

**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) 00089745	2 Total pages filed: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Shannon A.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Dicely	SUFFIX	Date Received ELECTRONICALLY FILED 02/02/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 344 Friendswood, TX 77549			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Heidi A.	MI			
	NICKNAME	LAST Gordon	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1201 Newport Blvd League City, TX 77573		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 594-2589					
8 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)					
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) None Galveston			12 OFFICE SOUGHT (if known) State Senator District 11		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 12

13 C / OH NAME	Dicely, Shannon A. (Mrs.)		14 Filer ID (Ethics Commission Filers) 00089745
15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 3,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 622.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 4,364.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT

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.

Mrs. Shannon A. Dicely

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

3 of 12

18 FILER NAME Dicely, Shannon A. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00089745
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,050.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 622.99
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 48.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/12
2 FILER NAME Dicely, Shannon A. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00089745
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Adrienne	7 Amount of Contribution (\$) \$25.00	
	6 Contributor address; City; State; Zip Code Pearland, TX 77588		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) TCiSD	
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll Turpin, Michelle	Amount of Contribution (\$) \$250.00	
	Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) University of Houston	
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Jack	Amount of Contribution (\$) \$250.00	
	Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Goodyear	
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connelly, Catherine	Amount of Contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code Salem, MA 01970		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) HP Hood	
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derragon, Carol	Amount of Contribution (\$) \$25.00	
	Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Part time		Employer (See Instructions) UTMB	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12
2 FILER NAME Dicely, Shannon A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089745
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Texas City, TX 77568	
8 Principal occupation / Job title (See Instructions) Product Owner		9 Employer (See Instructions) Corebridge Financial
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dicely, Shannon	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Lone Star College
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghiselin, Amy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Jamie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77004	
Principal occupation / Job title (See Instructions) Associate Director		Employer (See Instructions) Rice University
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Heidi	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12
2 FILER NAME Dicely, Shannon A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089745
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green Anderson, Sandra	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77062	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) Retired
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaworski, Joseph	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77550	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Danielle	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Deer park, TX 77536	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurvetson, Karla	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Los Altos, CA 94022	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katcher, Mariah	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code League City, TX 77574	
Principal occupation / Job title (See Instructions) Claims Supervisor		Employer (See Instructions) American National

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
2 FILER NAME Dicely, Shannon A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089745
4 Date 01/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lombardo, Allison	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Washington, DC 20016	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kristi	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ngo, Kristine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Product support		Employer (See Instructions) World Kinect
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Texas City, TX 77590	
Principal occupation / Job title (See Instructions) Southern Program Coord		Employer (See Instructions) Young Invincibles
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushing, Ryan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ares Technical Services

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
2 FILER NAME Dicely, Shannon A. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00089745
4 Date 01/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shigekawa, Donald 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) Retired	
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strait, Jacque Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self	

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.			
2 FILER NAME Dicely, Shannon A. (Mrs.)			
4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00			
5 Date	6 Full name of pledgor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)
	7 Pledgor Address;		9 In-kind description (If applicable)
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/12
2 FILER NAME Dicely, Shannon A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089745
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 11/12	2 FILER NAME Dicely, Shannon A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089745
4 Date 01/21/2026	5 Payee name M3 Graphics	
6 Amount (\$) \$363.57	7 Payee address; City; State; Zip Code 11730 Wilcrest Dr Houston, TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pushcards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/21/2026	Payee name Nationbuilder	
Amount (\$) \$59.42	Payee address; City; State; Zip Code 520 S Grand Ave 2nd Floor Los Angeles, CA 90071	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name Texas AFL-CIO COPE Fund	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1106 Lavaca St #200 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner Tickets
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 12/12
2 FILER NAME Dicely, Shannon A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089745
4 Date 01/08/2026	5 Name of person from whom amount is received Kind Cotton	8 Amount (\$) \$48.00
	6 Address of person from whom amount is received; City; State; Zip Code Silver Spring, MD 20916	
	7 Purpose for which amount is received Credit for shirts	<input type="checkbox"/> Check if political contribution returned to filer