 260790, Corpus Christi, TX 78426	State; Zip Code	\$1000.00
8 Principal occu Businessman	pation / Job title (See Instructions)	9 Employer (See Instruction Self	ctions)
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of contribution (\$)
10/03/2024	Contributor address; City; 3360 Ocean Dr., Corpus Christi TX 78411	State; Zip Code	\$1000.00
Principal occup Businessman	ation / Job title (See Instructions)	Employer (See Instruction Self	rtions)
Date		PAC (ID#:)	Amount of contribution (\$)
10/03/2024	Becky Moeller Contributor address; City; 7217 Sparkle Sea Unit EE, Corpus Christi, TX 78404	State; Zip Code	\$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

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 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 (notes a category pot listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of Dis Other (enter a cate	trict egory not listed above)		
1 Total pages Schedule F1:		TION to complete and com-	3 Filer ID (Eth 0088369	nics Commission Filers)		
4 Date	5 Payee name		_L .`			
10/19/2024	Chairborne Solutions					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$8,000.00	1502 18th Street	Corpus Chr	Corpus Christi TX 7840			
8	(a) Category (See Categories listed at the top of this sch	chedule) (b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Digital Media				
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	tin, TX, officeholder liv	ing expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
0/19/2024	CreativeBMG					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$750.00	802 S. Carancahua	Corpus Chris	sti TX	78415		
	Category (See Categories listed at the top of this sche	edule) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Advertisement produc	nction			
	Check if travel outside of Texas. Complete Scher	edule T. Check if Austi	in, TX, officeholder livi	ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
0/25/2024	CreativeBMG					
Amount (\$)	Payee address;	City;	State;	Zip Code		
300.00	802 S. Caranahua	Corpus Chris	sti TX	78415		
	Category (See Categories listed at the top of this sched	edule) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Advertisement Produc	ction			
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austir	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	F THIS SCHEDULE AS NEE	EDED			

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Exc

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/	alaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide explain	ns how to compl	ete t	his form.			
1 Total pages Schedule F1:	2 FILER NAME Terry Shamsie				3 Filer 0088369		cs Commission Filers)	
4 Date	5 Payee na	ame						
10/23/24	Lisa Hernand	dez						
6 Amount (\$)	7 Payee ad	idress;			City;		State;	Zip Code
500.00	434 Vi	filla Dr., Corpus Christi, TX 78404	ŧ					
8	(a) Categor	ry (See Categories listed at the top of this	schedule) (b)) Des	scription			
PURPOSE OF EXPENDITURE	Advertising E			dia D	Design			
	(c)	Check if travel outside of Texas. Complete S	ichedule T.		Check if Austin	in, TX, office	eholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Offic	ce sought			Office held
Date	Payee na	ime						
09/15/2024	ACTBLUE							
Amount (\$)	Payee ad	ldress;		City;			State;	Zip Code
19.75	PO BOX 962	2017		BOSTON			MA	02196
	Category	(See Categories listed at the top of this se	chedule)	Des	scription			
PURPOSE OF EXPENDITURE	FEES		PRC	CES	SSING FEE			
		Check if travel outside of Texas. Complete Sc	chedule T.		Check if Austin	n, TX, office	holder living	ı expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	(Office	ce sought			Office held
Date	Payee nar	ıme						
09/29/2024	ACTBLUE							
Amount (\$)	Payee add	dress;			City;		State;	Zip Code
4.95	PO BOX 9)62017			BOSTON		MA	02196
	Category	(See Categories listed at the top of this so	chedule)	Desc	cription			
PURPOSE OF EXPENDITURE	FEES		PRO)CES	SSING FEE			
		Check if travel outside of Texas. Complete Sch	hedule T.		Check if Austin.	. TX, officer	nolder living	expense
Complete ONLY if direct	Candida	ate / Officeholder name		Offic	ce sought			Office held

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)		
Total pages Schedule F1:	1: 2 FILER NAME Terry Shamsie 3 Filer ID (Ethics Commission 0088369				
Date	5 Payee name				
0/23/2024	KIII-TV				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
4,233.00	5002 South Padre island Dr., Corpus Christi, TX 7841	1			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	TV ads			
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Chapter and a state of Tarre Complete Section 1.7	Charlest Access	in, TX, officeholder living expense		
	Check if travel outside of Texas. Complete Schedule T.				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		