

# 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 Ms.	FIRST Shonda	MI M	<b>OFFICE USE ONLY</b> <b>RECEIVED</b> Date Received  <b>APR 7 2025</b>  <b>CITY CLERK'S OFFICE</b> City of Tyler			
	NICKNAME	LAST Marsh	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903 )	PHONE NUMBER 245-8408	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST De'Ana	MI N	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$  Date Processed  Date Imaged			
	NICKNAME	LAST Gee	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1121 E. Oakwood					CITY; Tyler	STATE; ZIP CODE Tx 75702
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 903 )	PHONE NUMBER 705-8862	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 1	Day / 1	Year / 25	Month 4	Day / 3	Year / 25	
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special   _____				
12 OFFICE	OFFICE HELD (if any) n/a			13 OFFICE SOUGHT (if known) District 3 City Council			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL	COMMITTEE NAME					
		COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

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

19 FILER NAME <b>Shonda Marsh</b>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,917.99
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,917.99
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,500.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,545.00
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:
2 FILER NAME <b>Shonda Marsh</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>01/05/2025</b>	5 Full name of contributor <b>Anonymous Donor</b>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; <b>Unknown</b>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <b>01/31/2025</b>	Full name of contributor <b>Angela Elder</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>25.00</b>
Contributor address; <b>Via Cashapp</b>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>01/31/2025</b>	Full name of contributor <b>Kendricks Marsh</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>30.00</b>
Contributor address; <b>via Cashapp</b>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>02/01/2025</b>	Full name of contributor <b>Shronica Holmes</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>50.00</b>
Contributor address; <b>Via Cashapp</b>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 <b>Shonda Marsh</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>02/11/2025</b>	5 Full name of contributor <b>Henry and Robin Marsh</b>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; <b>1441 Acadia Dr. Allen Tx 75002</b>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>	
Date <b>02/25/2025</b>	Full name of contributor <b>Coby Dillard</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>50.00</b>
	Contributor address; <b>via Venmo</b>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>UTTyler</b>	
Date <b>02/25/2025</b>	Full name of contributor <b>Robert Marsh</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>100.00</b>
	Contributor address; <b>via Venmo</b>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <b>Self-Employed</b>		Employer (See Instructions)	
Date <b>01/20/2025</b>	Full name of contributor <b>Brian Lightner</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>150.00</b>
	Contributor address; <b>via Venmo</b>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <b>Insurance Agent</b>		Employer (See Instructions) <b>New York Life</b>	
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:
<b>2 FILER NAME</b> Shonda Marsh			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 02/24/2025	<b>5 Full name of contributor</b> Bobby Garmon	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>200.00</b>
	<b>6 Contributor address;</b> 3837 Putting Tyler Tx 75709	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Bank Administrator		<b>9 Employer (See Instructions)</b> Citizen Bank	
<b>Date</b> 02/24/2025	<b>Full name of contributor</b> Bishop Buckner	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>145.00</b>
	<b>Contributor address;</b> 415 Eisenhower Dr. Tyler Tx 75702	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Student		<b>Employer (See Instructions)</b> TJC	
<b>Date</b> 02/24/2025	<b>Full name of contributor</b> Shirley Marsh	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>345.00</b>
	<b>Contributor address;</b> 3206 Martha Tyler Tx 75702	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired	
<b>Date</b> 04/02/2025	<b>Full name of contributor</b> James Wynn	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>300.00</b>
	<b>Contributor address;</b> 2024 Republic Dr. Tyler Tx 75701	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Real Estate		<b>Employer (See Instructions)</b> Wynn Building	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 Shonda Marsh			3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Full name of contributor Trieasha Dillard	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; via Venmo		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Academics		9 Employer (See Instructions) UTTyler	
Date 03/01/2025	Full name of contributor Anonymous	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>20.00</b>
Contributor address; unknown		City; State; Zip Code	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown	
Date 03/05/2025	Full name of contributor Anonymous	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>5.00</b>
Contributor address; unknown		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/10/2025	Full name of contributor Eleno Licea	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>200.00</b>
Contributor address; 1625 W. Gentry Tyler Tx 75702		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Licea Insurance	
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**

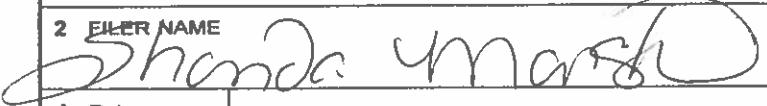
If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
<b>2 FILER NAME</b> Shonda Marsh			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 02/02/2025	<b>5 Full name of contributor</b> Kendricks Marsh <b>6 Contributor address;</b> Via Cashapp	out-of-state PAC (ID# _____) City; State; Zip Code	<b>7 Amount of contribution (\$)</b> <big>30.00</big>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 02/08/2025	<b>Full name of contributor</b> Anita Marsh <b>Contributor address;</b> Via Cashapp	out-of-state PAC (ID# _____) City; State; Zip Code	<b>Amount of contribution (\$)</b> <big>85.00</big>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 02/11/2025	<b>Full name of contributor</b> Kendricks Marsh <b>Contributor address;</b> Via Cashapp	out-of-state PAC (ID# _____) City; State; Zip Code	<b>Amount of contribution (\$)</b> <big>30.00</big>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 02/23/2025	<b>Full name of contributor</b> Tonia Gaston Bell <b>Contributor address;</b> via Cashapp	out-of-state PAC (ID# _____) City; State; Zip Code	<b>Amount of contribution (\$)</b> <big>10.00</big>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

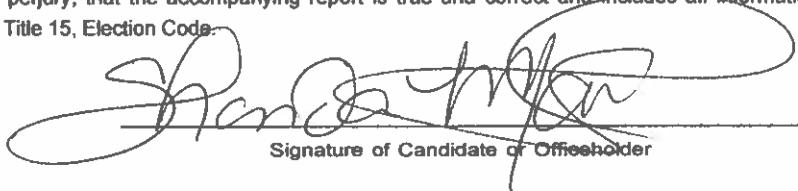
<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p><b>2 FILER NAME</b>   </p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p><b>4 Date</b>            04/01/2025</p>	<p><b>5 Full name of contributor</b>            D. Karen Wilkerson</p>	<p>out-of-state PAC (ID#:            .....)</p>	<p><b>7 Amount of contribution (\$)</b>  <b>500.00</b></p>
<p><b>8 Principal occupation / Job title (See Instructions)</b>            Retired</p>		<p><b>9 Employer (See Instructions)</b>            Retired</p>	
<p>Date            04/01/2025</p>	<p>Full name of contributor            Shirley Marsh</p>	<p>out-of-state PAC (ID#:            .....)</p>	<p>Amount of contribution (\$)  <b>1,000.00</b></p>
<p>Contributor address;            3206 Martha Tyler Tx 75702</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)            retired</p>		<p>Employer (See Instructions)            retired</p>	
<p>Date</p>	<p>Full name of contributor</p>	<p>out-of-state PAC (ID#:            .....)</p>	<p>Amount of contribution (\$)</p>
	<p>Contributor address;</p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of contributor</p>	<p>out-of-state PAC (ID#:            .....)</p>	<p>Amount of contribution (\$)</p>
	<p>Contributor address;</p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>            If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Shonda Marsh	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)  \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 1,197.99
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES  \$ 5,405.30
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 15.38
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 0.00

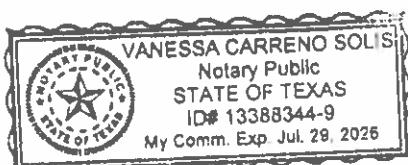
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Shonda Marsh this the 1<sup>st</sup> day of April,

2025, to certify which, witness my hand and seal of office.

Vanessa Solis  
Signature of officer administering oath

Vanessa Carreno Solis  
Printed name of officer administering oath

Assistant to City Attorney  
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)

APR 7 2025

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE F1****CITY CLERK'S OFFICE**

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: <b>3</b>	2 FILER NAME <b>Shonda Marsh</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/03/2025</b>	5 Payee name <b>Office Depot</b>	
6 Amount (\$) <b>56.88</b>	7 Payee address; <b>4329 Old Bullard Rd, Tyler, TX 75703</b>	City; State; Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	(b) Description <b>Printed campaign early voting push cards</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  <i>Shonda Marsh</i>	Candidate / Officeholder name  <i>Shonda Marsh</i>	Office sought  <i>District 3 City Council</i>
Date <b>03/03/2025</b>	Payee name <b>Designer Plus</b>	
Amount (\$) <b>1,087.80</b>	Payee address; <b>12404 Hwy 155 South Tyler, TX 75703</b>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description <b>Yard signs, push cards and door hangers</b>
	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  <i>Shonda Marsh</i>	Candidate / Officeholder name  <i>Shonda Marsh</i>	Office sought  <i>District 3 City Council</i>
Date <b>04/01/2025</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>25.76</b>	Payee address; <b>4329 Old Bullard Rd, Tyler, TX 75703</b>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description <b>Campaign thank you cards</b>
	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  <i>Shonda Marsh</i>	Candidate / Officeholder name  <i>Shonda Marsh</i>	Office sought  <i>District 3 City Council</i>

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 Shonda Marsh	3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2025	5 Payee name Office Depot	
6 Amount (\$) 23.56	7 Payee address; 4329 Old Bullard Rd, Tyler, TX 75703	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Printed campaign push cards
	(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 Shonda Marsh	
Date 02/10/2025	Payee name Designer Plus	Office sought District 3 City Cam
Amount (\$) 468.33	Payee address; 12404 Hwy 155 South Tyler, TX 75703	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Yard signs and 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 Shonda Marsh District 3 City Cam	
Date 02/25/2025	Payee name Office Depot	Office sought District 3 City Cam
Amount (\$) 85.98	Payee address; 4329 Old Bullard Rd, Tyler, TX 75703	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Push cards and flyers
	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 Shonda Marsh District 3 City Cam	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3</i>	2 FILER NAME <b>Shonda Marsh</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>01/16/2025</b>	5 Payee name <b>Alma Bartley</b>		
6 Amount (\$) <b>355.00</b>	7 Payee address; <b>via Cashapp</b>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	(b) Description <b>Campaign flyers/digital marketing materials</b>	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Shonda Marsh</i>	Candidate/Officeholder name <i>Shonda Marsh</i>	Office sought <i>District 3 City Council</i>	Office held
Date <b>03/12/2025</b>	Payee name <b>Alma Bartley</b>		
Amount (\$) <b>150.00</b>	Payee address; <b>via Cashapp</b>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description <b>Campaign flyers/digital marketing materials</b>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Shonda Marsh</i>	Candidate / Officeholder name <i>Shonda Marsh</i>	Office sought <i>District 3 City</i>	Office held
Date <b>01/20/2025</b>	Payee name <b>Office Depot</b>		
Amount (\$) <b>106.99</b>	Payee address; <b>4329 Old Bullard Rd, Tyler, TX 75703</b>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description <b>Printed flyer/cards</b>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Shonda Marsh</i>	Candidate / Officeholder name <i>Shonda Marsh</i>	Office sought <i>District 3 City</i>	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Shonda Marsh			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 1,500.00	
5 CREDIT CARD ISSUER	Name of financial institution Apple Card			
6 PAYMENT	(a) Amount Charged \$ 1,000.00	(b) Date Expenditure Charged 01/05/2025	(c) Date(s) Credit Card Issuer Paid 1/27/25	
7 PAYEE	(a) Payee name Flourish	(b) Payee address; 416 S Broadway Ave, Tyler, TX 75702	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses		(b) Description Campaign announcement and strategy	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 500.00	(b) Date Expenditure Charged 03/14/2025	(c) Date(s) Credit Card Issuer Paid 3/14/25	
PAYEE	(a) Payee name Flourish	(b) Payee address; 416 S Broadway Ave, Tyler, TX 75702	City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses		(b) Description Strategic planning	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:  2	2 FILER NAME  Shonda Marsh	3 Filer ID (Ethics Commission Filers)
4 Date  02/28/2025	5 Payee name  Latonia Gaston Bell	
6 Amount (\$)  500.00  Reimbursement from political contributions intended	7 Payee address;  via Venmo	City;      State;      Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	(b) Description  Campaign Managment
	(c) Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name  Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought      Office held
Date  03/14/2025	Payee name  Latonia Gaston Bell	
Amount (\$)  500.00  Reimbursement from political contributions intended	Payee address;  via Venmo	City;      State;      Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description  Campaign Managment
	Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name  Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought      Office held
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	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	
Candidate / Officeholder name  Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:  2	2 FILER NAME  Shonda Marsh	3 Filer ID (Ethics Commission Filers)
4 Date  03/28/2025	5 Payee name  Donovan Bridgeworth	
6 Amount (\$)  150.00  Reimbursement from political contributions intended	7 Payee address;  via Zelle	City;      State;      Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Campaign commerical production
	(c) Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name  Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought      Office held
Date  04/01/2025	Payee name  LaToya Jordan	
Amount (\$)  200.00  Reimbursement from political contributions intended	Payee address;  via Zelle	City;      State;      Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Campaign press releases
	Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name  Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought      Office held
Date  04/01/2025	Payee name  Kenneth Butler	
Amount (\$)  195.00  Reimbursement from political contributions intended	Payee address;  via Zelle	City;      State;      Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Campaign advertisement
	Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name  Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		