

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:

8

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

7-16-2025

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Shane

R

NICKNAME

LAST

SUFFIX

Saum

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3404 American Dr. Apt 2208 Lago Vista TX 78645

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(440)

342-3723

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Shane

NICKNAME

LAST

SUFFIX

Saum

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3404 American Dr. Apt 2208

Lago Vista

TX

78645

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(440)

342-3723

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☒ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/CH - FR)

10 PERIOD
COVERED

Month

Day

Year

2

/

4

/

25

THROUGH

Month

Day

Year

2

/

19

/

25

11 ELECTION

ELECTION DATE

Month

Day

Year

11

/

4

/

25

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council Place 1

13 OFFICE SOUGHT (if known)

Mayor

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Shane R. Saum

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)

\$ 5,875.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,875.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 5,875.00

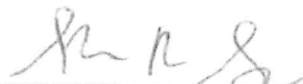
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 SIGNATURE

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____

20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Shane R. Saum, and my date of birth is

My address is 3404 American Dr. #2208, Lago Vista TX 78645 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Travis County, State of TX, on the 16 day of July, 2025

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Shane R. Saum		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,875.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shane Saum		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2025	5 Full name of contributor Dustin Tropp out-of-state PAC (ID# _____) 6 Contributor address; [REDACTED] Round Rock TX 78701 City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Founder		9 Employer (See Instructions) Republican Jobs
Date 02/09/2025	Full name of contributor David White out-of-state PAC (ID# _____) Contributor address; [REDACTED] Austin TX 78701 City; State; Zip Code	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Public Blueprint
Date 02/09/2025	Full name of contributor Shane Tews out-of-state PAC (ID# _____) Contributor address; [REDACTED] Washington DC 20001 City; State; Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) self employed
Date 02/09/2025	Full name of contributor Catherine Van Arnam out-of-state PAC (ID# _____) Contributor address; [REDACTED] Cedar Park TX 78613 City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) State of Texas
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 Shane Saum		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2025	5 Full name of contributor out-of-state PAC (ID#: Milan Petrovic 6 Contributor address; City; State; Zip Code Burr Ridge IL 60527	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Strategic Partnership All
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: William Guidera Contributor address; City; State; Zip Code Richmond VA 23230	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) PrizePicks
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: Mike Slaughter Contributor address; City; State; Zip Code Lago Vista TX 78645	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Fire Inspector		Employer (See Instructions) Pfluggerville Fire Dept
Date 02/19/2025	Full name of contributor out-of-state PAC (ID#: Elisa Schawohl Contributor address; City; State; Zip Code Fairfax VA 22032	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) Coast Guard
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shane Saum		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2025	5 Full name of contributor John Pitts out-of-state PAC (ID#: 6 Contributor address; City: Austin TX State: TX Zip Code 78703	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 02/13/2025	Full name of contributor John Yates out-of-state PAC (ID#: Contributor address; City: Lago Vista TX State: TX Zip Code 78745	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) IBM
Date 02/14/2025	Full name of contributor Eric Soufer out-of-state PAC (ID#: Contributor address; City: Rye NY State: NY Zip Code 10580	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Tusk Strategies
Date 02/14/2025	Full name of contributor Chris Coffey out-of-state PAC (ID#: Contributor address; City: Brooklyn NY State: NY Zip Code 11201	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Tusk Strategies
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 Shane Saum		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2025	5 Full name of contributor out-of-state PAC (ID#: Laurie Dick 6 Contributor address; City; State; Zip Code [REDACTED] Lago Vista TX 78645	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor out-of-state PAC (ID#: Christina Armstrong Contributor address; City; State; Zip Code [REDACTED] Lago Vista TX 78645	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2025	Full name of contributor out-of-state PAC (ID#: Thomas Walsh Contributor address; City; State; Zip Code [REDACTED] Lago Vista TX 78645	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) self employed
Date 02/10/2025	Full name of contributor out-of-state PAC (ID#: Jonathan Michaels Contributor address; City; State; Zip Code [REDACTED] Bethesda MD 20817	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Founder CEO		Employer (See Instructions) Self employed
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shane Saum		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2025	5 Full name of contributor out-of-state PAC (ID# _____) Ralph E Harris Jr 6 Contributor address; City; State; Zip Code [REDACTED] Lago Vista TX 78645	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/10/2025	Full name of contributor out-of-state PAC (ID# _____) Kyle Michel Contributor address; City; State; Zip Code [REDACTED] Columbia SC 29205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 2/10/2025	Full name of contributor out-of-state PAC (ID# _____) Cheryl Bolchoz Contributor address; City; State; Zip Code [REDACTED] West Columbia SC 19171	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		