CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00065781		124			Date Received	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Shawn Nicole		MI	ELECTRONICAI 08/12/2023	LLY FILED
		NICKNAME	LAST		SUFFIX		
4	ORIGINAL	January 15	Thierry	Other (s	necify)	Date Hand-delivered or I	Date Postmarked
ľ	REPORT TYPE	X July 15	Exceeded modified		(pechy)	Receipt #	Amount
		30th day before election	15th day after camp			- 	
		8th day before election	appointment (office			Date Processed	
5	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	Date Imaged	
	COVERED	01/01/2023	THROUGH	06/30/2023			
6	EXPLANATION OF C						
	No corrections were	made.					
7	AFFIDAVIT						
				ear, or affirm, under p correct.	enalty of perjury	y, that this corrected	report is true
			Che	ck the box next to any	and all applica	ble statements:	
			X	Semiannual reports was made in good fa misrepresent the info	aith and without	affirm that the origin an intent to mislead ned in the report.	al report or to
			X	that the report as ori	the 14th busine ginally filed is ir t any error or or	, that I am filing this c ass day after the date naccurate or incomple nission in the report a	e I learned ete. I
				The Ho	norable Shaw	n Nicole Thierry	
						e or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Signati	and of Canuluale		
	Sworn to and subsc	ribed before me, by the said	1t		, this t	he	day
		, 20, to cert					
	Signature of offic	er administering oath	Printed name of of	ficer administering oa	th	Title of officer admini	stering oath
		Remember To Att	ach Any Part Of ded To Report A			ort Form	
		NCC					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00065781	,	2 Total pages	filed: 124
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI		USE ONLY
OFFICEHOLDER NAME	The Honorable	Shawn Nicole			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX		
		Thierry				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Ύ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3139 W Holcombe #A346				Receipt #	Amount
X Change of Address	Houston TV 77025					
X Change of Address	Houston, TX 77025				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Joyce M.				
	NICKNAME	LAST		SUFFIX		
		Thierry		30111		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC	BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
ADDRESS	7807 Candlegreen Lane					
(Residence or Business)	Houston, TX 77071					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (832) 277-8939	NE NUMBER I	EXTENSION			
8 REPORT TYPE	January 15	30th day before	e election	Runoff	appointment (c	campaign treasurer officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	Tł	HROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X F	Primary	Runoff	Other	
	03/05/2024		Seneral	Special	<u> </u>	
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	íf known)	
	State Representative Dist	rict 146 Harris		State Represent	ative District 14	46
	1			1		
		GO 1	FO PAGE 2			
Forms provided by Te	xas Ethics Commission	ννννν σι	hics.state.tx.u	IS	ام/\	rsion V3.5.1.39e6f620

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 124

13 C / OH NAME	Thierry, Shawn Nicole	e (The Honorable)	14 Filer ID (E 00065781	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. <i>These expenditures may have been made without the candidate's or office policy</i> POLITICAL consent. Candidates and officeholders are required to report this information only if they receive r						
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	X GENERAL	Altria Group, Inc.	Altria Group, Inc.				
		COMMITTEE ADDRESS					
	SPECIFIC	101 Constitution Ave, NW Suite 400 W					
		Washington DC, DC 20001					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
		тх					
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE(\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 30,366.72			
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 34,059.29			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 13,431.82			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 525.00			
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.						
		The Honoral	ble Shawn Nicole Thie	erry			
		Signature of	Candidate or Officehold	er			
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subso	ribed before me, by the s	aid	. this the	day			
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath			
Forms provided by Tex	xas Ethics Commission	www.ethics.state.tx.us	N N	/ersion V3.5.1.39e6f620			

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH

Page 4 of 124

C / OH NAME	Thierry, Shawn Nicol	e (The Honorable)	Filer ID 00065781	(Ethics Commission Filers)			
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures 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						
	X GENERAL	Family Empowerment Coalition PAC					
		COMMITTEE ADDRESS					
		PO Box 341027					
		Austin, TX 78734					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		тх					
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have	of political expenditures by political committees to sub been made without the candidate's or officeholder's d to report this information only if they receive notic	knowledge or co	nsent. Candidates and			
	COMMITTEE TYPE	YPE COMMITTEE NAME					
	X GENERAL	Mcguirewoods Federal PAC					
		COMMITTEE ADDRESS SPECIFIC 800 East Canal Street					
	SPECIFIC						
		Richmond, VA 23219					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		тх					

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 5 of 124 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Thierry, Shawn Nicole (The Honorable) 00065781 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 29,425.00 X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 941.72 SCHEDULE B: PLEDGED CONTRIBUTIONS \$ X SCHEDULE E: LOANS \$ 525.00 X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 34,059.29 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 1/3 Rpt: 6/124	
2 FILER NAME		Filer ID (Ethics Commissio	n Filers)
Thierry, Shawn Nicole (The Honorable)		00065781	511111613)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)	
06/27/2023 Allen Boone Humphries Robinson LLP			\$2,000.00
6 Contributor address; City; State; Zip Code			
Houston, TX 77027			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	ons)		
Date Full name of contributor x out-of-state PAC (ID#: C00089136)	<i>A</i>	Amount of Contribution (\$)	
06/21/2023 Altria Group, INC			\$3,500.00
Contributor address; City; State; Zip Code			40,000.00
Washington DC, DC 20001			
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)		
Date Full name of contributor out-of-state PAC (ID#:)	ļ	Amount of Contribution (\$)	
06/29/2023 Alvarez, Guadalupe			\$50.00
Contributor address; City; State; Zip Code			
Richmond, TX 77469			
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)		
Audio Consultant Sonido			
Date Full name of contributor out-of-state PAC (ID#:)	A A	Amount of Contribution (\$)	
06/28/2023 Deason, Darwin			\$5,000.00
Contributor address; City; State; Zip Code			
Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instruction)			
Principal occupation / Job title (See Instructions)Employer (See InstructionOwnerDeason Capital Servic			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢۲ 000 00
06/28/2023 Deason, Doug			\$5,000.00
Contributor address; City; State; Zip Code			
Dallas, TX 75229			
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)		
President Deason Capital Servic	ces		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 7/124
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Thierry, Sha	wn Nicole (The Honorable)		00065781
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/29/2023	Family Empowerment Coalition PAC		\$10,000.
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78734		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/27/2023			\$500.
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Partner		Granite Public Affairs)
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/22/2023	IBAT PAC	/	\$500.
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/23/2023	Knight , John		\$25.
	Contributor address; City; State; Zip Code		
	Aubrey, TX 76227		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u>
	lor Management Analyst	Exeter Finance)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/29/2023	Koppel, Seth	/	\$100.
00.20.202	Contributor address; City; State; Zip Code		÷
	Austin, TX 78738		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>,</u>
Real Estate	Broker	Self	
		<u>I</u>	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 8/124	
2	2 FILER NAME			2	Filer ID (Ethics Commission	on Filers)
Ĺ	Thierry, Shawn Nicole (The Honorable)				00065781	
4	Date 5 Full name of contributor x out-of-state PAC (ID#: 12FE4M5)			7	Amount of Contribution (\$)	
	06/21/2023 McGuireWoods PAC					\$250.00
		6 Contributor address; City; State; Zip Code				
L		Richmond, VA 23219				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023	Spreen, Lauren				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78703				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
	Lobbyist		Self	"		
	LUDDYISt		Jeii	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/27/2023	The Posey Law Firm, PC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/27/2023	Wholesale Beer Distributors of Texas PAC	/			\$1,000.00
	•••	Contributor address; City; State; Zip Code				,
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fincipal occu)		
ĺ						
I						

			1 Total pages Cabadula A2			
The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/4 Rpt: 9/124				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	wn Nicole (The Honorable)	00065781				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
06/27/2023	Chuck Rice Group		contribution (\$) description \$39.59 Host Fee for Austin Club			
	7 Contributor address; City; State; Zip Code					
	Austin, TX 78768		I I Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution			
06/27/2023	Grant, Kathy		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$39.59 Host Fee for Austin Club Campaign Reception			
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
lobbyist		Self				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	ibutor's spouse (if any) (FOR JUDICIAL)			
lf contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution			
06/27/2023	Hance, Kent		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$39.59 Host fee for Austin club			
			Тесерион			
	Austin, TX 78701		I Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
founding pa	rtner	Hance Scarboroug	h, LLP			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
lf contributor i	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
in contributor						

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/4 Rpt: 10/124					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	awn Nicole (The Honorable)	00065781					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 06/27/2023	 6 Full name of contributor out-of-state PAC (ID#: IBAT PAC 7 Contributor address; City; State; Zip Code)	 8 Amount of contribution (\$) description \$39.59 host fee for austin club campaign reception event 				
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: Ingersoll, Deborah Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$275.00 Event Coordination Fee				
	Austin, TX 78763		Check if travel outside of Texas. Complete Schedule T.				
Principal occu Owner	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Legislative Solutior					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	e (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: Kelley, Rusty Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$350.00 email invitation distribution				
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
Lobbyest	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Blackridge					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/4 Rpt: 11/124					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	awn Nicole (The Honorable)	00065781					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 06/27/2023	7 Contributor address; City; State; Zip Code	8 Amount of 9 In-kind contribution contribution (\$) description \$39.59 Host Fee for Austin Club Campaign					
	Houston, TX 77079		Check if travel outside of Texas. Complete Schedule T.				
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
president/C		JTM Consulting					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: Sabrina, Brown Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$39.59 I host fee for Austin Club Campaign Reception				
	Austin, TX 78703		Check if travel outside of Texas. Complete Schedule T.				
Principal occi lobbyist	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON self	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributc	r's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: The Schlueter Group Contributor address; City; State; Zip Code Austin, TX 78701)	Amount of In-kind contribution contribution (\$) description \$39.59 Host Fee for Austin Club Campaign				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 4/4 Rpt: 12/124			
2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Thierry, Sha	wn Nicole (The Honorable)			00065781	
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5	Date 06/27/2023	 Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701)	8	Amount of contribution (\$) 9 In-kind contribution description \$39.59 Host Fee for Austin Club Campaign	
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU		
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)			
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)	
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

LOANS					SCHEDULE E
The Instructio	ges Schedule E: 1 Rpt: 13/124				
2 FILER NAME Thierry, Shawn N	(Ethics Commission Filers) 81				
⁴ TOTAL OF UN	ITEMIZED LOANS				\$
5 Date of loan 06/21/2023	7 Name of lender 🗌 out- Thierry, Shawn	-of-state PA	C (ID#:)	9 Loan Amount (\$) \$525.00
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate 0
No	Houston, TX 77025				11 Maturity Date 06/21/2023
12 Principal occupation State Represent	on / Job title (See Instructions) ative		13 Employer (See Instructions Texas House of Represe		
14 Description of Colle			15 Check if personal funds we		into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code		
20 Principal occupation	'n		21 Employer (See Instructions)	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense mmittee Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 1/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781						
4	Date 03/22/2023	Payee name 1800 FLOWERS							
6	Amount (\$) \$98.48	7 Payee address; City; State; Zip Code 8 Two Jericho Plaza Suite 200 JERICHO, NY 11753							
8	PURPOSE OF EXPENDITURE	Cift/Awards/Mamorials Evnanse							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/09/2023	7-Eleven							
	Amount (\$) \$52.15	Payee address; City; State; Zip Code 5101 N Lamar Austin, TX 78751							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense]						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/11/2023	7-Eleven							
	Amount (\$) \$43.91	Payee address; City; State; Zip Code 5101 N Lamar							
		Austin, TX 78751							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 2/111 Rpt:		Thierry, Shawn Nicole (The Honorable))			00065781	
4	Date	5	Payee name			I		
	06/28/2023		823 Congress Parking					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$30.31		823 Congress Ave	•				
			Austin, TX 78701					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.	
			Expense				, officeholder living expense	
					transportation	1		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	02/06/2023		AGC E Commerce					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$38.94	\$38.94 1301 Cherokee Lane						
		<u> </u>	Las Vegas , NV 89106					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name C)ffice sou	ght		Office held	
	Date		Payee name					
	02/28/2023		Academy Sports					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$76.84		2404 Southwest Fwy					
	DUDDOSE		Houston, TX 77098					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Sch: 3/111 Rpt:	Thierry, Shawn	Nicole (The Honora	ble)		00065781	
4	Date	Payee name					
	05/03/2023	Accesss Vale A	ustin				
6	Amount (\$)	Payee address;	City; St	ate; Zip Coo	е		
	\$20.00	301 Lavaca					
		Austin, TX 7870)1				
8	PURPOSE	Category (See Cat	egories listed at the top of this	s schedule)	b) Description		
	OF EXPENDITURE	Transportation	Equipment & Relate			outside of Texas. Complete Schedule T.	
		Expense				n, TX, officeholder living expense	
					parking		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeho	lder name	Office soug	ht	Office held	
	Date	Payee name					
	06/30/2023	ActBlue Technie	cal Services				
	Amount (\$)	Payee address;	City; St	ate; Zip Coo	e		
	\$25.00						
		Somerville, MA	02144-3132				
	PURPOSE OF EXPENDITURE	Category _{(See Ca} Fees	egories listed at the top of thi	s schedule)	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense al campaign site for contributions	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH				ht	Office held		
	Date	Payee name					
	03/24/2023	Amazon Market	place				
	Amount (\$)	Payee address;	City; St	ate; Zip Co	e		
	\$90.92	410 Terry Ave.	-				
		Seattle, WA 98:	109				
	PURPOSE OF EXPENDITURE		egories listed at the top of this d/Rental Expense	s schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	lder name	Office soug	ht	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services 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)					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
Ľ	Sch: 4/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781					
4	Date							
4	01/27/2023	Payee name Amigos De Las Americas						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$261.25	3730 Kirby Dr						
		Houston, TX 77098						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		Itside of Texas. Complete Schedule T.					
	EXPENDITORE		rX, officeholder living expense					
		contributions						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
	Date	Payee name						
02/06/2023 Axs Group LLC								
	Amount (\$)	Payee address; City; State; Zip Code						
	\$165.00	425 W 11th Ste 100						
		Los Angeles, CA 90015						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		itside of Texas. Complete Schedule T. FX, officeholder living expense					
		event						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	, and the second s						
⊨	Date	Payee name						
	03/02/2023	Axs Group LLC						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	425 W 11th Ste 100						
	\$300.00	425 W 11(1) Ste 100						
		Los Angeles, CA 90015						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense					
		event						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	Calificato, Chiconolas, Hanto Onice Sought						
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 5/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781					
4	Date	Payee name						
	02/15/2023	BUC-EE'S						
6	Amount (\$) \$48.01	7 Payee address; City; State; Zip Code 48.01 327 FM 2004 LAKE JACKSON, TX 78602						
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description						
	OF Finite Content of the top of this schedule OF EXPENDITURE Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense transportation							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/23/2023	BUC-EE'S						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$13.58	327 FM 2004 LAKE JACKSON, TX 78602						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/23/2023	BUC-EE'S						
	Amount (\$) \$39.87	Payee address;City;State;Zip Code327 FM 2004						
		LAKE JACKSON, TX 78602						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)		
	Sch: 6/111 Rpt:		Thierry, Shawn Nicole (The Honorable))			00065781		
4	Date 03/20/2023		Payee name BUC-EE'S						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$43.66 327 FM 2004 LAKE JACKSON, TX 78602								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held		
	Date		Payee name						
05/03/2023 Bob's Steakhouse									
	Amount (\$) \$74.95	Payee address; City; State; Zip Code \$74.95 301 Lavaca Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Diffice sou	Jht		Office held		
	Date		Payee name						
	05/03/2023		Bob's Steakhouse						
	Amount (\$) \$15.99	I	Payee address; City; State; 301 Lavaca	Zip Co	le				
		L	Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 7/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781							
4	Date 04/27/2023	Payee name Brothers VA								
6	Amount (\$) \$42.38	7 Payee address; City; State; Zip Code \$42.38 8024 Exchange Drive Austin, TX 78754								
8	PURPOSE OF EXPENDITURE	OF Ecod/Beverage Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/26/2023	Buc-ee's								
	Amount (\$) \$82.31	Payee address; City; State; Zip Code 327 Hwy 2004 Rd Lake Jackson, TX 77566								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/26/2023	Buc-ee's								
	Amount (\$) \$39.68	Payee address;City;State;Zip Code327 Hwy 2004 Rd								
		Lake Jackson, TX 77566								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	•			3	Filer ID (Ethics Commission Filers)	
-	Sch: 8/111 Rpt:		Thierry, Shawn Nicole (The Honorable)	1		ľ	00065781	
4	Date	5	Payee name					
	03/27/2023		Buc-ee's					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$30.32		327 Hwy 2004 Rd					
			Lake Jackson, TX 77566					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.	
	-		Expense				, officeholder living expense	
					transportatio			
9	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ht		Office held	
Ĵ	expenditure to benefit C/OI				in t			
	Date		Payee name					
06/28/2023 Buc-ee's								
Amount (\$) Payee address; City; State; Zip Code								
	\$12.30 327 Hwy 2004 Rd							
			-					
			Lake Jackson, TX 77566					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. , officeholder living expense	
			Expense		transportation		, unicendider living expense	
					lanoportatio	•		
	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ht		Office held	
	expenditure to benefit C/OI	H		·				
	Date		Payee name					
	02/22/2023		CVS Pharmacy					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$11.14		1 CVS Drive					
			Woonsocket, RI 28950					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
	-				overhead	I, TX,	, officeholder living expense	
					oventeau			
-	Complete ONLY if direct	L	Candidate/Officeholder name O	office soug	ht		Office held	
	expenditure to benefit C/OI							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, _ I Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Cabadula E1;	2			inplete this form.	1	Filer ID (Ethics Commission Filers)	
L.	Total pages Schedule F1: Sch: 9/111 Rpt:	2	Thierry, Shawn Nicole (The Honorable))		3	Filer ID (Ethics Commission Filers) 00065781	
4	Date	5	Payee name					
	03/14/2023		CVS Pharmacy					
6	Amount (\$)	7		Zip Co	de			
	\$52.23		1 CVS Drive					
			Woonsocket, RI 28950					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description			
ľ	OF	(4)	Office Overhead/Rental Expense	edule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		onice overhead/Nental Expense		Check if Austin	, TX	, officeholder living expense	
					overhead			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held	
	Date		Payee name					
	01/27/2023		Cadena , Patrick					
Amount (\$) Payee address; City; State; Zip Code								
	φ200.00		5323 Glenville Spring Lane					
			Spring, TX 77389					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O)ffice sou	jht		Office held	
	Date		Payee name					
	01/12/2023		Capitol GiftShop					
	Amount (\$)			Zip Co	10			
	\$68.20		1400 Congress Avenue	210 00				
	ψ00.20		-					
			Suite E1.006					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Complete Schedule T.	
						, TX,	, officeholder living expense	
					gifts			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpo Food/Beverage Expense Polling Expense Travel in y - Gift/Awards/Memorials Expense Printing Expense Travel O				Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/111 Rpt:		Thierry, Sh								
4	Date	5	Payee name	9				<u> </u>			
	04/07/2023		Capitol Gift								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$43.30		1400 Cong	ress Avenue		•					
			Suite E1.00								
			Austin, TX								
8	PURPOSE	(2)					(b) Description				
ľ	OF	(a)		See Categories listed at the S/Memorials Expe		edule)	(b) Description	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		OlivAwaru		1130				, officeholder living		
							gifts				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	C	Office sou	ght		Office he	eld	
	Date		Payee name	9							
	05/03/2023		Capitol Giff	Shop							
	Amount (\$) Payee address; City; State; Zip Code										
	\$43.30 1400 Congress Avenue										
			Suite E1.00	06							
			Austin, TX	78701							
_	PURPOSE	(a)		See Categories listed at the			(b) Description				
	OF			s/Memorials Expe		edule)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE							I, TX	, officeholder living	g expense	
							office gift				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	C	Office sou	ght		Office he	eld	
	Date		Payee name								
	01/20/2023		Capitol Gri	lle Austin							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de				
	\$15.99		117 W 4th	St							
			Austin, TX	78701							
	PURPOSE	(a)	Category (s	See Categories listed at the	e top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beve	rage Expense		ŕ			ide of Texas. Com		
							<u> </u>	I, TX	, officeholder living	j expense	
							food				
	Operation ON IN 17 1			°					011	- 1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		_anoidate/Of	ficeholder name	C	Office sou	jnt		Office he	eiu	
I											

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 11/111 Rpt:	Thierry, Shawn Nicole (The Honorable) 00065781							
4	Date 06/26/2023	Payee name Chamspy.com							
6	Amount (\$) \$39.99	7 Payee address; City; State; Zip Code 9 One Apple Park Way Cupertino, CA 95014							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign supply for telephone							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/25/2023	Chamspy.com							
	Amount (\$) \$39.99	Payee address; City; State; Zip Code One Apple Park Way Cupertino, CA 95014							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Fees Check if travel Check if Austin	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ampaign supply						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	ght Office held						
	Date	Payee name							
	01/23/2023	Chevron							
	Amount (\$) \$45.50	Payee address; City; State; Zip Code 6001 Bollinger Canyon Rd							
		San Ramon, CA 94583							
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense N						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitf/Awards/Memorials Expense Printing Expense mmittee Legal Services 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)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 12/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781						
4	Date 01/25/2023	Payee name Chevron							
6	Amount (\$) \$48.15	7 Payee address; City; State; Zip Code \$48.15 6001 Bollinger Canyon Rd San Ramon, CA 94583							
8	PURPOSE OF EXPENDITURE	OF Transportation Equipment & Related							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/22/2023	Chevron							
	Amount (\$) \$39.93	Payee address; City; State; Zip Code 6001 Bollinger Canyon Rd San Ramon, CA 94583 San Ramon, CA 94583							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense]						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/07/2023	Chevron							
	Amount (\$) \$47.07	Payee address; City; State; Zip Code 6001 Bollinger Canyon Rd							
		San Ramon, CA 94583							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense]						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr By - Gift/Awards/Memorials Expense Printing Expense Tr					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				-	3	Filer ID (Ethics Commission Filers)	
	Sch: 13/111 Rpt:		Thierry, Shawn Nicole (The Honorable) 00065781							
4	Date 03/21/2023	5	5 Payee name Chevron							
6	Amount (\$) \$1.61									
8	PURPOSE OF EXPENDITURE	Transportation Equipment & Related								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	(Office souç	ht		Office held	
	Date		Payee name							
	03/21/2023		Chevron							
	Amount (\$) \$45.43	Payee address; City; State; Zip Code 6001 Bollinger Canyon Rd San Ramon, CA 94583								
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed at the		nedule)		η, TX,	side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ht		Office held	
	Date		Payee name							
	03/27/2023		Chevron							
	Amount (\$) \$63.46		Payee addres 6001 Bolling	ss; City; ger Canyon Rd	State;	; Zip Coo	le			
			San Ramon							
	PURPOSE OF EXPENDITURE	(a)		e Categories listed at the		nedule)		η, TX,	side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	(Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhaed/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 14/111 Rpt:	Thierry, Shawn Nicole (The Honorable) 00065781								
4	Date 04/03/2023	Payee name Chevron								
6	Amount (\$) \$53.91	 Payee address; City; State; Zip Code 6001 Bollinger Canyon Rd San Ramon, CA 94583 								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/10/2023	Chevron								
	Amount (\$) \$51.82	Payee address; City; State; Zip Code 6001 Bollinger Canyon Rd San Ramon, CA 94583								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense N							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/17/2023	Chevron								
	Amount (\$) \$54.78	Payee address;City;State;Zip Code6001 Bollinger Canyon Rd								
		San Ramon, CA 94583								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense N							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· ·			3	Filer ID (Ethics Commission Filers)			
-	Sch: 15/111 Rpt:	-	Thierry, Shawn Nicole (The Honorable))		Ĭ	00065781			
4	Date 04/24/2023	5	Payee name Chevron							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$49.94 6001 Bollinger Canyon Rd San Ramon, CA 94583									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date 06/27/2023		Payee name Chevron							
	Amount (\$) \$44.30	Payee address; City; State; Zip Code 4.30 6001 Bollinger Canyon Rd San Ramon, CA 94583								
			Category (See Categories listed at the top of this sche Transportation Equipment & Related Expense	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	05/11/2023		Clayton Spangler Photograph Design							
	Amount (\$) \$511.00		Payee address;City;State;235 Point Lake Drive	Zip Co	le					
			Charleston, VA 25306							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Panoram Photo			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
1	Sch: 16/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781							
4	Date 03/24/2023	Payee name Clear								
6	Amount (\$) \$249.00	7 Payee address; City; State; Zip Code 65 E 55th St New York, NY 10022								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense transportation 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/06/2023	Cole, Steven								
	Amount (\$) \$160.00	Payee address; City; State; Zip Code 6343 Skyline Dr Houston, TX 77057								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense aration							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/23/2023	Cole, Steven								
	Amount (\$) \$160.00	Payee address; City; State; Zip Code 6343 Skyline Dr								
		Houston, TX 77057								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 17/111 Rpt:	Thierry, Shawn Nicole (The Honorable) 00065781								
4	Date 01/27/2023	ayee name Cole, Steven								
6	Amount (\$) \$160.00	vayee address; City; State; 343 Skyline Dr łouston, TX 77057	Zip Code							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense salaries								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Of	fice sought	Office held						
	Date	ayee name								
	01/30/2023	Cole, Steven								
	Amount (\$) \$160.00	ayee address; City; State; 343 Skyline Dr	Zip Code							
	PURPOSE	Aouston, TX 77057 Category (See Categories listed at the top of this sched	(b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	fice sought	Office held						
	Date	'ayee name								
	01/17/2023	Discountmugs								
	Amount (\$) \$499.01	ayee address; City; State; 2610 Northwest 105th Avenue	Zip Code							
		/iami, FL 33178								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Sift/Awards/Memorials Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	fice sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equ Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 18/111 Rpt:		Thierry, Shawn Nicole (The Honorable) 00065781							
4	Date	5	Payee name							
	01/17/2023		Discountmugs							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$385.35		12610 Northwest 105th Avenue							
			Miami, FL 33178							
_		<u> </u>		i						
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Gift/Awards/Memorials Expense					de of Texas. Complete Schedule T. officeholder living expense		
						gifts	, 17,			
						giits				
_								0//		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held		
	h									
	Date		Payee name							
	02/13/2023		Dollar Tree							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
\$28.42 500 Volvo Parkway										
			Chesapeake, VA 23320							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
							, TX,	officeholder living expense		
						overhead				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held		
	experiature to benefit C/Or									
	Date		Payee name							
	01/06/2023		Doordash							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$33.46		801 Barton Springs	•						
			7th Floor							
			Austin, TX 78704							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						meals for car	πµa	ugu		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gitf/Awards/Memorials Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME 3				3	Filer ID (Ethics Commission Filers)				
	Sch: 19/111 Rpt:		Thierry, Shawn Nicole (The Honorable)00065781									
4	Date 01/09/2023		5 Payee name Doordash									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$18.69		801 Barton Springs									
			7th Floor									
		Austin, TX 78704										
8	PURPOSE	<u> </u>				(b) Decoription						
U	OF	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice sou	ht		Office held				
	Date		Payee name									
	01/09/2023		Doordash									
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$8.38		801 Barton Springs									
	7th Floor											
	Austin, TX 78704											
	PURPOSE	(a)	Category (See Categories listed at the top of	f this scho	dule)	b) Description						
	OF EXPENDITURE Food/Beverage Expense											
	Check if Austin, TX, officeholder living expense											
						food						
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held				
	Date		Payee name									
	01/12/2023		Doordash									
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$16.55		801 Barton Springs									
			7th Floor									
	Austin, TX 78704											
	PURPOSE					b) Description						
	OF		Category (See Categories listed at the top of Food/Beverage Expense	r this sche	edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense			ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 20/111 Rpt:		Thierry, Shawn Nicole (The Hono	00065781							
4	Date	5	Payee name				-				
	01/17/2023		Doordash								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$33.69		801 Barton Springs								
		7th Floor									
		Austin, TX 78704									
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schodul		b) Description					
	OF EXPENDITURE	ľ	Food/Beverage Expense	uns schedu	iie)	Check if travel		ide of Texas. Complete Schedule T.			
							I, IX,	, officeholder living expense			
						1000					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce soug	ht		Office held			
	Date		Payee name								
	01/23/2023 Doordash										
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	e					
\$38.65 801 Barton Springs											
	7th Floor										
	Austin, TX 78704										
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedul	le) (b) Description					
OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.											
						Check if Austir food	I, TX,	, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce soug	ht		Office held			
	Date		Payee name								
	01/30/2023		Doordash								
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	e					
	\$26.11		801 Barton Springs								
7th Floor											
			Austin, TX 78704								
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedul	le) (b) Description					
	OF EXPENDITURE		Food/Beverage Expense				outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						ι, TΧ,	, officeholder living expense			
						food					
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Offi	ce soug	ht		Office held			
	expenditure to benefit C/OF			Unit	ce soug	n.					
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Poling Expense By - Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 21/111 Rpt:		Thierry, Shawn Nicole (The Honorable) 00065781								
4	Date 02/02/2023	5	5 Payee name Doordash								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$65.30		801 Barton Springs								
			7th Floor								
		Austin, TX 78704									
_		<u> </u>			(Ja)						
8	PURPOSE OF EXPENDITURE	OF End/Beverage Expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office held				
	Date		Payee name								
	02/06/2023 Doordash										
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode						
\$13.81 801 Barton Springs											
	7th Floor										
	Austin, TX 78704										
	PURPOSE				(b) Description						
OF Ecod/Beyerage Expanse											
	EXPENDITURE										
					food						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office held				
	Date		Payee name								
	02/06/2023		Doordash								
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode						
	\$6.54		801 Barton Springs								
	7th Floor										
	Austin, TX 78704										
	DUDDOCC										
	PURPOSE OF		Category (See Categories listed at the top of this s	chedule)	(b) Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Food/Beverage Expense				, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME 3					Filer ID (Ethics Commission Filers)				
	Sch: 22/111 Rpt:		Thierry, Shawn Nicole (The Honorable)00065781									
4	Date	5	Payee name									
	02/07/2023		Doordash									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$22.73		801 Barton Springs									
		7th Floor										
		Austin, TX 78704										
8	PURPOSE			of this color	adula)	(b) Description						
	OF EXPENDITURE	OF Ecod/Beverage Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	Jht		Office held				
	Date		Payee name									
	02/07/2023 Doordash											
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$17.01		801 Barton Springs									
	7th Floor											
	Austin, TX 78704											
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description						
OF EXPENDITURE Food/Beverage Expense							ide of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense											
						food						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held							Office held					
	Date		Payee name									
	02/13/2023		Doordash									
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$39.17		801 Barton Springs									
	7th Floor											
			Austin, TX 78704									
	PURPOSE		Category (See Categories listed at the top of	of this sch	odulo)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense		eddie)	Check if travel		ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C)ffice souç	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	3	Filer ID (Ethics Commission Filers)						
	Sch: 23/111 Rpt:		Thierry, Shawn Nicole (The Honorable) 00065781								
4	Date 03/09/2023		5 Payee name Doordash								
6	Amount (\$) \$24.48	7 Payee address; City; State; Zip Code 801 Barton Springs 7th Floor Austin, TX 78704									
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
03/13/2023 Doordash											
	Amount (\$) Payee address; City; State; Zip Code \$33.93 801 Barton Springs 7th Floor Austin, TX 78704										
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held				
	Date		Payee name								
	03/30/2023		Doordash								
	Amount (\$) \$14.33		Payee address; City; State; 801 Barton Springs 7th Floor Austin, TX 78704	; Zip Co	de						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhaed/Rental Expense Transportation Equipion Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						ie
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission F	ilers)
	Sch: 24/111 Rpt:		Thierry, Shawn Nicole (The	Honorable)			00065781	
4	Date 03/31/2023		Payee name Doordash						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$23.31		801 Barton Springs						
			7th Floor						
			Austin, TX 78704						
8	PURPOSE	<u> </u>				(b) Description			
0	OF		Category (See Categories listed at the Food/Beverage Expense	e top of this sch	edule)	Check if travel		de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office held	
	Date		Payee name						
	04/03/2023		Doordash						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$32.81		801 Barton Springs						
			7th Floor						
			Austin, TX 78704						
	PURPOSE		Category (See Categories listed at th	e top of this och	odulo)	(b) Description			
	OF		Food/Beverage Expense		edule)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			Check if Austin	, TX,	officeholder living expense	
						food			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held	
	Date		Payee name						
	04/03/2023		Doordash						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$46.07		801 Barton Springs						
			7th Floor						
			Austin, TX 78704						
	PURPOSE					(b) Description			
	OF		Category (See Categories listed at th Food/Beverage Expense	e top of this sch	edule)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	С	Office soug	ht		Office held	

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E	e Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 25/111 Rpt:		Thierry, Shawn Nicole (The	00065781						
4	Date 04/03/2023		Payee name Doordash							
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	le				
	\$22.01		801 Barton Springs	,						
	+	I	7th Floor							
			Austin, TX 78704							
_		<u> </u>								
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	e top of this sch	edule)			de of Texas. Compl officeholder living e		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office hel	d	
	Date		Payee name							
	04/11/2023		Doordash							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$54.20		801 Barton Springs							
		I	7th Floor							
			Austin, TX 78704							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	e top of this sch	edule)			de of Texas. Compl officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office hel	d	
	Date		Payee name							
	04/17/2023		Doordash							
-	Amount (\$)	-	Payee address; City;	State:	Zip Co	le				
	\$14.66	I	801 Barton Springs							
		I	7th Floor							
		I	Austin, TX 78704							
	DUDDOOF									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	e top of this sch	edule)			de of Texas. Compl officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office hel	d	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe	ense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 26/111 Rpt:		hierry, Shawn Nicole (The Ho	00065781					
4	Date 06/05/2023		Payee name Doordash						
6	Amount (\$)	7 F	Payee address; City;	State;	Zip Co	le			
	\$32.76	6	01 Barton Springs						
			'th Floor						
			Austin, TX 78704						
8	PURPOSE					(b) Deceriation			
o	OF EXPENDITURE		Category (See Categories listed at the top Food/Beverage Expense	p of this sche	edule)			de of Texas. Compl officeholder living e	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ht		Office hel	d
	Date	F	Payee name						
	06/05/2023		Doordash						
	Amount (\$)	F	Payee address; City;	State;	Zip Co	le			
	\$45.24	6	01 Barton Springs						
			'th Floor						
			Austin, TX 78704						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Food/Beverage Expense	p of this sche	edule)			de of Texas. Compl officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ht		Office hel	d
F	Date	F	Payee name						
	06/05/2023		Doordash						
	Amount (\$)	F	Payee address; City;	State;	Zip Co	le			
	\$63.83	6	01 Barton Springs						
		7	'th Floor						
		4	Austin, TX 78704						
-	PURPOSE		Category (See Categories listed at the top	n of this scho	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense	p of this sche	edule)	Check if travel		de of Texas. Compl officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ht		Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILEF	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 27/111 Rpt:	Thier	ry, Shawn Nicole (The H	lonorable)				00065781	
4	Date 06/12/2023	5 Payee Door							
6	Amount (\$)	Payee	address; City;	State;	Zip Co	e			
	\$46.42	801 E	Barton Springs						
		7th F	loor						
		Austi	n, TX 78704						
8	PURPOSE					b) Description			
U	OF		ory (See Categories listed at the /Beverage Expense	top of this sche	edule)	Check if travel		ide of Texas. Comp , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	0	office soug	ht		Office he	łd
	Date	Payee	e name						
	06/12/2023	Door	Jash						
	Amount (\$)	Payee	address; City;	State;	Zip Coo	е			
	\$131.47	801 E	Barton Springs						
		7th F	oor						
		Austi	n, TX 78704						
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the /Beverage Expense	top of this sche	edule)			ide of Texas. Comp , officeholder living	
						staff meals			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	0	office soug	ht		Office he	eld
	Date	Payee	e name						
	06/16/2023	Door	Jash						
	Amount (\$) \$17.01	801 E 7th F	e address; City; Barton Springs Ioor n, TX 78704	State;	Zip Coo	e			
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the /Beverage Expense	top of this sche	edule)			ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	0	Office soug	ht		Office he	eld

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 28/111 Rpt:		Thierry, Shawn Nicole (The Honorable)	hierry, Shawn Nicole (The Honorable) 0006578						
4	Date 06/20/2023	5	Payee name Doordash							
6	Amount (\$) \$18.40	7 Payee address; City; State; Zip Code \$18.40 801 Barton Springs 7th Floor Austin, TX 78704								
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held			
	Date		Payee name							
	06/21/2023		Doordash							
	Amount (\$) \$56.98		Payee address; City; State; 801 Barton Springs 7th Floor Austin, TX 78704	Zip Co	le					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held			
	Date		Payee name							
	05/22/2023		Doordash							
	Amount (\$) \$20.25		Payee address; City; State; 801 Barton Springs 7th Floor Austin, TX 78704	Zip Co	le					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense ies ordered paper, pens			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Dffice sou	Jht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E e Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense
1	Total pages Schedule F1:	2 FILE	RNAME				3	Filer ID ((Ethics Commission Filers)
	Sch: 29/111 Rpt:		erry, Shawn Nicole (The I	Honorable))			00065781	
4	Date 05/30/2023		ee name ordash						
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Co	le			
	\$25.93	801	Barton Springs						
		7th	Floor						
		Aus	tin, TX 78704						
8	PURPOSE	(a) Cate	gory (See Categories listed at the	top of this cohe	odulo)	(b) Description			
	OF EXPENDITURE		d/Beverage Expense	top of this sche	edule)	Check if travel		de of Texas. Comple , officeholder living ex	
9	Complete ONLY if direct expenditure to benefit C/OF		date/Officeholder name	0)ffice sou	ht		Office held	1
	Date	Pay	ee name						
	01/12/2023	Doy	le, Meghan						
	Amount (\$)	Pay	ee address; City;	State;	Zip Co	le			
	\$45.00	180	0 Nueves St						
		Aus	tin, TX 78701						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the aries/Wages/Contract Lal		edule)			de of Texas. Comple officeholder living ex	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	0)ffice sou	ht		Office held	1
	Date	Pav	ee name						
	02/28/2023		le, Meghan						
-	Amount (\$)	-	ee address; City;	State	Zip Co	le			
	\$85.00		0 Nueves St		I				
		Aus	tin, TX 78701		i				
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the aries/Wages/Contract Lal		edule)			de of Texas. Comple officeholder living ex	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	O)ffice sou	ht		Office held	1

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e Gift/Awar Legal Ser	erage Expense ds/Memorials Expense	Office Ov Polling E Printing E Salaries/V	erhead/Ren kpense xpense Wages/Cont			Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2 FILF						3	Filer ID	(Ethics Commission Filers)
-	Sch: 30/111 Rpt:			cole (The Honor	able)				00065781	
4	Date	5 Pay	ee name							
	03/01/2023	Doy	le, Meghan							
6	Amount (\$)	7 Pay	ee address;	City;	State; Zip Co	ode				
	\$35.00	180	0 Nueves St							
		Aus	tin, TX 78701							
8	PURPOSE					(h) Do	arintian			
ľ	OF		aries/Wages/Co	ies listed at the top of t	his schedule)	(b) Des		outsic	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Jui	anes/wages/ev						officeholder living	
						sal	aries			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholde	r name	Office sou	ıght			Office he	eld
	Date	Pav	ee name							
	04/06/2023		le, Meghan							
_	Amount (\$)		-	City;	State; Zip Co	nde				
	\$10.00		0 Nueves St	City,		Juc				
	Φ10.00	100	o nueves St							
		Aus	tin, TX 78701							
	PURPOSE OF EXPENDITURE		gory _{(See Catego} aries/Wages/Co	ies listed at the top of t Ontract Labor	his schedule)				le of Texas. Com officeholder living	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date/Officeholde	r name	Office sou	l ıght			Office he	eld
	Date	Pave	ee name							
	01/10/2023		pbox							
	Amount (\$)			City;	State; Zip Co	nde				
	\$12.78		Berry St	City,	Siale, Zip Ci	Jue				
	φ12.70	100	Delly St							
		San	Francisco, CA	94107						
	PURPOSE	(a) Cate	gory (See Catego	ies listed at the top of t	his schedule)	(b) Des	scription			
	OF EXPENDITURE	Offi	ce Overhead/R	ental Expense					le of Texas. Com officeholder living	plete Schedule T. J expense
-	Complete ONLY if direct	Cand	date/Officeholde	r name	Office sou	L Jaht			Office he	eld
	expenditure to benefit C/OI				51100 300	-9···				
_										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expens	se Travel Out of District // Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 31/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781					
4	Date 02/10/2023	^D ayee name Dropbox						
6	Amount (\$) \$12.78	Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107						
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense overhead					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/10/2023	Dropbox						
	Amount (\$) \$12.78	Payee address; City; State; Zip Code 185 Berry St						
	PURPOSE OF EXPENDITURE	San Francisco, CA 94107 Category _(See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense overhead					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/10/2023	Dropbox						
	Amount (\$) \$12.78	Payee address; City; State; Zip Code 185 Berry St						
		San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense overhead					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ittee Gift/Awards	age Expense /Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 F				-	3	Filer ID (Ethics Commission Filers)	
	Sch: 32/111 Rpt:			le (The Honorable))			00065781	
4	Date 04/11/2023		ayee name ropbox						
6	Amount (\$) \$12.78	1	ayee address; C 85 Berry St an Francisco, CA 9		; Zip Coc	e			
8	PURPOSE OF EXPENDITURE		ategory _{(See Categorie} ffice Overhead/Re	s listed at the top of this sch ntal Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder	name C	Office soug	ht		Office held	
	Date	P	ayee name						
	05/10/2023	D	ropbox						
	Amount (\$) \$12.78		ayee address; C 85 Berry St	ity; State;	; Zip Coo	e			
	PURPOSE OF EXPENDITURE	(a) C	an Francisco, CA ategory _{(See Categorie} ffice Overhead/Re	s listed at the top of this sch	edule)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder	name C	Office soug	ht		Office held	
	Date	Р	ayee name						
	06/12/2023		ropbox						
	Amount (\$) \$12.78		ayee address; C 85 Berry St	ity; State;	; Zip Coc	e			
			an Francisco, CA						
	PURPOSE OF EXPENDITURE		ategory _{(See Categorie} ffice Overhead/Re	s listed at the top of this sch ntal Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder	name C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Cabadula E1;	· · · · ·	Filer ID (Ethics Commission Filers)					
L.	Total pages Schedule F1: Sch: 33/111 Rpt:	hierry, Shawn Nicole (The Honorable)		00065781				
4	Date	Payee name	yee name					
	01/09/2023	Etsy						
6	Amount (\$)	Payee address; City; State; Zip	Code					
	\$146.57	.17 Adams St						
		Brooklyn, NY 11201						
8	PURPOSE	-	(b) Description					
ľ	OF	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		tside of Texas. Complete Schedule T.				
	EXPENDITURE		Check if Austin, T	X, officeholder living expense				
			gifts					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office	sought	Office held				
	Date	Payee name						
	02/08/2023	Expedia						
	Amount (\$)	Payee address; City; State; Zip	Code					
	\$209.55	.111 Expedia Group Way W	Code					
	φ209.33							
		Seattle , WA 98119						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		tside of Texas. Complete Schedule T. "X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office	sought	Office held				
	Date	Payee name						
	02/14/2023	Expedia						
	Amount (\$)	Payee address; City; State; Zip	Code					
	\$14.16	.111 Expedia Group Way W	out					
	φ14.10							
		Seattle , WA 98119						
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b) Description					
	EXPENDITURE	ravel Out of District		tside of Texas. Complete Schedule T. 'X, officeholder living expense				
-	Complete ONLY if direct	andidate/Officeholder name Office	sought	Office held				
	expenditure to benefit C/Oł							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense (pense /ages/	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· ·		mpre		3	Filer ID (Ethics Commission Filers)		
L.	Sch: 34/111 Rpt:		Thierry, Shawn Nicole (The Honorable	e)			3	00065781		
4	Date	5	Payee name							
	01/30/2023		Fast Break							
6	Amount (\$) \$48.69									
8	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Transportation Equipment & Related Expense			Check if travel of	, тх,	de of Texas. Complete Schedule T. officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	01/26/2023		FedEx Office							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$45.54		2711 Guadalupe St Austin, TX 78705							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	hedule)				de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	02/08/2023		FedEx Office							
	Amount (\$) \$20.92		Payee address; City; State 2711 Guadalupe St	; Zip Co	de					
			Austin, TX 78705							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense overhead									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 35/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781						
4	Date 01/13/2023	5 Payee name Fellowship United District Association							
6	Amount (\$) \$150.00								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/17/2023	Ferguson, John							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$200.00	1340 Airport Commerce Dr Ste 325 Austin , TX 78741							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense NGS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/21/2023	Go Daddy							
	Amount (\$) \$42.34	Payee address; City; State; Zip Code 2155 E. GoDaddy Way							
		Tempe, AZ 85284							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense D site design						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	verhea Expens Expen /Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 36/111 Rpt:		Thierry, Shawn Nicole (The Honorat	ole)				00065781
4	Date 06/28/2023	5	Payee name Go Daddy					
6	Amount (\$)	7	-	ite: 7in C	`odo			
U	5 Amount (\$) \$191.75 \$191.75 7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284							
_	DUDDOOF	<u> </u>	-		(1)			
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign website design						officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought			Office held
	Date		Payee name					
	01/05/2023		HLSR					
	Amount (\$)		Payee address; City; Sta	te; Zip C	code			
	\$500.00		3 NRG Park Houston, TX 77054					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Event Expense	schedule)	(b)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense g district
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought			Office held
	Date		Payee name					
	02/22/2023		HLSR					
	Amount (\$) \$535.00		Payee address; City; Sta 3 NRG Park	te; Zip C	Code			
			Houston, TX 77054					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Event Expense	schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Imittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2				·······	3	Filer ID	(Ethics Commission Filers)
-	Sch: 37/111 Rpt:		Thierry, Shawn Nicole (The Ho	onorable)			00065781	
4	Date	5	Payee name						
	01/17/2023		Hampton Inn						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$327.60		1701 Lavaca						
			Austin, TX 78701						
8	PURPOSE					(b) Description			
0	OF		Category (See Categories listed at the to Travel Out of District	p of this sch	iedule)	(b) Description	outs	ide of Texas. Comp	blete Schedule T.
	EXPENDITURE		Travel Out of District					, officeholder living	
						lodging			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office he	ld
	Date		Payee name						
	01/17/2023		Hampton Inn						
	Amount (\$)		Payee address; City;	Stato	; Zip Co	de			
	\$244.53		1701 Lavaca	Siale	, zip co	ue			
	Φ244.55		1701 Lavala						
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Travel Out of District	op of this sch	nedule)	(b) Description		ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	ght		Office he	ld
	Date		Payee name						
	01/17/2023		Hampton Inn						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$45.60		1701 Lavaca	otato	, <u>_</u> , oo				
	\$ 10100		1101 Lavada						
			Austin, TX 78701						
	PURPOSE OF		Category (See Categories listed at the to	p of this sch	nedule)	(b) Description			
	EXPENDITURE		Travel Out of District			Check if travel X Check if Austin		ide of Texas. Comp , officeholder living	
	Complete ONLY if direct	Ċ	andidate/Officeholder name	C	Office sou	ght		Office he	ld
	expenditure to benefit C/OI								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 38/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781				
4	Date 01/18/2023	5 Payee name Hampton Inn					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
J	\$131.00	1701 Lavaca Austin, TX 78701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
Ū	OF	Travel Out of District	ıtside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/20/2023	Hampton Inn					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$334.12	1701 Lavaca Austin, TX 78701					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/23/2023	Hampton Inn					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$246.06	1701 Lavaca					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 39/111 Rpt:	Thierry, Shawn Nicole (The Honorable)		00065781			
4	Date	Payee name					
	01/26/2023	Hampton Inn					
6	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$163.80	1701 Lavaca					
		Austin, TX 78701					
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description				
	OF EXPENDITURE	Travel Out of District		butside of Texas. Complete Schedule T.			
			X Check if Austin,	TX, officeholder living expense			
			uavei				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sou	ght	Office held			
	Date	Payee name					
	01/26/2023	Hampton Inn					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$163.80	1701 Lavaca					
		Austin, TX 78701					
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description				
	OF EXPENDITURE	Travel Out of District		butside of Texas. Complete Schedule T.			
			X Check if Austin,	TX, officeholder living expense			
			liavei				
	Complete ONLY if direct	andidate/Officeholder name Office sou	aht	Office held			
	expenditure to benefit C/OI		gin				
	Date	Payee name					
	01/26/2023	Hampton Inn					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$163.80	1701 Lavaca	ue				
	ψ105.00	1701 Lavaca					
		Austin, TX 78701					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b) Description				
	EXPENDITURE	Travel Out of District		outside of Texas. Complete Schedule T. TX, officeholder living expense			
			travel	rx, oncender hving expense			
	Complete ONLY if direct	andidate/Officeholder name Office sou	aht	Office held			
	expenditure to benefit C/OI		9				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
1	Sch: 40/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781				
4	Date	Payee name					
	02/13/2023	Hampton Inn					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$198.80	1701 Lavaca					
		Austin, TX 78701					
_	DUDDOCE						
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Complete Schedule T.				
	EXPENDITURE		in, TX, officeholder living expense				
		travel					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/16/2023	Hampton Inn					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$242.27	1701 Lavaca					
	φ242.27	1701 Lavata					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/17/2023	Hampton Inn					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$269.00	1701 Lavaca					
	φ209.00	1701 Lavata					
		Austin, TX 78701					
	PURPOSE	(b) Description					
	OF EXPENDITURE		I outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/Oł						
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expo Imittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of District	uipment & Related Expense
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)
-	Sch: 41/111 Rpt:		Thierry, Shawn Nicole (The Ho	onorable)			00065781	
4	Date	5	Payee name						
	02/24/2023		Hampton Inn						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$459.29		1701 Lavaca						
			Austin, TX 78701						
8	PURPOSE					(b) Decembration			
°	OF		Category (See Categories listed at the to Travel Out of District	p of this sch	iedule)	(b) Description	outsi	ide of Texas. Comp	lete Schedule T
	EXPENDITURE		Traver Out of District					, officeholder living (
						travel		· · · · ·	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office hel	d
	Date		Payee name						
	02/27/2023		Hampton Inn						
			-	Stata	; Zip Co	do			
	Amount (\$)			State,	, zip co	ue			
	\$211.19		1701 Lavaca						
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Travel Out of District	op of this sch	iedule)			ide of Texas. Compl , officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	ght		Office hel	d
	Date		Payee name						
	03/06/2023		Hampton Inn						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$161.00		1701 Lavaca	otato	, בוף סט				
	\$101.00		1101 Lavada						
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Compl , officeholder living e	
	Complete ONLY if direct	C	andidate/Officeholder name	C	Office sou	ght		Office hel	d
	expenditure to benefit C/OI					-			
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME	·		-	3	Filer ID (Ethics Commission Filers)
	Sch: 42/111 Rpt:		Thierry, Shawn Nicole (The Hono	rable)				00065781
4	Date 03/13/2023		Payee name Handi Stop					
6	Amount (\$) 7 Payee address; City; State; Zip Code \$14.57 \$425 Eastex Freeway Houston, TX 77026							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense transportation						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ot	ffice soug	nt		Office held
	Date		Payee name					
	03/13/2023		Handi Stop					
	Amount (\$) \$61.54		Payee address; City; 3425 Eastex Freeway Houston, TX 77026	State;	Zip Cod	e		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Transportation Equipment & Rela Expense		edule) (, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Ot	ffice soug	nt		Office held
	Date		Payee name					
	01/11/2023		Holmes, Brandi					
	Amount (\$) \$222.90		Payee address; City; 6343 Skyline Dr #23 Houston, TX 77057	State;	Zip Cod	e		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this sche	dule)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ot	ffice soug	nt		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 43/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781					
4	Date 02/08/2023	Payee name Holmes, Brandi						
	Amount (\$) \$208.65	7 Payee address; City; State; Zip Code \$208.65 6343 Skyline Dr #23 Houston, TX 77057						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense salaries 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/15/2023	Holmes, Brandi						
	Amount (\$) \$173.25	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/21/2023	Holmes, Brandi						
	Amount (\$) \$145.95	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ittee Legal Services The Instruction Guide expla	Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 44/111 Rpt:	hierry, Shawn Nicole (The Honora	ble)	00065781			
4	Date 02/21/2023	ayee name Iolmes, Brandi					
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense salaries					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held			
	Date	ayee name					
	02/22/2023	olmes, Brandi					
	Amount (\$) \$207.90	ayee address; City; St 343 Skyline Dr 23 Iouston, TX 77057	ate; Zip Code				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this alaries/Wages/Contract Labor		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ArieS			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held			
	Date	ayee name					
	02/27/2023	lolmes, Brandi					
	Amount (\$) \$178.25	ayee address; City; St 343 Skyline Dr 23 Iouston, TX 77057	ate; Zip Code				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this alaries/Wages/Contract Labor		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ArieS			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 45/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781					
4	Date 02/28/2023	Payee name Holmes, Brandi						
6	Amount (\$) \$173.25	7 Payee address; City; State; Zip Code 5 6343 Skyline Dr #23 Houston, TX 77057						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense salaries						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/28/2023	Holmes, Brandi						
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057						
	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/06/2023	Holmes, Brandi						
	Amount (\$) \$173.25	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	ense Iges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3	Filer ID (Ethics Commission Filers)			
	Sch: 46/111 Rpt:	Thierry, Shawn Nicole (The Honorable)		00065781			
4	Date 03/06/2023	Payee name Holmes, Brandi					
6	Amount (\$)	Payee address; City; State; Zip Coo	0				
Ŭ	\$5.00	343 Skyline Dr					
	40.00	² 23					
		louston, TX 77057					
_							
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ide of Texas. Complete Schedule T. , officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held			
	Date	Payee name					
	03/14/2023	Iolmes, Brandi					
	Amount (\$)	Payee address; City; State; Zip Cod	е				
	\$207.90	343 Skyline Dr					
		\$23					
		louston, TX 77057					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held			
	Date	Payee name					
	03/13/2023	lolmes, Brandi					
	Amount (\$) \$10.00	Payee address; City; State; Zip Coo 6343 Skyline Dr #23 Houston, TX 77057	e				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		side of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ht	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)
-	Sch: 47/111 Rpt:	-	Thierry, Shawn Nicole (The Honorable))		Ľ	00065781
4	Date	5	Payee name				
	03/21/2023		Holmes, Brandi				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$207.90		6343 Skyline Dr				
			#23				
			Houston, TX 77057				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description		
-	OF		Salaries/Wages/Contract Labor	euule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		J		Check if Austin	, TX	, officeholder living expense
					salaries		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office held
	Date		Payee name				
	04/04/2023		Holmes, Brandi				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$183.75		6343 Skyline Dr				
			#23				
			Houston, TX 77057				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description		
	OF		Salaries/Wages/Contract Labor	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense
					salaries		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office held
_	Date		Payee name				
	05/02/2023		Holmes, Brandi				
	Amount (\$)			Zip Co	de la		
	\$207.90		6343 Skyline Dr	210 00			
	\$201.00		#23				
			Houston, TX 77057	r			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outei	ide of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense
					salary campa		
					- •	-	
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI	Н		·			
-							

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Tran Food/Beverage Expense Polling Expense Trav Gift/Awards/Memorials Expense Printing Expense Trav					Solicitation/Fundraising Ex Transportation Equipment Travel in District Travel Out of District OTHER (enter a category i	& Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics	Commission Filers)
	Sch: 48/111 Rpt:		Thierry, Shawn Nicole (The Honorabl	00065781					
4	Date 04/11/2023	5 Payee name Holmes, Brandi							
6									
0	6 Amount (\$) 7 Payee address; City; State; Zip Code								
	\$207.90		6343 Skyline Dr						
			#23						
			Houston, TX 77057						
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor	-				de of Texas. Complete Sche	edule T.
	EXPENDITORE							officeholder living expense	
						salaries/ cam	ipai	gn assist	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	04/11/2023		Holmes, Brandi						
Amount (\$) Payee address; City; State; Zip Code									
\$10.00 6343 Skyline Dr									
	+=0.00		#23						
			Houston, TX 77057						
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Sche	edule T.
								officeholder living expense	
						salaries/ cam	ιμαι	yıl dəsisi	
	-			- <i>(</i> //					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name		_		_		
	04/18/2023		Holmes, Brandi						
	Amount (\$)		Payee address; City; Stat	e; Zip Co	de				
	\$207.90		6343 Skyline Dr						
			#23						
			Houston, TX 77057						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Sche	edule T.
							, IX,	officeholder living expense	
						salaries			
				o.///	Ļ				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	
	openditare to benefit 0/01	••							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 49/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781						
4	Date	Payee name							
	04/25/2023	Holmes, Brandi							
6	Amount (\$) \$218.73	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense salaries									
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	06/02/2023	Holmes, Brandi							
Amount (\$)Payee address;City;State; Zip Code\$141.756343 Skyline Dr#23									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/09/2023	Holmes, Brandi							
	Amount (\$) \$207.90	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign salaries assist								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemursemursemursemursemursemursemursem	e Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 50/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781					
4	Date 06/09/2023	Payee name Holmes, Brandi						
6	6 Amount (\$) \$173.25 \$175.25							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense salaries								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/12/2023	Holmes, Brandi						
	Amount (\$) Payee address; City; State; Zip Code \$308.70 6343 Skyline Dr #23 Houston, TX 77057							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/14/2023	Holmes, Brandi						
	Amount (\$) \$207.90	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 51/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781					
4	Date 06/20/2023	Payee name Holmes, Brandi						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$207.90 6343 Skyline Dr #23 Houston, TX 77057 For the state of the s							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense salaries								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/05/2023	Holmes, Brandi						
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense C C					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/22/2023	Holmes, Brandi						
	Amount (\$) \$149.10	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense salaries							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/R Fees Office Overhead/Re Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Co The Instruction Guide explains how to complete	ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 52/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781					
4	Date 05/16/2023	Payee name Holmes, Brandi						
6	6 Amount (\$) \$308.70 \$308.70 Amount (\$) \$308.70 Amount (\$) \$308.70							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense salary campaign assist								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/23/2023	Holmes, Brandi						
	Amount (\$) Payee address; City; State; Zip Code \$207.90 6343 Skyline Dr #23 Houston, TX 77057							
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense alaries					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/28/2023	Holmes, Brandi						
	Amount (\$) \$207.90	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057						
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense alaries					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gif/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 53/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781					
4	Date 05/30/2023	Payee name Holmes, Brandi						
6	Amount (\$) \$175.14							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense salary for campaign assist								
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	05/30/2023	Holmes, Brandi						
	Amount (\$) \$207.90	Payee address; City; State; Zip Code 6343 Skyline Dr #23 Houston, TX 77057						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense paign assist					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/02/2023	Homewood Suites						
	Amount (\$) \$45.00	Payee address;City;State;Zip Code78 East Ave						
		Austin, TX 78701						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense bornmittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
_	Sch: 54/111 Rpt:	Thierry, Shawn Nicole (The Honorable)							
4	Date 03/03/2023	Payee name Homewood Suites							
6									
0	Amount (\$) \$620.82								
_									
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel								
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name							
	03/03/2023								
Amount (\$) Payee address; City; State; Zip Code									
	\$45.00	78 East Ave Austin, TX 78701							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/13/2023	Honey Sheeps							
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$13.00	3616 Old Spanish Road							
		Houston, TX 77021							
	PURPOSE OF EXPENDITURE	Transportation Equipment & Related							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Stread/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)				
-	Sch: 55/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781				
4	Date 02/27/2023	Payee name Honey Sheeps					
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$13.00 3616 Old Spanish Road 3616 Old Spanish Road						
		Houston, TX 77021					
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense transportation						
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name					
	04/25/2023						
	Amount (\$) \$151.78	.78 Payee address; City; State; Zip Code 600 W 2nd St Austin, TX 78701					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related	utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/08/2023	Hotel Van Zandt					
	Amount (\$) \$100.00	Payee address;City;State;Zip Code605 Davis St					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					
1	Total pages Schedule F1:	2					2	Filer ID (Ethics Commission Filers)	<u> </u>
1	Sch: 56/111 Rpt:		Thierry, Shawn Nicole (The Honora	00065781	,				
4	Date	5	Payee name						
	02/10/2023		Hotel Van Zandt						
6	Amount (\$)	7	Payee address; City; S	tate; 2	Zip Coo	le			
	\$414.46		605 Davis St						
			Austin, TX 78701						
8	PURPOSE					(b) Decorintion			
°	OF		Category (See Categories listed at the top of thi Travel Out of District	is schedu	ule)	(b) Description Check if travel	outsi	side of Texas. Complete Schedule T.	
	EXPENDITURE		Travel Out of District					c, officeholder living expense	
						travel			
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held							Office held	
	Date		Payee name						
	01/27/2023		Houston Chronicle						
	Amount (\$)								
	\$6.00		4747 Southwest Fwy	iaic, z					
	Φ0.00		4747 Southwest Fwy						
			Houston, TX 77027						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Office Overhead/Rental Expense	is schedu	ule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Offi	ice soug	ht		Office held	
	Date		Payee name						-
	02/24/2023		Houston Chronicle						
_	Amount (\$)		Payee address; City; S	tate:	Zip Coo	le			
	\$6.00		4747 Southwest Fwy		p 000				
	\$0.00								
			Houston, TX 77027						
	PURPOSE	(a)	Category (See Categories listed at the top of the	is schedu	ule)	(b) Description	_		
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. K, officeholder living expense	
-	Complete ONLY if direct	C	andidate/Officeholder name	Offi	ice soug	ht		Office held	
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	5	· ·	· · · · · · · · · · · · · · · · · · ·					
Ŧ	Sch: 57/111 Rpt:	2	Thierry, Shawn Nicole (The Honorable))		3	Filer ID (Ethics Commission Filers) 00065781		
4	Date	5	Payee name						
	03/24/2023		Houston Chronicle						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$43.86		4747 Southwest Fwy						
			Houston, TX 77027						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description				
	OF		Office Overhead/Rental Expense	euule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					, TX	, officeholder living expense		
					overhead				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held		
	Date		Payee name						
	04/21/2023 Houston Chronicle								
	Amount (\$) Payee address; City; State; Zip Code								
	\$12.95		4747 Southwest Fwy						
			,						
			Houston, TX 77027						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ht		Office held		
	Date		Payee name						
	06/16/2023		Houston Chronicle						
-	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$15.95		4747 Southwest Fwy	•					
			,						
			Houston, TX 77027						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Bi Gift/Awi nmittee Legal S	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 58/111 Rpt:			icole (The Honorab	le)			00065781	
4	Date	5	Payee name						
	05/19/2023		Houston Chronicle						
6	Amount (\$) 7 Payee address; City; State; Zip Code								
	\$9.00		4747 Southwest	Fwy					
			Houston, TX 770	27					
8	PURPOSE	(a)	Category (See Cated	ories listed at the top of this s	chedule)	(b) Description			
	OF EXPENDITURE		Fees		onouuloj		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						online subsc	ripti	ion fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office sou	ght		Office held	
	Date		Payee name						
	03/17/2023		Hyatt House						
Amount (\$) Payee address; City; State; Zip Code									
\$427.13 901 Neches St									
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a)	Category (See Category Travel Out of Disc	ories listed at the top of this s trict	chedule)			ide of Texas. Complete Schedule T.	
						travel	I, IA,	, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officehold	ler name	Office sou	ght		Office held	
⊨	Date		Payee name						
	03/17/2023		Hyatt House						
	Amount (\$)		Payee address;	City; Stat	te; Zip Co	de			
	\$26.00		801 Nueces St		.o, בוף סס				
	\$20.00								
			Austin, TX 78701						
	PURPOSE OF	(a)		ories listed at the top of this s	chedule)	(b) Description			
	EXPENDITURE		Transportation Ed Expense	quipment & Related				ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office sou	ght		Office held	
⊢									

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Exp Salaries/Wa	head/Re ense oense ages/Cor	eimbursement ental Expense ntract Labor this form.		Travel in District Travel Out of Distric	pment & Related Expense
1	Total pages Schedule F1:	2				proce		3	Filer ID (F	Ethics Commission Filers)
1	Sch: 59/111 Rpt:								00065781	
4	Date	5	Payee name							
	03/27/2023	Hyatt House								
6 Amount (\$) \$793.49 7 Payee address; City; State; Zip Code 801 Nueces St Austin, TX 78701										
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) De	escription			
OF Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht			Office held	
	Date		Payee name							
	04/03/2023		Hyatt House							
Amount (\$) Payee address; City; State; Zip Code										
	\$1,287.02		801 Nueces St Austin, TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of I Travel Out of District	this sche	edule)		1		le of Texas. Complet officeholder living ex	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht			Office held	
	Date		Payee name							
	04/10/2023		Hyatt House							
	Amount (\$)		Payee address; City;	State;	Zip Coo	le				
	\$1,191.60		801 Nueces St							
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of I Travel Out of District	this sche	edule)		1		le of Texas. Complet officeholder living ex	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		CAPICINE			3	Filer ID (Ethics Commission Filers)
1	Sch: 60/111 Rpt:		Thierry, Shawn Nicole (The Ho	onorable)		S	O0065781
4	Date	5	Payee name					
	05/05/2023		Hyatt House					
6	Amount (\$) \$136.85		Payee address; City; 301 Nueces St Austin, TX 78701	State;	; Zip Coc	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Travel Out of District	p of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
						hotel for ses	sior	1
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held
	Date		Payee name					
	01/19/2023		nstacart					
	Amount (\$)		Payee address; City;	State;	Zip Coo	le		
	\$32.21	I	50 Beale St #600	,				
		:	San Franscisco , TX 94105					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	p of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	02/28/2023		zzi Market #3					
	Amount (\$) \$10.26		Payee address; City; 1800 Houston Ave	State;	; Zip Coo	le		
			Houston, TX 77007					
	PURPOSE OF EXPENDITURE	-	Category (See Categories listed at the to Fransportation Equipment & R Expense		edule)		η, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr le By - Gift/Awards/Memorials Expense Printing Expense Tr				Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:		•	· ·		3 Filer ID	(Ethics Commission Filers)
-	Sch: 61/111 Rpt:	hierry, Shawn Nicole	(The Honorable)			00065781	
4	Date 02/28/2023	Payee name Izzi Market #3					
6	Amount (\$)	ayee address; City;	State; Z	Zip Code			
	\$27.30	300 Houston Ave ouston, TX 77007					
	DUDDOCE			(b)			
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Check if taxel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense transportation						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder na	me Offic	ce sought		Office he	eld
	Date	ayee name					
	05/09/2023	zi Market #3					
	Amount (\$)	ayee address; City;	State; Z	Zip Code			
	\$39.81	300 Houston Ave ouston, TX 77007					
	PURPOSE OF EXPENDITURE	ategory (See Categories lis ransportation Equipm xpense			Check if Austin,	outside of Texas. Com n, TX, officeholder living avel put of disti	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder na	me Offic	ce sought		Office h	eld
	Date	ayee name					
	02/27/2023	ackson, Shonet					
-	Amount (\$)	ayee address; City;	State; Z	Zip Code			
	\$165.00	306 Eden Crossing L		F			
		ichmond , TX 77407					
	PURPOSE OF EXPENDITURE	ategory (See Categories lis alaries/Wages/Contra				outside of Texas. Com n, TX, officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder na	me Offic	ce sought		Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tegal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · ·			3	Filer ID (Ethics Commission Filers)
	Sch: 62/111 Rpt:		Thierry, Shawn Nicole (The Honorable)				00065781
4	Date		Payee name				
	02/27/2023		Jackson, Shonet				
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$45.00		7306 Eden Crossing Lane				
			Richmond , TX 77407				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense
					salaries	I, I.A.	, Uniceriolider living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Jht		Office held
-	Date		Payee name				
	02/06/2023		Karrol, Rimal				
	Amount (\$)			Zip Co	10		
	\$500.00		300 Republic Lane				
			Euless, TX 76040				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Jht		Office held
	Date		Payee name				
	03/23/2023		Laz Parking				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$32.48		211 E. 7th Street				
			Suite 620				
			Austin, TX 78701				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
			Transportation Equipment & Related	uuic)	·· ·	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Expense				, officeholder living expense
					transportatio	n	
		Ĺ	Condidate (Office k - Literature)	<i>ff</i> a	-b-4		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Int		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 63/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781				
4	Date 05/15/2023	Payee name MAILCHIMP					
6	Amount (\$) 7 Payee address; City; State; Zip Code \$122.59 675 Ponce De Leon Avenue, Northeast SUITE 5000 ATLANTA, GA 30308						
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense overhead mail						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
01/13/2023 MailChimp							
	Amount (\$) Payee address; City; State; Zip Code \$122.59 675 Ponce de Leon Ave NE Atlanta, GA 30308						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/13/2023	MailChimp					
	Amount (\$) \$122.59	Payee address;City;State;Zip Code675 Ponce de Leon Ave NE					
		Atlanta, GA 30308					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Committee Legal Services 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)		
1	Total pages Schedule F1:	· · · · · ·	B Filer ID (Ethics Commission Filers)		
-	Sch: 64/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781		
4	Date 03/13/2023	 Payee name MailChimp 			
6	Amount (\$) \$122.59	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Atlanta, GA 30308			
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Office Overhead/Rental Expense (b) Description Check if Austin, TX, officeholder living expense overhead Overhead				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/13/2023	MailChimp			
	Amount (\$) \$122.59	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE			
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/13/2023	MailChimp			
	Amount (\$) \$122.59	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE			
		Atlanta, GA 30308			
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhea pense pens (ages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Ļ		-	· · ·	how to con	mpie	ete this form.	1	
1	Total pages Schedule F1: Sch: 65/111 Rpt:		FILER NAME Thierry, Shawn Nicole (The Honorable	e)			3	Filer ID (Ethics Commission Filers) 00065781
4	Date	5	Payee name					
	01/30/2023		Massie, Jeremy					
6 Amount (\$) 7 Payee address; City; State; Zip Code \$95.00 112 E. Palm St Frenso, TX 77545								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense salaries								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	01/30/2023		Massie, Jeremy					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$95.00		112 E. Palm St Frenso, TX 77545					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	01/27/2023		Nuba Fast Food					
	Amount (\$) \$34.92		Payee address; City; State 9508 HWY 182	; Zip Co	de			
			Opelousas , LA 70570					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule F1:	· · · · · ·	3 Filer ID (Ethics Commission Filers)				
_	Sch: 66/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781				
4	Date 02/23/2023	5 Payee name OFFICE DEPOT					
6	6 Amount (\$) \$324.74 AUSTIN, TX 78703 7 Payee address; City; State; Zip Code						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Comparison of the comparison						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/17/2023	Pods Storage					
	Amount (\$) \$214.99	Payee address;City;State;Zip Code13535 Feather Sound Drive					
		Clearwater , FL 33762					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rage				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/14/2023	Pods Storage					
	Amount (\$) \$214.99	Payee address;City;State;Zip Code13535 Feather Sound Drive					
		Clearwater , FL 33762					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 67/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781				
4	Date 05/15/2023	Payee name Pods Storage					
6	6 Amount (\$) \$214.99 Clearwater , FL 33762 7 Payee address; City; State; Zip Code 13535 Feather Sound Drive						
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense storage						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/14/2023	Pods Storage					
	Amount (\$) \$214.99	Payee address; City; State; Zip Code 13535 Feather Sound Drive					
		Clearwater , FL 33762					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/27/2023	PosterMyWall					
	Amount (\$) \$99.95	Payee address; City; State; Zip Code 6965 El Camino Real, Suite 105					
		Carlsbad, CA 92009					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til By - Gift/Awards/Memorials Expense Printing Expense Til				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 68/111 Rpt:		Thierry, Shawn Nicole (The Honorable	e)			00065781
4	Date	5	Payee name				
	01/19/2023		RHP Block 21				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$35.00		211 East 7th Street				
			Suite 620				
			Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hedule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense	,		vel outs	ide of Texas. Complete Schedule T.
	EXPENDITORE					stin, TX	, officeholder living expense
					food		
_				o."			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt		Office held
	Date		Payee name				
01/23/2023 Rich Boy Po'Boy							
Amount (\$) Payee address;			Payee address; City; State	e; Zip Co	de		
	\$22.18 Sixth Ward						
			Houston, TX 77002				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description		
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					food	5000, 174	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	02/06/2023		Ritestop 7				
-	Amount (\$)		•	; Zip Co	de		
	\$40.00		9777 Harwin Drive	, <u>_</u> .p 00			
			Houston, TX 77036				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description		
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. , officeholder living expense
			Expense		transportat		
					-1		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)	
	Sch: 69/111 Rpt:		Thierry, Shawn Nicole (The Honorable))			00065781	
4	Date 02/13/2023		Payee name Ritestop 7					
6	6 Amount (\$) \$100.00 \$100.00 Amount (\$) \$100.00 \$10.							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense transportation							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	Office soug	ht		Office held	
	Date	F	Payee name					
	02/24/2023	F	Ruth's Chris Steakhouse Valet					
	Amount (\$) \$12.00	-	Payee address; City; State; 107 W 6th Street Austin, TX 78701	Zip Coo	le			
	PURPOSE OF EXPENDITURE	(a) (-	Category (See Categories listed at the top of this sche Transportation Equipment & Related Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O)ffice souç	ht		Office held	
	Date	F	Payee name					
	01/23/2023	F	Ruth's Chris Steakhouse					
	Amount (\$) \$152.74		Payee address; City; State; 107 W 6th Street	Zip Coo	le			
		,	Austin, TX 78701	i				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense bornnittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 70/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781				
4	Date 01/10/2023	5 Payee name SHELL SERVICES					
6	Amount (\$) 7 Payee address; City; State; Zip Code \$44.72 910 Louisana St HOUSTON, TX 77002						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense transport						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/31/2023	SHELL SERVICES					
	Amount (\$) \$47.18	Payee address; City; State; Zip Code 910 Louisana St HOUSTON, TX 77002					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related	outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/02/2023	SHELL SERVICES					
	Amount (\$) \$50.52	Payee address;City;State;Zip Code1455 Market Street					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense n gasoline				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr le By - Gift/Awards/Memorials Expense Printing Expense Tr					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 71/111 Rpt:		Thierry, Shawn Nicole (The Honorable)				00065781
4	Date	5	Payee name					
	01/20/2023		Stephen F Austin Hotel					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
	\$10.00		701 Congress Avenue					
			Austin, TX 78701					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descrip	otion		
	OF EXPENDITURE		Travel Out of District	ŗ				de of Texas. Complete Schedule T.
						k if Austin,	ΤX,	officeholder living expense
					travel			
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht			Office held
5	expenditure to benefit C/O			Jince Sou	gn			Onice field
	Date		Payee name					
	01/26/2023		TX House Democratic Caucus					
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$500.00		PO Box 12453					
			Austin , TX 78711					
_	PURPOSE	(2)			(b) Descrip	tion		
	OF	(4)	Category (See Categories listed at the top of this sch Contributions/Donations Made By	iedule)			outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Comm	nittee				officeholder living expense
					contrib	oution		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office held
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	01/10/2023		Target					
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$440.79		1000 Nicollet Mall					
			Minneapolis, MN 55403					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descrip	otion		
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.
							ΤX,	officeholder living expense
					overhe	eau		
L					e le t			Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ynt			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 72/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781		
4	Date 02/14/2023	Payee name Target			
6	Amount (\$) \$26.29	Payee address; City; State; Zip Code 1000 Nicollet Mall Minneapolis, MN 55403			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/23/2023	Target			
	Amount (\$) \$5.26	Payee address; City; State; Zip Code 1000 Nicollet Mall			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/01/2023	Target			
	Amount (\$) \$73.34	Payee address; City; State; Zip Code 1000 Nicollet Mall			
		Minneapolis, MN 55403			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ittee Legal Services The Instruction Guide ex	Office Overhe Polling Expen e Printing Expen Salaries/Wag	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	ILER NAME		:	3 Filer ID (Ethics Commission Filers)
	Sch: 73/111 Rpt:	hierry, Shawn Nicole (The Hond	orable)		00065781
4	Date 01/10/2023	ayee name aylor, Sheryl			
6	Amount (\$) \$300.00	ayee address; City; 0826 Malden St ouston, TX 77075	State; Zip Code		
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of alaries/Wages/Contract Labor	i this schedule) (b		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	L	Office held
	Date	ayee name			
	05/12/2023	aylor, Sheryl			
	Amount (\$) \$100.00	ayee address; City; 0826 Malden St	State; Zip Code		
		ouston, TX 77075			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of alaries/Wages/Contract Labor	this schedule) (b		utside of Texas. Complete Schedule T. TX, officeholder living expense ign assist
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	i	Office held
	Date	ayee name			
	02/17/2023	he Driskill			
	Amount (\$) \$19.49	ayee address; City; 04 Brazos St	State; Zip Code		
		ustin, TX 78701			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of ravel Out of District	this schedule) (b		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	t 	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 74/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781	
4	Date 06/15/2023	5 Payee name Thierry, Noah		
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 2305 Shady Cove Ct Pearland, TX 77584		
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	04/03/2023	Thompson, Dominique		
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 12360 Richmond Ave Houston, TX 77082		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	uutside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	04/18/2023	Twitter		
	Amount (\$) \$8.64	Payee address;City;State;Zip Code1355 Market St #900		
		San Francisco , CA 94103		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo Gi mmittee Le	vent Expense ees ood/Beverage Expense ift/Awards/Memorials Expense egal Services The Instruction Guide explains	Office Over Polling Expe Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 75/111 Rpt:		vn Nicole (The Honorable	3)			00065781	
	Date 06/20/2023	Payee name Twitter						
6	Amount (\$) \$8.64	Payee address 1355 Market San Francisco	: St #900	e; Zip Cod	e			
8	PURPOSE OF EXPENDITURE		Categories listed at the top of this sch ead/Rental Expense	hedule) (de of Texas. Comple officeholder living e	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office soug	ht		Office held	d
	Date	Payee name						
	05/18/2023	Twitter						
	Amount (\$) \$8.64	Payee address 1355 Market	St #900	e; Zip Cod	e			
	PURPOSE OF EXPENDITURE	San Francisco Category _{(See} Fees	O , CA 94103 Categories listed at the top of this sch	hedule) (Check if Austin	n, TX,	de of Texas. Comple officeholder living e or campaign	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name (Office soug	ht		Office held	d
	Date	Payee name						
	02/28/2023	Tx Climate Ca	aucus					
	Amount (\$) \$200.00	Payee address B245 LONGV	s; City; State NORTH HOUSE OFFICE	e; Zip Cod E BUILDIN				
		Washington,	DC 20515					
	PURPOSE OF EXPENDITURE) Category _{(See} Fees	Categories listed at the top of this sch	hedule) (n, TX,	de of Texas. Comple officeholder living e 2S	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name (Office soug	ht		Office held	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)	
-	Sch: 76/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781	
4	Date 01/13/2023	5 Payee name UBER		
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 1455 Market St STE 400 SAN FRANCISCO, CA 94103		
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	01/17/2023	UBER		
	Amount (\$) \$12.26	Payee address; City; State; Zip Code 1455 Market St STE 400		
		SAN FRANCISCO, CA 94103		
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	05/02/2023	UBER		
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St STE 400 SAN FRANCISCO, CA 94103		
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Of Po Pr Sa	office Over olling Exp rinting Exp alaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2					2	Filer ID (Ethics Commission Filers)
-	Sch: 77/111 Rpt:	2	Thierry, Shawn Nicole (The Honora	able)				00065781
4	Date	5	Payee name					
	01/09/2023		Uber Eats					
6	Amount (\$)	7	Payee address; City; S	State; Z	Zip Coc	e		
	\$28.59		1455 Market Street					
			San Francisco, CA 94103					
8	PURPOSE	<u> </u>				b) Description		
ľ	OF	(")	Category (See Categories listed at the top of th Food/Beverage Expense	lis schedul	le)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						food		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Offic	ce soug	ht		Office held
	Date		Payee name					
	01/17/2023		Uber Eats					
	Amount (\$)		Payee address; City; S	State; Z	7in Cor	e		
	\$48.29		1455 Market Street	/uic, 2	_ip 000	C		
	ψ40.25		1435 Market Street					
			San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Food/Beverage Expense	iis schedul	le)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce soug	ht		Office held
	Date		Payee name					
	01/19/2023		Uber Eats					
	Amount (\$)		Payee address; City; S	State; Z	Zip Coc	e		
	\$33.74		1455 Market Street		p 000	•		
	400.1 +							
			San Francisco, CA 94103					
	PURPOSE OF		Category (See Categories listed at the top of the	iis schedul	le)	b) Description		
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense
-	Complete ONLY if direct	L(andidate/Officeholder name	Offic	ce soug	ht		Office held
	expenditure to benefit C/Oł			2				
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
-	Sch: 78/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781	
4	Date 01/30/2023	Payee name Uber Eats		
6	Amount (\$)	Payee address; City; State; Zip Code		
0	\$24.96	1455 Market Street San Francisco, CA 94103		
_	NUDDO07			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	02/02/2023	Uber Eats		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$17.62	1455 Market Street San Francisco, CA 94103		
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	02/06/2023	Uber Eats		
	Amount (\$) \$16.40	Payee address;City;State;Zip Code1455 Market Street		
		San Francisco, CA 94103		
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense ommittee Legal Services 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)		
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)		
-	Sch: 79/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781		
4	Date 02/16/2023	Payee name Uber Eats			
6	Amount (\$)	Payee address; City; State; Zip Code			
0	\$91.54	1455 Market Street			
		San Francisco, CA 94103			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/16/2023	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$22.72	1455 Market Street San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/21/2023	Uber Eats			
	Amount (\$) \$26.84	Payee address;City;State;Zip Code1455 Market Street			
		San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
-	Sch: 80/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781		
4	Date 03/03/2023	Payee name Uber Eats			
_					
0	Amount (\$) \$61.59	Payee address; City; State; Zip Code 1455 Market Street			
		San Francisco, CA 94103			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/20/2023	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$32.30	1455 Market Street San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/20/2023	Uber Eats			
	Amount (\$) \$39.34	Payee address;City;State;Zip Code1455 Market Street			
		San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overheal/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services 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)		
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
-	Sch: 81/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781		
4	Date 03/20/2023	Payee name Uber Eats			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$55.07	1455 Market Street			
		San Francisco, CA 94103			
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/20/2023	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$30.89	1455 Market Street San Francisco, CA 94103			
_	PURPOSE				
	OF		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/21/2023	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$26.53	1455 Market Street			
		San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
-	Sch: 82/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781		
4	Date	Payee name			
	03/27/2023	Uber Eats			
6	Amount (\$) \$29.39	Payee address; City; State; Zip Code 1455 Market Street San Francisco, CA 94103			
_	DUDDOOF				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/27/2023	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$24.07	1455 Market Street San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/27/2023	Uber Eats			
	Amount (\$) \$26.43	Payee address;City;State;Zip Code1455 Market Street			
		San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 83/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781		
4	Date 03/27/2023	Payee name Uber Eats			
6	Amount (\$)	Payee address; City; State; Zip Code			
0	\$3.56	1455 Market Street			
		San Francisco, CA 94103			
8	PURPOSE OF) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/03/2023	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$29.95	1455 Market Street			
		San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held		
	Date	Pavee name			
	04/03/2023	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.00	1455 Market Street			
		San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)								
	Sch: 84/111 Rpt:		Thierry, Shawn Nicole (The	Honorable)		3	00065781				
4	Date 04/03/2023		Payee name Uber Eats									
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de						
ľ	\$24.29		1455 Market Street	State,	, zip co	uc						
	ΨΖ4.25											
			San Francisco, CA 94103									
8	PURPOSE	(a)			a dula)	(b) Description						
ľ	OF		Category (See Categories listed at th Food/Beverage Expense	ie top of this sch	edule)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense				
						food						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held				
	Date		Payee name									
	04/03/2023		Uber Eats									
-	Amount (\$)		Payee address; City;	State:	Zip Co	de						
	\$3.00		1455 Market Street	State,	, zip co	uc						
	φ3.00		1455 Market Street									
			San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Food/Beverage Expense	e top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	ght		Office held				
⊢	Date		Payee name									
	04/03/2023		Uber Eats									
	Amount (\$)		Payee address; City;	Stato:	Zip Co	de						
	\$21.47		1455 Market Street	Sidle,	, zip cu	ue						
	ΦΖ1.47		1455 Market Street									
			San Francisco, CA 94103									
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
-	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	ſ	Office sou	aht		Office held				
	expenditure to benefit C/OI		and a concernent of the the	C	2	9						
_												

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Co									
	Sch: 85/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781								
4	Date 04/04/2023	Payee name Uber Eats									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$4.03	1455 Market Street									
		San Francisco, CA 94103									
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	F E Ecod/Beverage Expanse Check if travel outside of Texas. Complete Schedule T.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	04/05/2023	Uber Eats									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$35.69	1455 Market Street									
		San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	04/10/2023	Uber Eats									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$58.61	1455 Market Street									
		San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Ove Polling Exp Printing Exp Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F		Filer ID (Ethics Commission Filers)						
	Sch: 86/111 Rpt:		hierry, Shawn Nicole (The H	lonorable)		3	00065781		
4	Date 05/02/2023		Payee name Jber Eats							
6	Amount (\$)	7 F	Payee address; City;	State:	Zip Co	de				
ľ	\$35.04		455 Market Street	otato,	210 00					
			San Francisco, CA 94103							
_						<i>"</i>				
8	PURPOSE OF		Category (See Categories listed at the	top of this sch	edule)	(b) Description	outoi	ida of Tayloo, Complete Cohedula T		
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						team meal				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office held		
	Date	F	Payee name							
	04/17/2023		Jber Eats							
⊢	Amount (\$)	F	Payee address; City;	State:	Zip Co	de				
	\$26.13		455 Market Street	otato,	2.0 00					
	φ20.10									
		ę	San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE						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/Oł		andidate/Officeholder name	C	Office sou	ght		Office held		
	Date	F	Payee name							
	04/19/2023		Jber Eats							
-	Amount (\$)	F	Payee address; City;	State:	Zip Co	de				
	\$32.01		455 Market Street	etato,	p 00					
	402101	_								
		ę	San Francisco, CA 94103							
	PURPOSE OF		Category (See Categories listed at the	top of this sch	edule)	(b) Description				
	EXPENDITURE	F	Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
-	Complete ONLY if direct	L Cá	andidate/Officeholder name	C	Office sou	ght		Office held		
	expenditure to benefit C/OI			-		~				
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	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 87/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781								
4	Date 04/20/2023	 Payee name Uber Eats 									
6	Amount (\$) \$19.67	7 Payee address; City; State; Zip Code 1455 Market Street San Francisco, CA 94103									
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if Austin, TX, officeholder living expense food Image: Check if Austin, TX, officeholder living expense food										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	04/21/2023	Uber Eats									
	Amount (\$) \$16.26	Payee address; City; State; Zip Code 1455 Market Street									
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. rX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	04/24/2023	Uber Eats									
	Amount (\$) \$49.98	Payee address; City; State; Zip Code 1455 Market Street									
		San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee Legal Services The Instruction Guide e		Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	2 FILER NAME 3 Filer ID (Ethics Co							
	Sch: 88/111 Rpt:		Thierry, Shawn Nicole (The Hon	orable)			00065781		
4	Date 05/08/2023	5	Payee name Uber Eats							
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de				
-	\$3.68	ľ	1455 Market Street	,						
	40100									
			0							
			San Francisco, CA 94103							
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.		
						tip for meal	I, I A	, officeholder living expense		
						up ior mear				
_	Operation ONITY is also at									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	gnt		Office held		
	Date		Payee name							
	05/08/2023		Uber Eats							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$36.72		1455 Market Street							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.		
						<u>ц</u> ,	I, I X	, officeholder living expense		
						meal				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	gnt		Office held		
		_								
	Date		Payee name							
	06/01/2023		Uber Eats							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$48.72		1455 Market Street							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense		ŗ	Check if travel	outs	ide of Texas. Complete Schedule T.		
	EXPENDITORE						I, TX	, officeholder living expense		
						food				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office held		
	expenditure to benefit C/OI	Η								

			I	EXPENDITURE	CATEGOR	RIES FOR	вс	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee: Foo Gift/ nmittee Lega	nt Expense d/Beverage Expense Awards/Memorials E al Services e Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	rheac iense pense ages	e /Contract Labor		Transportation E Travel in District Travel Out of Di		
4	Tatal pages Cabadula F1			instruction Gui			iipic		3	Filer ID	(Ethico Commis	aion Filora)
1	Total pages Schedule F1: Sch: 89/111 Rpt:		Thierry, Shawn Nicole (The Honorable) 00065781								(Ethics Commis	sion Fliers)
4	Date	5	Payee name						•			
	05/08/2023		Uber Eats									
6	Amount (\$) \$24.65											
			San Francisco,	CA 94103								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	05/08/2023		Uber Eats									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$6.20		1455 Market S San Francisco,									
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Ca} Fees	tegories listed at the	e top of this sche	edule)				de of Texas. Com officeholder living	nplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	06/05/2023		Uber Eats									
	Amount (\$) \$82.93		Payee address; 1455 Market S	City; reet	State;	Zip Co	de					
			San Francisco,	CA 94103								
	PURPOSE OF EXPENDITURE		Category _{(See Ca} Food/Beverage		e top of this sche	edule)				de of Texas. Com officeholder living	nplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Dffice sou	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Ove Polling Ex Printing Ex Salaries/W	Expense Wages/Contract Labor	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 90/111 Rpt:		Thierry, Shawn Nicole (The H	lonorable)		3	00065781			
4	Date 06/06/2023	5	Payee name Uber Eats								
6	Amount (\$)	7	Payee address; City;	Stato	Zip Co	odo					
ľ	\$31.27	ľ	1455 Market Street	Siale,	, zip cu	Jue					
	ψ01.27		1455 Market Street								
			San Francisco, CA 94103								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
							n, TX	, officeholder living expense			
						food					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ught		Office held			
	Date		Payee name								
	06/07/2023		Uber Eats								
	Amount (\$)	-	Payee address; City;	State:	Zip Co	ode					
	\$5.00		1455 Market Street	otato,	, בוף סט						
	φ5.00										
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
						food	n, i x	, officeholder living expense			
						1000					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Ĺ	Office sou	ugnt		Office held			
	- p	_									
	Date		Payee name								
	06/08/2023		Uber Eats								
	Amount (\$)		Payee address; City;	State;	; Zip Co	ode					
	\$24.99		1455 Market Street								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
						food	n, TX	, officeholder living expense			
						1000					
	Operations Operations			-	D#: -	l					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ugnt		Office held			
	F										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursene Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	e Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)								
-	Sch: 91/111 Rpt:	Thierry, Shawn Nicole (The Honorable) 00065781									
4	Date 06/12/2023	Payee name Uber Eats									
6		Payee address; City; State; Zip Code									
0	Amount (\$) \$3.00	\$3.00 1455 Market Street									
		San Francisco, CA 94103									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/13/2023	Uber Eats									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$21.23	1455 Market Street San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/14/2023	Uber Eats									
	Amount (\$) \$5.83	Payee address; City; State; Zip Code 1455 Market Street									
		San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/M	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 92/111 Rpt:		Thierry, Shawn Nicole (The Ho	norable)		3	00065781		
4	Date 06/15/2023	5	Payee name Uber Eats							
6	Amount (\$)	7	Payee address; City;	State	Zip Co	de				
ľ	\$43.90	ľ	1455 Market Street	Olulo,	, 20 00					
	\$ 10100									
			San Francisco, CA 94103							
8	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						food	, 1	, uncertoider living expense		
						1000				
9	Complete ONLY if direct		Candidate/Officeholder name		Office sou	abt		Office held		
5	expenditure to benefit C/OI				Jince Sou	gin		Office field		
	Date		Payee name							
	06/16/2023		Uber Eats							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$3.00		1455 Market Street							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top	n of this sch	edule)	(b) Description				
	OF		Food/Beverage Expense		ouulo)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		5 1			Check if Austin	, TX	, officeholder living expense		
						food				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office held		
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	06/20/2023		Uber Eats							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$38.93		1455 Market Street							
			San Francisco, CA 94103							
	PURPOSE	(ล)	Category (See Categories listed at the to	o of this'	odulc)	(b) Description				
	OF	,	Food/Beverage Expense	p of this sch	equie)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE							, officeholder living expense		
						food				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office held		
	expenditure to benefit C/OI	Н								
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 93/111 Rpt:		Thierry, Shawn Nicole (The Ho	onorable)		3	00065781			
4	Date 06/20/2023	5	Payee name Uber Eats								
6	Amount (\$)	7	Payee address; City;	Stato	Zip Co	do					
ľ	\$35.03	ľ	1455 Market Street	Siale,	zip co	ue					
	ψ55.05										
			San Francisco, CA 94103								
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense		ouuloj		outs	ide of Texas. Complete Schedule T.			
	EXPENDITORE						I, TX	, officeholder living expense			
						food					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	06/20/2023		Uber Eats								
_	Amount (\$)		Payee address; City;	State:	Zip Co	de					
	\$17.48		1455 Market Street		•						
			San Francisco, CA 94103								
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
						food	I, I A	, officeholder living expense			
						1000					
	Complete ONIL V if direct		Candidate/Officeholder name			abt		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		anuluate/Onicenoluer name	Ľ	Office sou	ynt		Office held			
		_									
	Date		Payee name								
	05/15/2023		Uber Eats								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$57.61		1455 Market Street								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
							і, ТХ	, officeholder living expense			
						meal					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	gnt		Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursd Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 94/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781									
4	Date 06/22/2023	Payee name Uber Eats										
6												
6	Amount (\$) \$24.69	Payee address;City;State;Zip Code1455 Market Street										
		San Francisco, CA 94103										
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descript	on									
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food										
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	06/22/2023	Uber Eats										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$23.70											
		San Francisco, CA 94103										
	PURPOSE OF EXPENDITURE		ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	06/26/2023	Uber Eats										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$23.53	1455 Market Street										
		San Francisco, CA 94103										
	PURPOSE OF EXPENDITURE		ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 F	ILER NAME	3	Filer ID (Ethics Commission Filers)					
	Sch: 95/111 Rpt:	Т	hierry, Shawn Nicole (The	Honorable)			00065781		
4	Date 05/17/2023		ayee name Iber Eats							
6	Amount (\$) \$3.17	1	ayee address; City; 455 Market Street an Francisco, CA 94103	State;	Zip Co	de				
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal tips									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ght		Office held		
	Date	P	ayee name							
	06/26/2023	ι	lber Eats							
	Amount (\$) \$62.74	1	ayee address; City; 455 Market Street	State;	Zip Co	de				
	PURPOSE OF EXPENDITURE	(a) C	an Francisco, CA 94103 ategory (See Categories listed at th ood/Beverage Expense	ne top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office sou	ght		Office held		
	Date	P	ayee name							
	06/27/2023	ι	lber Eats							
	Amount (\$) \$10.70		ayee address; City; 455 Market Street	State;	Zip Co	de				
		s	an Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at th ood/Beverage Expense	top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:								
	Sch: 96/111 Rpt:	Thierry, Shawn Nicole (The Honorable) 00065781							
4	Date 05/18/2023	5 Payee name Uber Eats							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$31.14	7 Payee address; City; State; Zip Code 1455 Market Street							
		San Francisco, CA 94103							
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	OF Eood/Beyerage Expense Check if travel outside of Texas. Complete Schedule T.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/23/2023	Uber Eats							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$42.70	1455 Market Street							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/28/2023	Uber Eats							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4.00	1455 Market Street							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 97/111 Rpt:	Thierry, Shawn Nicole (The Honorable) 00065781							
4	Date 05/30/2023	Payee name Uber Eats							
6		' Payee address; City; State; Zip Code							
Ū	S Amount (\$) 7 Payee address; City; State; Zip Code \$3.00 1455 Market Street								
		San Francisco, CA 94103							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/29/2023	Uber Eats							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$35.24	1455 Market Street San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/30/2023	Uber Eats							
	Amount (\$) \$28.61	Payee address;City;State;Zip Code1455 Market Street							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 98/111 Rpt:		Thierry, Shawn Nicole (The Honorable)00065781							
4	Date	5	Payee name							
	06/30/2023		Uber Eats							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de					
	\$36.96		1455 Market Street							
			San Francisco, CA 94103							
8	PURPOSE	(a)			(h)	Description				
ľ	OF	(4)	Category (See Categories listed at the top of this sch Food/Beverage Expense	iedule)	(0)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		r oou/Develage Expense					officeholder living expense		
						food				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	05/30/2023		Uber Eats							
_	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$22.18		1455 Market Street	, בוף סט	uo					
	ΨΖΖ.10		1455 Market Street							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense							
						Check if Austin, TX, officeholder living expense				
						meal				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	05/30/2023		Uber Eats							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$5.73		1455 Market Street							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
							, TX,	officeholder living expense		
						meal/tip				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	openditare to benefit C/O	•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense bense pense ages/Contract Labor		Travel in District Travel Out of District	oment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAM				-	3	Filer ID (E	thics Commission Filers)	
	Sch: 99/111 Rpt:							00065781			
4	Date	5	Payee name								
	05/30/2023		Uber Eats								
6	Amount (\$)	7	Payee addr	ess; City;	State	; Zip Coo	de				
	\$39.74		1455 Mark	et Street							
			San Franc	isco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b) Description				
	OF EXPENDITURE			erage Expense		,			ide of Texas. Complete		
	EXFENDITORE							I, TX	, officeholder living exp	bense	
							meals				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office soug	ght		Office held		
╞											
	Date		Payee name	9							
05/31/2023 Uber Eats											
Amount (\$)Payee address;City;State;Zip Code						de					
	\$4.00		1455 Mark	et Street							
			San Franc	isco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b) Description				
	OF EXPENDITURE			erage Expense			Check if travel outside of Texas. Complete Schedule T.				
			Check if Austin, TX, officeholder living expense						bense		
							tip				
				<u> </u>			1				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Jandidate/Of	ficeholder name	Ĺ	Office soug	gnt		Office held		
		-									
	Date		Payee name	e							
	01/19/2023		Uber								
	Amount (\$)		Payee addr		State;	; Zip Coo	de				
	\$10.59		1455 Mark	et St							
			#400								
			San Franc	isco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b) Description				
	OF EXPENDITURE			tion Equipment &	Related				ide of Texas. Complete		
			Expense						, officeholder living exp	bense	
							transportatio	1			
	Complete ONILV & dise of		Condidate (C)	finabolder er		Office	~h+		Office here's		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januldate/Of	ficeholder name	(Office sou	Jur		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 100/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781						
4	Date 01/20/2023	5 Payee name Uber							
6 Amount (\$) 7 Payee address; City; State; Zip Code \$3.00 \$400 San Francisco, CA 94103									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/25/2023	Uber							
	Amount (\$) \$17.34	Payee address;City;State; Zip Code1455 Market St#400San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense]						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/02/2023	Uber							
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense]						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 101/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781						
4	Date 02/13/2023	Payee name Uber							
6	6 Amount (\$) \$13.53 \$13.53 7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/06/2023	Uber							
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ON						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/20/2023	Uber							
	Amount (\$) \$14.35	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ON						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 102/111 Rpt:	00065781							
4	Date 03/20/2023								
6 Amount (\$) \$3.00 7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/03/2023	Uber							
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/02/2023	Uber							
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 103/111 Rpt:		Thierry, Shawn Nicole (The Honorable) 00065781							
4	Date	5	Payee name							
	04/10/2023		Vapes & Vibes							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$69.24		3934 Old Spanish Trail Suite B							
			Houston, TX 77021							
_					<u> </u>					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		de ef Teures, Oeserriete, Oekeeluie, T		
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense		
								or bill layout preparation regarding e-		
						vape/cigarett				
_	Complete ONI V if direct									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	gni			Office held		
	•									
	Date		Payee name							
	03/15/2023		Vrbo							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
\$404.16 11800 Domain Blvd #300										
			Austin, TX 78758							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.					
				X Check if Austin, TX, officeholder living expense						
						lodging/living	ex	pense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				Office held				
_		1								
	Date		Payee name							
	03/16/2023		Vrbo							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$59.00		11800 Domain Blvd #300							
			Austin, TX 78758							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF		Travel Out of District	Juuroj			outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					X Check if Austin	, тх,	officeholder living expense		
						lodging/living	ex	pense		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/OH										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tee Legal Services The Instruction Guide exp	Office (Polling Printing Salarie:	Overhea Expens g Expen s/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FIL	 ER NAME				3	Filer ID (Ethics Commission Filers)	
_	Sch: 104/111 Rpt:		ierry, Shawn Nicole (The Honor	able)			-	00065781	
4	Date 03/27/2023	23 5 Payee name Vrbo							
6				Stata: Zin (Codo				
0	\$463.86								
_			istin, TX 78758						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if Austin, TX, officeholder living expense lodging/living expense Check if Austin, TX, officeholder living expense						officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought O expenditure to benefit C/OH						Office held			
	Date	Pa	yee name						
	04/27/2023	Vrt	00						
Amount (\$) Payee address; City; State; Zip Code									
	\$463.86								
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the top of the avel Out of District	his schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense pense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Office so	ought			Office held	
	Date	Pa	yee name						
	05/30/2023	Vrk							
	Amount (\$)	Pa	yee address; City; S	State; Zip (Code				
	\$463.86	11	800 Domain Blvd #300						
		Au	istin, TX 78758		i				
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the top of the avel Out of District	his schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense PENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Office so	ought			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
	Sch: 105/111 Rpt:	Thierry, Shawn Nicole (The Honorable)	00065781						
4	Date 05/16/2023	Payee name WALGREENS							
6	Amount (\$) \$26.93								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign office supplies									
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	02/13/2023	Walgreens							
	Amount (\$)Payee address;City;State;Zip Code\$37.70200 Wilmer Road								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/13/2023	Walgreens							
	Amount (\$) \$23.75	Payee address; City; State; Zip Code 200 Wilmer Road							
		Deerfield, IL 60015							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense overhead								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awa mittee Legal Se	verage Expense ds/Memorials Expense	Office Ove Polling Exp Printing Exp Salaries/W	rhead pense pens (ages	e /Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense	
1	Total pages Cabadula F1	1-			13 1100 10 00	inpic	te this form.	1	Filer ID	(Ethios Commission Filors)
1	Total pages Schedule F1: Sch: 106/111 Rpt:		P FILER NAME 3 Filer ID (Ethics Commission Filer ID) Thierry, Shawn Nicole (The Honorable) 00065781							(Ethics Commission Filers)
4	Date	5	Payee name							
	02/21/2023		Walgreens							
6 Amount (\$) \$30.58 Deerfield, IL 60015										
8	PURPOSE	(a)				(b)	Description			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Austin, TX, officeholder living expense overhead Check if Austin, TX, officeholder living expense overhead										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght			Office hel	d
	Date		Payee name							
	01/23/2023		Zoom							
	Amount (\$)		Payee address;	City; Stat	te; Zip Co	de				
	\$12.79		56 Almaden Blvd San Jose, CA 951							
	PURPOSE OF EXPENDITURE		Category _{(See Catego} Office Overhead/F	ries listed at the top of this s Rental Expense	chedule)	(b)			de of Texas. Compl officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Office sou	ght			Office hel	d
	Date		Payee name							
	02/21/2023		Zoom							
	Amount (\$) \$12.79	I	Payee address; 56 Almaden Blvd	City; Stat	te; Zip Co	de				
			San Jose, CA 951	13						
	PURPOSE OF EXPENDITURE		Category _{(See Catego} Office Overhead/F	ries listed at the top of this s Rental Expense	chedule)	(b)			de of Texas. Compl officeholder living e	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Office sou	ght			Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	EILER NAME		•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 107/111 Rpt:	2	Thierry, Shawn Nicole (The Honorable) 00065781						
4	Date	5	Payee name						
	03/21/2023		Zoom						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$13.63		56 Almaden Blvd						
		San Jose, CA 95113							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.		
						ı, ТХ	, officeholder living expense		
					overhead				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	04/21/2023		Zoom						
	Amount (\$)		Payee address; City; State;	Zip Co	10				
	\$13.63		56 Almaden Blvd	2.0 00					
	φ10.00		So Ainaden biva						
			San Jose, CA 95113						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		5				Office held		
	Date		Payee name						
	06/21/2023		Zoom						
				Zin Co	10				
	Amount (\$)		, , , , ,	Zip Co	le				
	\$13.63		56 Almaden Blvd						
			San Jose, CA 95113						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office soug	iht		Office held		
	expenditure to benefit C/OF			mee soul	jin				

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Crabitions/ Officeholder/Political Commi Credit Card Payment			-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Cabadula F1	1	· · ·		ompi		2	Filer ID (Ethics Commission Filere)		
Ţ	Total pages Schedule F1: Sch: 108/111 Rpt:	2	FILER NAME 3 Thierry, Shawn Nicole (The Honorable)					Filer ID (Ethics Commission Filers) 00065781		
4	Date	5	Payee name							
	05/22/2023		Zoom							
6	Amount (\$) \$13.63	 7 Payee address; City; State; Zip Code 56 Almaden Blvd San Jose, CA 95113 								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fee for online account								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	02/02/2023	iStorage								
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode					
	\$249.00		5503 Almeda Rd Houston, TX 77004							
PURPOSE OF EXPENDITURE			 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Check if Austin, TX, officeholder overhead 				de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						Office held		
	Date		Payee name							
	03/02/2023		iStorage							
	Amount (\$) \$249.00		Payee address; City; Sta 5503 Almeda Rd	ite; Zip C	ode					
	Houston, TX 77004									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H						Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense hmittee Legal Services 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)		
1	Total pages Schedule F1:	2	· · · ·		•		3	Filer ID (Ethics Commission Filers)		
-	Sch: 109/111 Rpt:		Thierry, Shawn Nicole (The Honorable)	00065781						
4	Date	5	Payee name							
	04/03/2023		iStorage							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$251.00		5503 Almeda Rd							
			Houston, TX 77004							
8	PURPOSE	<u> </u>			(b)	Description				
0	OF		Category (See Categories listed at the top of this sch	edule)	(u)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense		
						overhead				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght			Office held		
	Date		Payee name							
	05/02/2023	iStorage								
Amount (\$) Payee address; City; State; Zip Code										
				, Zip C0	ue					
	\$298.00 5503 Almeda Rd									
	Houston, TX 77004									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
campaign storage overhead								je overneau		
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name C	Office sou	ght			Office held		
	· · · · · · · · · · · · · · · ·									
	Date		Payee name							
	06/02/2023		iStorage							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
\$298.00 5503 Almeda Rd										
	Houston, TX 77004									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF		Office Overhead/Rental Expense	cuuic)	• •	'	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, тх,	officeholder living expense		
	overhead									
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held		
	expenditure to benefit C/OF	Н								

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 110/111 Rpt:	Thierry, Shawn Nicole (The Honorable)									
4	Date	5	Payee name								
	06/29/2023		pappadeaux seafood								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le					
	\$124.23		2525 South Loop W								
			Houston, TX 77054								
8	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sch	edule)	(b) Description					
	OF		Food/Beverage Expen		cuuc)		outs	ide of Texas. Compl	ete Schedule T.		
	EXPENDITURE					Check if Austir	n, TX	, officeholder living e	expense		
						food					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder nar	ne C	Office sou	ht		Office held	d		
	Date		Payee name								
	01/18/2023		txtag.org								
	Amount (\$) Payee address; City; State; Zip Code										
	\$13.27 12719 Burnet Road										
			Austin, TX 78727								
	PURPOSE OF	(a)	Category (See Categories lis		edule)	(b) Description	outo	ide of Texas. Compl	oto Sobodulo T		
	EXPENDITURE							, officeholder living e			
ez-tag											
						5					
	Complete ONLY if direct		andidate/Officeholder nar	me C	Dffice soug	ht		Office held	d		
expenditure to benefit C/OH											
	Date		Payee name								
	01/18/2023		txtag.org								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
\$100.00 12719 Burnet Road											
	Austin, TX 78727										
	PURPOSE OF	(a)	Category (See Categories lis		edule)	(b) Description		de efferres Ormal	ete Ochestule T		
	EXPENDITURE		Transportation Equipm	ent & Related				ide of Texas. Comple			
	Expense Expense Expense ez-tag										
						9					
-	Complete ONLY if direct	Ļ	andidate/Officeholder nar	ne C	Office soug	ht		Office held	d		
	expenditure to benefit C/OI				2000 3000	pric.			u		

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense			Loan Repay Office Overl Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement lead/Rental Expense ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 111/111 Rpt:	Thie	rry, Shawn Nicole (The	Honorable))			00065781			
4	Date	5 Paye	e name								
	06/20/2023	txta	g.org								
	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 12719 Burnet Road Austin, TX 78727									
8	8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense ez-tag										
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									eld		
	Date	Paye	e name								
	05/30/2023 txtag.org										
	Amount (\$) \$20.00	127	ee address; City; 19 Burnet Road tin, TX 78727	State;	Zip Cod	e					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Transportation Equipment & Related Expense					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EZ tag				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office he	eld		