FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087762 29 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Kyle K. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Shaw CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 502 MAILING Receipt # Amount **ADDRESS** Bonham, TX 75418 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Lori L. NAME NICKNAME LAST **SUFFIX** Anderson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 473 FM 897 **ADDRESS** (Residence or Business) Dodd City, TX 75438 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 436-4413 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 336th

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Shaw, Kyle K. (Mr.)			14 Filer ID 00087762	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to ceholder's kno notice of such					
Additional Pages	COMMITTEE TYPE					
_	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS (OTHER THAN		\$	0.00
		·			•	
		TICAL CONTRIBUTED FOR SELECTION OF THE PROPERTY OF THE PROPERT	JTIONS S, OR GUARANTEES OF LOANS	S)	\$	5,998.00
EXPENDITURE TOTALS	-	IZED POLITICAL E			\$	70.47
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	17,123.35
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	5,998.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	31,000.00
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			Mr	. Kyle K. Shaw		
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day
of	, 20, to ce	ertify which, witness	s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	of officer administering oath	Title of office	er administeri	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVER S	3 of 29
	LER NAM	19 Filer ID 00087762	(Ethics C	ommission Filers)	
		E SUBTOTALS SCHEDULE		SUB	STOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	5,998.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	30,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	17,123.35
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	_
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	,. <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	:. <u> </u>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
-	The Instru	ction Guide explains ho	ow to complete this f	form.	Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/29
2	ILER NAME				3 Filer ID (Ethics Commission Filers)
,	Shaw, Kyle	K. (Mr.)			00087762
	Oate 09/06/2023	5 Full name of contributor Bailey, James (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:_State; Zip Code		7 Amount of Contribution (\$) \$99.00
		Aubrey, TX 76227			
8 (Contributor's	I Principal Occupation		9 Contributor's Job Title	
	Student			Student	
10 (Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
	V/A			N/A	, , , , , , , , , , , , , , , , , , , ,
12	f contributor i	s a child, law firm of parent(s) (if any)		
	N/A	, , , , , , , , , , , , , , , , , , , ,	,,	N/A	
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
:	11/14/2023	Briggs, Teresa (Ms.)	_		\$99.00
		Contributor address; City;	State; Zip Code		··· <mark>·</mark>
		Carrollton, TX 75007			
(Contributor's	Principal Occupation		Contributor's Job Title	
	Probation O	fficer		Unit Supervisor	
(Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
(Collin Count	ty CSCD		N/A	
ı	f contributor i	is a child, law firm of parent(s) (if any)		
ı	V/A			N/A	
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
:	11/15/2023	Dillard, Wynn (Mr.)			\$500.00
		Contributor address; City;	State; Zip Code		··[
		McKinney, TX 75069			
(Contributor's	Principal Occupation		Contributor's Job Title	
ı	Bail bondsm	nan		Bail Bondsman	
(Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
ı	Docs Bail Bo	onds		N/A	
	f contributor i	s a child, law firm of parent(s) (if any)		
ı	V/A			N/A	

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	action Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/29
2	FILER NAME Shaw, Kyle			3 Filer ID (Ethics Commission Filers) 00087762
4 Date 11/09/2023 5 Full name of contributor out-of-state PAC (ID#:_ Fuller, Hugh (Mr.) 6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$500.00	
		McKinney, TX 75070		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10		employer/law firm	11 Law firm of contributor's sp	pouse (if any)
	Law Office o	of H. Alex Fuller, PLLC	N/A	
12	If contributor i	is a child, law firm of parent(s) (if any)	N/A	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/02/2023	Johnson, Kelly (Mrs.)	,	\$200.00
		Contributor address; City; State; Zip Code Plano, TX 75093		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Retired	i inicipal occupation	N/A	
		employer/law firm	Law firm of contributor's s	nouse (if any)
	N/A	omproyoman imi	N/A	ocuse (ii dily)
		is a child, law firm of parent(s) (if any)		
	N/A	is a sima, iair iiiii si parsin(s) (ii airy)	N/A	
	Date 11/13/2023	Full name of contributor out-of-state PAC (ID#:_ Law Office of John M. Cook Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
		Dallas, TX 75219		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor i	is a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/29		
2	FILER NAME Shaw, Kyle			3 Filer ID (Ethics Commission Filers) 00087762		
4	Date 12/26/2023 5 Full name of contributor out-of-state PAC (ID#:) Law Office of Martin LeNoir 6 Contributor address; City; State; Zip Code Dallas, TX 75219		7 Amount of Contribution (\$) \$200.00			
8	Contributor's I	I Principal Occupation	9 Contributor's Job Title			
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12	! If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#	·)	Amount of Contribution (\$)		
11/13/2023 Law Offices of Edwin V. King Contributor address; City; State; Zip Code			\$500.00			
		Dallas, TX 75208	1			
Contributor's Principal Occupation Contributor's Job T			Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)		
11/15/2023 Law Offices of Myles Porter, P.C. Contributor address; City; State; Zip Code Bonham, TX 75418-4322			\$500.00			
	Contributor's I	I Principal Occupation	Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	\$	SCHEDULE A(J) :	1
	The Instru	ction Guide explains how to complete this	form.	1 Total page: Sch: 4/6 F	s Schedule A(J)1: Rpt: 7/29	
2	FILER NAME Shaw, Kyle I			3 Filer ID (00087762	Ethics Commission Filers	s)
4	4 Date 12/06/2023 5 Full name of contributor out-of-state PAC (ID#:) Lovelady, John (Mr.) 6 Contributor address; City; State; Zip Code		7 Amount of	Contribution (\$) \$25	0.00	
		Frisco, TX 75034				
8		Principal Occupation	9 Contributor's Job Title			
		edical Management	Executive Vice Presider			
10	O Contributor's 6 N/A	employer/law firm	11 Law firm of contributor's sp N/A	oouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)				
	N/A		N/A			
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of	Contribution (\$)	
	11/13/2023	McEachern, Kenneth (Mr.) Contributor address; City; State; Zip Code Bonham, TX 75418			\$20	0.00
Contributor's Principal Occupation Contributor's Job Title						
Bail bondsman Bail bondsman						
		employer/law firm	Law firm of contributor's sp	ouse (if anv)		
	N/A		N/A	, ,,		
	If contributor is	s a child, law firm of parent(s) (if any)				
	N/A		N/A			
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of	Contribution (\$)	
	12/26/2023	Neal, Johnny (Mr.) Contributor address; City; State; Zip Code Bonham, TX 75418			\$15	0.00
	Contributor's F	Principal Occupation	Contributor's Job Title	<u> </u>		
	Retired		Insurance Fraud Investi	igator		
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
	Retired					
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/29
2	FILER NAME Shaw, Kyle I	<. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087762
4	12/12/2023 OâToole, Jon (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$150.00		
_	Contributorio	Allen, TX 75013		9 Contributor's Job Title		
8		Principal Occupation y Law Group				
10		· .		Attorney		on (if any)
10		employer/law firm y Law Group		11 Law firm of contributor's sp N/A	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	•		
	N/A			N/A		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/26/2023	Reed, John (Mr.) Contributor address; City; Section 1.15 Richardson, TX 75080	State; Zip Code			\$500.00
Contributor's Principal Occupation Contributor's Job Title						
	Law Firm Ov			Attorney		
_		employer/law firm		Law firm of contributor's sp	חחופ	se (if any)
		eed Attorney at Law		N/A	Jour	oc (ii dily)
		s a child, law firm of parent(s) (if	anv)	1		
	N/A	o a orma, law mm or paromito, (ii	u.,,,	N/A		
	Date	Full name of contributor	out-of-state PAC (ID#:	1	T	Amount of Contribution (\$)
	10/04/2023	Wall, Leo (Mr.)	out of state 1 Ae (ID#.	,		\$1,000.00
		Contributor address; City; Denison, TX 75020	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Retired - Ins	urance Sales		N/A		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	N/A N/A			N/A		
If contributor is a child, law firm of parent(s) (if any)						
	N/A			N/A		

MONE	TARY POLITICAL CONTRIBUTION		SCHEDULE /	A(J)1	
The Instru	uction Guide explains how to complete this t	form.	1	jes Schedule A(J)1 Rpt: 9/29	
2 FILER NAME Shaw, Kyle			3 Filer ID 0008776	(Ethics Commission	on Filers)
4 Date 11/13/2023	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 11/13/2023 Weaver, Richard (Mr.) 6 Contributor address; City; State; Zip Code		7 Amount o	of Contribution (\$)	\$250.00
	McKinney, TX 75072				
8 Contributor's Attorney	Principal Occupation	9 Contributor's Job Title Attorney			
	employer/law firm of Richard Wesver	11 Law firm of contributor's sp N/A	oouse (if any)		
12 If contributor N/A	is a child, law firm of parent(s) (if any)	N/A			
Date 09/21/2023	Contributor address; City; State; Zip Code)	Amount c	of Contribution (\$)	\$400.00
Contributor's	Leonard, TX 75452 Principal Occupation	Contributor's Job Title			
Realtor Contributor's N/A	employer/law firm	Agent Law firm of contributor's sp N/A	oouse (if any)		
If contributor	is a child, law firm of parent(s) (if any)	N/A			

	LOANS (J	SCHEDULE E(J)				
	The Instruction	on Guide explains how to complete this f	orm.	1		ges Schedule E(J): L Rpt: 10/29
2	FILER NAME Shaw, Kyle K. (N	Лr.)		ı	ler ID 00877	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$
5	Date of loan 07/17/2023	7 Name of lender out-of-state PA Wall, Sandra (Mrs.)	C (ID#:			9 Loan Amount (\$) \$30,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate
	No	Denison, TX 75020				11 Maturity Date
12	Lender's Principal Retired	Occupation	13 Lender's Job Title N/A			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if a	ny)	
16	if lender is child, la	aw firm of parent(s) (if any)	N/A			
17	Description of Coll X None	ateral	18 Check if personal funds we	ere dep	osited	into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor	I			22 Amount Guaranteed (\$)
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code			
25	Guarantor's Emplo	over/Low Firm	26 Law Firm of guarantor's spouse (if any)			
			20 Law Firm of guarantor's sp	0036 (ii aiiy)	
27	' If guarantor is child	d, law firm of parent(s) (if any)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	Ξ				3	Filer ID	(Ethics Commission File	ers)
	Sch: 1/18 Rpt: 11/29	Shaw, Kyle	K. (Mr.)					00087762		
4	Date	5 Payee name								
	09/06/2023	Amazon.co	m							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$117.41	410 Terry A	ve. N							
		Seattle, WA	A 98109							
8	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			_		de of Texas. Com		
	_					_		officeholder living		
						Canopy for ca	الالم	paigii evenis	•	
_	Complete ONLY if direct	Condidate/Off	iceholder name	Office cou	ıaht			Office he	uld	
9	Complete ONLY if direct expenditure to benefit C/OH		icenoider name	Office sou	agrit			Office fie	eiu	
_	Date	Payee name								
	09/06/2023	Amazon.co								
	Amount (\$)	Payee addre		State; Zip Co	ado.					
	\$11.73	1		State, Zip Ct	Jue					
	Ф11.73	410 Terry <i>A</i>	ave iv							
		_								
		Seattle, WA	A 98109 							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense			<u></u>		de of Texas. Comp officeholder living		
						Anchors/weig				
						7 (1101101010) Wolg	,	ror oampan	gir danopy	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OF	H								
	Date	Payee name								
	11/07/2023	Amazon.co	m							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$76.84	410 Terry A	ve. N							
		Seattle, WA	A 98109							
	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Displays				ш		de of Texas. Com		
						ш		officeholder living		
						Push card/Bu	ISIN	iess caru dis	μιαγδ	
_	Complete ONLY if direct	Candidata/O#	iceholder name	Office sou	lapt			Office he	ald	
	expenditure to benefit C/O		icenoluei Haille	Onice SOL	agril			Onice ne	สน	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
L	Sch: 2/18 Rpt: 12/29	Shaw, Kyle K. (Mr.) 00087762
4	Date	5 Payee name
	08/14/2023	Blue Goose Cantina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.12	2020 Central Expwy.
		McKinney, TX 75070
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with S. McGuire re: campaign.
6	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	·	
	Date	Payee name
	09/25/2023	Bois DâArc Festival
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1100 W. 5th St.
		Bonham, TX 75418
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Vendor fee for festival
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
L	08/22/2023	Bonham Rotary
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 82
L		Bonham, TX 75418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Sign at Rotary golf tournament.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	
	Sch: 3/18 Rpt: 13/29	Shaw, Kyle K. (Mr.) 00087762
4	Date	5 Payee name
	07/31/2023	CampaignPartner.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$29.00	118 Still River Rd.
	Ψ20.00	110 Oth Miles Ma.
		Harvard, MA 01451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Campaign website hosting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
Г	Date	Payee name
	08/29/2023	CampaignPartner.com
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	118 Still River Rd.
		Harvard, MA 01451
┡	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly campaign website hosting expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
	10/02/2023	CampaignPartner.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	118 Still River Rd.
		Harvard, MA 01451
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly campaign website charge
L		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	•
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 4/18 Rpt: 14/29	Shaw, Kyle K. (Mr.) 00087762					
4	Date	5 Payee name					
	10/30/2023	CampaignPartner.com					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$29.00	118 Still River Rd.					
		Harvard, MA 01451					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense					
		Check if Austin, TX, officeholder living expense Monthly campaign website payment					
		Monthly campaign website payment					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	11/29/2023	CampaignPartner.com					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$29.00	118 Still River Rd.					
		Harvard, MA 01451					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense					
		Check if Austin, TX, officeholder living expense Monthly website fee					
		Monthly Website ice					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	08/14/2023	Car Wrap City					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$750.00	1711 Heritage Parkway					
		Suite 800					
		Sherman, TX 75092					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Half payment for vehicle wrap					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		B Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 15/29	Shaw, Kyle K. (Mr.)	00087762
4	Date 08/28/2023	5 Payee name Car Wrap City	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$783.75	1711 N Heritage Parkway	
		Suite 800	
		Sherman, TX 75092	
_	DUDDOGE	<u> </u>	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel out	tside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	TX, officeholder living expense
		Final payment	for vehicle sign wrap
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/19/2023	Discover Outdoor Advertising	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,400.00	PO Box 6351	
		Paris, TX 75461	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	tside of Texas. Complete Schedule T. 'X, officeholder living expense
		Billboard Ad x	
			,
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/25/2023	Donation Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	354 Oyster Point Blvd.	
		•	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		tside of Texas. Complete Schedule T. "X, officeholder living expense
			ocessing initial fee for campaign
		website	5 1 5
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTUED (enter a contrary not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/18 Rpt: 16/29	Shaw, Kyle K. (Mr.) 00087762
4	Date	5 Payee name
	09/05/2023	Dri up printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$197.51	8000 Haskell Ave.
		Van Nuys, CA 91406
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Decals
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	11/06/2023	Fannin County Childrenâs Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	112 W. Fifth St.
		Bonham, TX 75418
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Justice is Served Event
		Sustine is derived Event
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
⊨	Date	Davies same
	07/25/2023	Payee name Fannin County Fair
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.00	PO Box 58
		Parkara TV 75440
		Bonham, TX 75418
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Booth expense for Fannin County Fair
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
_	Sch: 7/18 Rpt: 17/29	Shaw, Kyle K. (Mr.) 00087762	
4	Date	5 Payee name	_
	11/13/2023	Fannin County Republican Party Primary	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	PO Box 83	
		Randolph, TX 75475	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Polling Expense	
		Check if Austin, TX, officeholder living expense Republican Ballot Fee	
		republican Ballot ree	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
_	Date	Payee name	-
	11/22/2023	Fix and Feed Hardware	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.93	603 North Center Street	
	Ф14.93	003 North Center Street	
		Donborn TV 75410	
		Bonham, TX 75418	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Sign related (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Sign related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Zip ties for attaching signs to tposts.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/03/2023	Honey Grove Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	P.O. Box 92	
		Honey Grove, TX 75446	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Davy Crockett Days Event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G			Vages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
Ļ	T. 1 01 11 51	<u> </u>			- Carac explains i	1011 10 00		1	_	E1 15	(Ethio: 0	
ľ	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/18 Rpt: 18/29		Shaw, Kyle	K. (Mr.)						00087762		
4	Date	5	Payee name									
l	07/17/2023		Logo.com									
6	Amount (\$)	7	Payee addre	ss; City;	State:	Zip Co	de					
ľ	\$10.00		422 Richard		O tatio,	p						
l	420.00	l	3rd floor	30 01.								
l		l		561/050746								
L			vancouver	BC V6B2Z4 Ca	ınada							
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
l	OF EXPENDITURE	l	Advertising	Expense				=			nplete Schedule T.	
l		l						—		, officeholder livin	g expense	
l		l						Creation of lo	go.	/Dranu.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	С	Office sou	ght			Office h	eld	
L	experientare to benefit 6/61											
Г	Date		Payee name									
l	08/17/2023		Logo.com									
H	Amount (\$)	Т	Payee addre	ss; City;	State;	Zip Co	de					
l	\$10.00		422 Richard	ds St.								
l			3rd Floor									
l				DC \/6D274 Ca	nada							
╙		L	vancouver	BC V6B2Z4 Ca	IIIaua							
l	PURPOSE OF	(a)		ee Categories listed at	the top of this sche	edule)	(b)	Description				
l	EXPENDITURE	l	Advertising	Expense				<u></u>		ide of Texas. Con , officeholder livin	nplete Schedule T.	
l								Campaign log			y expense	
l								Campaigning	J O	payment		
⊢	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office h	eld	
l	expenditure to benefit C/OI				_		5					
⊨	<u> </u>	_										
l	Date		Payee name									
L	09/08/2023		Logo.com									
l	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
l	\$10.00	l	422 Richard	ds st.								
l		l	3rd Floor									
l			Vancouver	BC V6B2Z4 Ca	ınada							
\vdash	PURPOSE	(a)	Category 6	ee Categories listed at	the ten of this a-t-	adula)	(b)	Description				
l	OF	(")	Advertising		the top of this sche	edule)	(~)		outsi	ide of Texas. Con	nplete Schedule T.	
l	EXPENDITURE	l	ravertising	Ехрепос				Check if Austin,	, TX	, officeholder livin	g expense	
l								Monthly paym	ner	nt for campa	aign logo	
一	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						-					
\vdash												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission File	rs)
	Sch: 9/18 Rpt: 19/29	Shaw, Kyle	e K. (Mr.)					00087762		
4	Date	5 Payee name	•							
	10/17/2023	Logo.com								
6	Amount (\$)	7 Payee addre		State; Zip C	ode					
	\$10.00	422 Richar	ds St.							
		3rd floor								
		Vancouver	BC V6B2Z4 Canad	la						
8	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			므		ide of Texas. Com , officeholder living		
						Monthly camp			i expense	
							,	g g		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
⊨	Date	Payee name	`							
	07/20/2023	Moore Pho								
⊢	Amount (\$)	Payee addre		State; Zip C	nde					
	\$215.42	125 E. 5th	-	State, Zip C	ouc					
	ΨΕ10.4Ε	120 2. 001	Ot.							
		Bonham, T	X 75418							
	PURPOSE OF	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Photos				=		ide of Texas. Com , officeholder living		
						Campaign ph				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
F	Date	Payee name)							
	11/14/2023	Personaliz								
H	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$1,217.81	1300 Bonh								
		Commerce	, TX 75428							
Г	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Printing Ex	pense					ide of Texas. Com		
						_		, officeholder living	rexpense 'Sign Expense	
						שמאוונטט נמונ	u3/	i usii Caiusi	Jigii Lapelise	
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI				5					
\vdash										
<u>_</u>										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense 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)

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 10/18 Rpt: 20/29	Shaw, Kyle K. (Mr.)		00087762		
4	Date	5 Payee name		·		
	08/11/2023	Spirit Ink				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$500.00	2207 Gallagher Drive				
		Sherman, TX 75090				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE			Check if Austin, TX, officeholder living expense		
				Campaign tshirts		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held		
9	Complete ONLY if direct expenditure to benefit C/Ol		ynı	Office field		
	Date	Payee name				
	09/01/2023	Sport City Cafe				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$29.87	3808 Town Crossing Blvd.				
		Mesquite, TX 75150				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
				Campaign related lunch		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held		
	expenditure to benefit C/O	1				
	Date	Payee name				
	08/04/2023	The Fannin County Leader				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$422.40	224 N. Main St.				
		Bonham, TX 75418				
	PURPOSE		(h)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(5)	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	rear or world		Check if Austin, TX, officeholder living expense		
				Newspaper ad		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held		
	onpolicitate to bollolit 0/01					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 11/18 Rpt: 21/29	2 FILER NAME Shaw, Kyle K. (Mr.) 3 Filer ID (Ethics Commission Filers) 00087762					
4	Date 09/15/2023	5 Payee name The Fannin County Leader					
6	Amount (\$) \$422.40	7 Payee address; City; State; Zip Code 224 N. Main St.					
		Bonham, TX 75418					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Ad					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date 10/23/2023	Payee name The Fannin County Leader					
	Amount (\$) \$422.40	Payee address; City; State; Zip Code 224 N. Main St.					
		Bonham, TX 75418					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print ad					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date 08/08/2023	Payee name The Leonard Graphic					
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 100 E. Collin St.					
		Leonard, TX 75452					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Advertising					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/18 Rpt: 22/29	Shaw, Kyle K. (Mr.) 00087762
4	Date	5 Payee name
	08/08/2023	The Leonard Graphic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$197.00	100 E. Collin St.
		Leonard, TX 75452
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Print ad for Leonard high school athletic programs
		Think autor Leonard high school athletic programs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/27/2023	The Leonard Graphic
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	100 E. Collin St.
		Leonard, TX 75452
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Print Ad
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/18/2023	Uprinting.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$197.57	8000 Haskell Avenue
		Van Nuys, CA 91406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Campaign decals
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 13/18 Rpt: 23/29	Shaw, Kyle K. (Mr.)		00087762		
4	Date	5 Payee name		·		
	07/05/2023	Vistaprint				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de			
	\$46.96	95 Hayden Avenue				
		Lexington, MA 02421-7942				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.		
				Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
	expenditure to benefit C/O		,			
H	Date	Payee name				
	07/31/2023	Vistaprint				
-	Amount (\$)	Payee address; City; State; Zip Cod	de.			
	\$81.12	95 Hayden Ave.				
	¥02.22					
		Lexington, MA 02421-7942				
	PURPOSE		(b)	Description		
	OF	Advertising Expense	(~)	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	haronsong Enpones		Check if Austin, TX, officeholder living expense		
				Business cards/Push Cards/Sign Expense		
	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:			0" 111		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ınt	Office held		
	Date	Payee name				
	08/01/2023	Vistaprint				
	Amount (\$)	Payee address; City; State; Zip Cod	de			
	\$97.13	95 Hayden Ave.				
		Lexington, MA 02421-7942				
	PURPOSE OF	, , ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense		
				Business cards/Push Cards/Sign Expense		
				- ·		
	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held		
	expenditure to benefit C/O	1				
Г						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 14/18 Rpt: 24/29	Shaw, Kyle K. (Mr.) 00087762				
4	Date	5 Payee name				
	08/07/2023	Vistaprint				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$97.13	95 Hayden Ave.				
		Lexington, MA 02421-7942				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense				
		Business editus/i usii Gurus/sigii Expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
H	Date	Payee name				
	09/05/2023	Vistaprint				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$127.01	95 Hayden Ave.				
	Ψ121.01	33 Haydell Ave.				
		Lexington, MA 02421-7942				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense				
		Check if Austin, TX, officeholder living expense				
		Business cards/Push Cards/Sign Expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O					
_	_					
	Date	Payee name				
	09/18/2023	Vistaprint				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$107.94	95 Hayden Ave.				
		Lexington, MA 07421-7942				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense				
		business carus/rusin carus/sign expense				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.				
1	Total pages Schedule F1: Sch: 15/18 Rpt: 25/29	2 FILER NAME Shaw, Kyle K. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087762				
4	Date 09/18/2023	5 Payee name Vistaprint					
6	Amount (\$) \$168.84	7 Payee address; City; State; Zip Code 95 Hayden Ave.					
		Lexington, MA 02421-7942					
8	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date 10/04/2023	Payee name Vistaprint					
	Amount (\$) \$232.70	Payee address; City; State; Zip Code 95 Hayden Avenue Lexington, MA 02421-7942					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) [Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date 10/17/2023	Payee name Vistaprint					
	Amount (\$) \$649.91	Payee address; City; State; Zip Code 95 Hayden Ave.					
		Lexington, MA 02421-7942					
	PURPOSE OF EXPENDITURE	Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 16/18 Rpt: 26/29	Shaw, Kyle K. (Mr.) 00087762			
4	Date	5 Payee name			
	11/10/2023	Vistaprint			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$256.19	95 Hayden St.			
		Lexington, MA 02421-7942			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense			
		Business editus/i usii Gurus/sigii Experise			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_	<u> </u>				
	Date	Payee name			
	11/15/2023	Vistaprint			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$856.52	95 Hayden Ave.			
		Lexington, MA 02421-7942			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense			
		Business out usit out us of Experise			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Data				
	Date	Payee name			
	11/20/2023	Vistaprint			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$78.13	95 Hayden Avenue			
		Lexington, MA 02421-7942			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Printing Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Business cards/Push Cards/Sign Expense			
	0 1. 0				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 17/18 Rpt: 27/29	Shaw, Kyle K. (Mr.) 00087762	
4 Date	5 Payee name	
12/01/2023	Vistaprint	
6 Amount (\$) \$52.55	7 Payee address; City; State; Zip Code 95 Hayden Rd. Lexington, MA 02421-7942	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/18/2023	Vistaprint	
Amount (\$) \$42.68	Payee address; City; State; Zip Code 95 Hayden Re.	
	Lexington, MA 02421-7942	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business cards/Push Cards/Sign Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date 09/25/2023	Payee name Walmart	
Amount (\$) \$21.44	Payee address; City; State; Zip Code 702 SW 8th St.	
	Bentonville, AR 72716	
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 Candy - handed out at events	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/18 Rpt: 28/29	Shaw, Kyle K. (Mr.) 00087762
4	Date	5 Payee name
	09/25/2023	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.41	702 SW 8th St.
		Bentonville, AR 72716
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Candy
		Candy
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	10/11/2023	Walmart
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$55.06	702 SW 8th St.
	φ55.00	702 SW 6111 St.
		Bentonville, AR 72716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Candy
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantare to benefit 6/61	•

	OUTSTAN	IDING LOANS	SCHEDULE L	
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 29/29	
INFORMATION		Mr.)	3 Filer ID (Ethics Commission Filers) 00087762	
		4 Name of lender Shaw J.D., Kyle (Mr.) 5 Lender address; City; State; Zip Code		
	GUARANTOR	Bonham, TX 75418 6 Name of guarantor		
	INFORMATION X not applicable	7 Guarantor address; City; State; Zip Code		
	LENDER INFORMATION	Name of lender Wall, Sandra (Mrs.) Lender address; City; State; Zip Code		
	GUARANTOR	Denison, TX 75020 Name of guarantor		
	INFORMATION X not applicable	Guarantor address; City; State; Zip Code		