

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

<p>The C/OH Instruction Guide explains how to complete this form.</p>				1 Filer ID	2 Total pages filed: 3	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST Shannon</p>			<p>MI</p> <p>OFFICE USE ONLY</p>		
	<p>NICKNAME LAST Probe</p>		<p>SUFFIX</p>		<p>Date Received</p> <p>JAN 15 '26 AM 8:22</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; [REDACTED]</p>			ZIP CODE	<p>Date Hand-delivered or Date Postmarked</p>	
					<p>Receipt #</p>	
					<p>Date Processed</p>	
					<p>Date Imaged</p>	
<p>5 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST Gina</p>			MI		
	<p>NICKNAME LAST DePuy</p>		<p>SUFFIX</p>			
<p>6 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;</p>			STATE;	ZIP CODE <i>Round Rock TX 78664</i>	
<p>7 CAMPAIGN TREASURER PHONE</p>	AREA CODE	PHONE NUMBER	EXTENSION	<p>[REDACTED]</p>		
<p>8 REPORT TYPE</p>	<p><input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)</p>					
<p>9 PERIOD COVERED</p>	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
<p>10 ELECTION</p>	<p>ELECTION DATE Month Day Year</p>		<p>THROUGH</p> <p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special</p>			
<p>11 OFFICE</p>	<p>OFFICE HELD (if any) None</p>			<p>12 OFFICE SOUGHT (if known) Round Rock City Council District Round Rock</p>		

GO TO PAGE 2

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

3 of 3

18 FILER NAME Probe, Shannon	19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 0.26	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE E: LOANS \$	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

OFFICE USE ONLY

Date Received

Method of Delivery

Date Processed

1 FILER ID:
(Ethics Commission filers)

2 NAME OF FILER
(PLEASE TYPE OR PRINT)

Shannon Probe

3 TYPE OF FILER



CANDIDATE/ OFFICEHOLDER



POLITICAL COMMITTEE



JUDICIAL CANDIDATE/ OFFICEHOLDER



POLITICAL PARTY



PERSONAL FINANCIAL STATEMENT



STATE/COUNTY CHAIR



DIRECT CAMPAIGN EXPENDITURE

4 TYPE OF REPORT

Jan Semi annual 2026

5 DUE DATE

1/15/2026

6 UNSWORN DECLARATION:

My name is Shannon Probe, and my date of birth is [REDACTED]

My Address is [REDACTED], Round Rock, TX, 78664, Williamson.
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in Williamson County, State of Texas, on the 14 day of January, 20 26.

Shannon Probe

Signature of Filer/ Committee Representative
(Declarant)