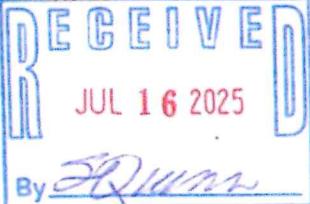


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Shane | MI R | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Saum | SUFFIX | Date Received  | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 3404 American Dr. Apt 2208 Lago Vista TX 78645 | | | Date Hand-delivered or Date Postmarked 7-16-2025 | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (440) | PHONE NUMBER 342-3723 | EXTENSION | Receipt # Amount \$ | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Shane | MI | Data Processed | | | |
| | NICKNAME | LAST Saum | SUFFIX | Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 3404 American Dr. Apt 2208 Lago Vista TX 78645 | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (440) | PHONE NUMBER 342-3723 | EXTENSION | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input checked="" 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 2 | Day / 4 | Year / 25 | Month 2 | Day / 19 | Year / 25 | |
| 11 ELECTION | ELECTION DATE Month 11 / Day 4 / Year 25 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> 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. | | | | | | |
| Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL | COMMITTEE NAME | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

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 |
| | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 5,875.00 |
| | 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

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 **[REDACTED]**

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# _____) | 7 Amount of contribution (\$) 50.00 |
| | 6 Contributor address: [REDACTED] | City: State: Zip Code Round Rock TX 78701 | |
| 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# _____) | Amount of contribution (\$) 2,500.00 |
| | Contributor address: [REDACTED] | City: State: Zip Code Austin TX 78701 | |
| 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# _____) | Amount of contribution (\$) 200.00 |
| | Contributor address: [REDACTED] | City: State: Zip Code Washington DC 20001 | |
| 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# _____) | Amount of contribution (\$) 25.00 |
| | Contributor address: [REDACTED] | City: State: Zip Code Cedar Park TX 78613 | |
| 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 Milan Petrovic | out-of-state PAC (ID#: [REDACTED]) | 7 Amount of contribution (\$) 250.00 |
| | 6 Contributor address; [REDACTED] | City; State; Zip Code Burr Ridge IL 60527 | |
| 8 Principal occupation / Job title (See Instructions) Self | | 9 Employer (See Instructions) Strategic Partnership All | |
| Date 02/16/2025 | Full name of contributor William Guidera | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 200.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Richmond VA 23230 | |
| Principal occupation / Job title (See Instructions) SVP | | Employer (See Instructions) PrizePicks | |
| Date 02/16/2025 | Full name of contributor Mike Slaughter | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 100.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Lago Vista TX 78645 | |
| Principal occupation / Job title (See Instructions) Fire Inspector | | Employer (See Instructions) Pflugerville Fire Dept | |
| Date 02/19/2025 | Full name of contributor Elisa Schawohl | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 50.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Fairfax VA 22032 | |
| Principal occupation / Job title (See Instructions) Military | | Employer (See Instructions) Coast Guard | |
| 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 John Pitts | out-of-state PAC (ID#_____) | 7 Amount of contribution (\$) 250.00 |
| | 6 Contributor address; [REDACTED] | City: State: Zip Code Austin TX 78703 | |
| 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#_____) | Amount of contribution (\$) 100.00 |
| | Contributor address; [REDACTED] | City: State: Zip Code Lago Vista TX 78745 | |
| 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#_____) | Amount of contribution (\$) 250.00 |
| | Contributor address; [REDACTED] | City: State: Zip Code Rye NY 10580 | |
| 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#_____) | Amount of contribution (\$) 250.00 |
| | Contributor address; [REDACTED] | City: State: Zip Code Brooklyn NY11201 | |
| 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 Laurie Dick | out-of-state PAC (ID#_____) | 7 Amount of contribution (\$) 100.00 |
| | 6 Contributor address; [REDACTED] | City; State; Zip Code Lago Vista TX 78645 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 02/10/2025 | Full name of contributor Christina Armstrong | out-of-state PAC (ID#_____) | Amount of contribution (\$) 250.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Lago Vista TX 78645 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 02/10/2025 | Full name of contributor Thomas Walsh | out-of-state PAC (ID#_____) | Amount of contribution (\$) 100.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Lago Vista TX 78645 | |
| Principal occupation / Job title (See Instructions) Investigator | | Employer (See Instructions) self employed | |
| Date 02/10/2025 | Full name of contributor Jonathan Michaels | out-of-state PAC (ID#_____) | Amount of contribution (\$) 100.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Bethesda MD 20817 | |
| 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**

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 Ralph E Harris Jr | out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) 100.00 |
| | 6 Contributor address: [REDACTED] | City: _____ State: _____ Zip Code Lago Vista TX 78645 | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Self | |
| Date 2/10/2025 | Full name of contributor Kyle Michel | out-of-state PAC (ID# _____) | Amount of contribution (\$) 500.00 |
| | Contributor address: [REDACTED] | City: _____ State: _____ Zip Code Columbia SC 29205 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 2/10/2025 | Full name of contributor Cheryl Bolchoz | out-of-state PAC (ID# _____) | Amount of contribution (\$) 500.00 |
| | Contributor address: [REDACTED] | City: _____ State: _____ Zip Code West Columbia SC 19171 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor | out-of-state PAC (ID# _____) | Amount of contribution (\$) |
| | Contributor address: | 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. | | | |