

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00083989	<b>2</b> Total pages filed: 38
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Penny	MI MI
	NICKNAME	LAST Shaw	SUFFIX
<b>OFFICE USE ONLY</b>			
			Date Received <b>ELECTRONICALLY FILED</b> 01/16/2024
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 925991  Houston, TX 77292		ZIP CODE
			Date Hand-delivered or Date Postmarked
			Receipt #      Amount
			Date Processed
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Mary	MI MI
	NICKNAME	LAST Morrison	SUFFIX
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 5823 Doliver  Houston, TX 77057		
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 829-6079			
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
<b>9</b> PERIOD COVERED	Month	Day	Year
	07/01/2023	THROUGH	12/31/2023
<b>10</b> ELECTION	ELECTION DATE Month      Day      Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 148 Harris		<b>12</b> OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13 C / OH NAME** Shaw, Penny (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00083989

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	30,020.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	3,213.11
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	17,644.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	34,382.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,844.71

**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 Honorable Penny Shaw  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

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<b>18 FILER NAME</b> Shaw, Penny (The Honorable)		<b>19 Filer ID</b> 00083989	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	29,375.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	645.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	17,644.45
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/38
2 FILER NAME Shaw, Penny (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083989
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akbari, Chris	7 Amount of Contribution (\$)  \$500.00
	6 Contributor address; City; State; Zip Code  Port Arthur, TX 77642	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) ITEX Group
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Terri	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Anderson Capital, LLC
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CenterPoint Energy PAC	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 77210	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation & NBCUniversal Political Action Committee	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Philadelphia, PA 19103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/10 Rpt: 5/38
<b>2</b> FILER NAME Shaw, Penny (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Constellation Employee PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20001	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fanning, Eleanor <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Brompton CHDC
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gormley, Stafford <hr/> Contributor address; City; State; Zip Code  Austin, TX 78736	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive VP		Employer (See Instructions) Housing Trust Group
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greco, Janice <hr/> Contributor address; City; State; Zip Code  Houston, TX 77066	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Houston Community College System
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greco, Janice <hr/> Contributor address; City; State; Zip Code  Houston, TX 77066	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Houston Community College System

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/10 Rpt: 6/38
<b>2</b> FILER NAME Shaw, Penny (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greco, Janice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77066	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) Houston Community College System
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greco, Janice <hr/> Contributor address; City; State; Zip Code  Houston, TX 77066	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Houston Community College System
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerrero, Debra <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78210	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) NRP Group
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOMEPAC of Texas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-0000	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HMWK, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/10 Rpt: 7/38
<b>2</b> FILER NAME Shaw, Penny (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 11/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IBAT PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IBAT PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kilday, Les <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Kilday Realty Corp
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Latsha, Jean <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Pedcor Companies
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LeClere, Steve <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Monarch Private Capital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/38
2 FILER NAME Shaw, Penny (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083989
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger Goggan Blair & Simpson LLP	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78760	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Locke Lord LLP	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez Guerra, Ricardo	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78745	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Strategic Public Affairs
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGUIRE, K LISA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77064	
Principal occupation / Job title (See Instructions) Networking Manager		Employer (See Instructions) Escalante Engineering
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGUIRE, K LISA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77064	
Principal occupation / Job title (See Instructions) Networking Manager		Employer (See Instructions) Escalante Engineering



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/10 Rpt: 9/38
<b>2</b> FILER NAME Shaw, Penny (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 09/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGUIRE, K LISA	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77064		
<b>8</b> Principal occupation / Job title (See Instructions) Networking Manager		<b>9</b> Employer (See Instructions) Escalante Engineering
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGUIRE, K LISA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77064		
Principal occupation / Job title (See Instructions) Networking Manager		Employer (See Instructions) Escalante Engineering
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGUIRE, K LISA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77064		
Principal occupation / Job title (See Instructions) Networking Manager		Employer (See Instructions) Escalante Engineering
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGUIRE, K LISA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77064		
Principal occupation / Job title (See Instructions) Networking Manager		Employer (See Instructions) Escalante Engineering
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGUIRE, K LISA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77064		
Principal occupation / Job title (See Instructions) Networking Manager		Employer (See Instructions) Escalante Engineering

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/10 Rpt: 10/38
<b>2</b> FILER NAME Shaw, Penny (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuire Woods Federal PAC Fund <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, VA 23219	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Linda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Labor union organizer		Employer (See Instructions) GC AFLCIO
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Paul <hr/> Contributor address; City; State; Zip Code  Houston, TX 77064	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Paul <hr/> Contributor address; City; State; Zip Code  Houston, TX 77064	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/10 Rpt: 11/38
<b>2</b> FILER NAME Shaw, Penny (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 11/10/2023	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559 ) NRG Energy PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Princeton, NJ 08540-6213	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nantucket Housing LLC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nosek, Nicole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$1,025.00
Principal occupation / Job title (See Instructions) chair		Employer (See Instructions) Texans for Reasonable Solutions
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollack, Joel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Streamline Advisory Partners
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pope, Clay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Pope Strategies Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/10 Rpt: 12/38
<b>2</b> FILER NAME Shaw, Penny (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pope, Clay	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703		
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) Pope Strategies Group
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saar, Kathryn	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Park City, UT 84098		
Principal occupation / Job title (See Instructions) Assistant VP		Employer (See Instructions) Brownstone Residential
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Court Reporters Association	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Athens, TX 78751		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical Association Political Action Committee	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/10 Rpt: 13/38
<b>2</b> FILER NAME Shaw, Penny (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 11/10/2023	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470 ) Union Pacific Corporation Fund for Effective Government	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van de Putte, Leticia (Ms.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Andrade-Van de Putte & Associates
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vistra Employee PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Irving, TX 75039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waste Management Employees Better Government Fund	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code  Washington, DC 20004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wholesale Beer Distributors of Texas PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/38	
2 FILER NAME Shaw, Penny (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083989	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/01/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingersoll, Deborah	8 Amount of contribution (\$) \$295.00	9 In-kind contribution description email blast for fundraiser
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) lobbyist		11 Employer (FOR NON-JUDICIAL) (See instructions) Legislative Solutions, Inc.	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Rusty	Amount of contribution (\$) \$350.00	In-kind contribution description email blast for fundraiser
	Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Government Affairs		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/24 Rpt: 15/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/16/2023	<b>5</b> Payee name Araceli Ramos	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 2410 Mooney Rd  Houston, TX 77093	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense school board campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2023	Payee name Barron, Matt	
Amount (\$) \$351.00	Payee address; City; State; Zip Code 1905 William Cannon Dr.  Austin, TX 78745	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) moving	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin movers cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2023	Payee name Bulk Bookstores	
Amount (\$) \$330.21	Payee address; City; State; Zip Code 1 Lincoln Ctr 10300 Suite 430 Portland, OR 97223	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense books, legislator office gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/24 Rpt: 16/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 12/01/2023	<b>5</b> Payee name Cubesmart	
<b>6</b> Amount (\$) \$122.40	<b>7</b> Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 10/02/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Cubesmart		
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/24 Rpt: 17/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 08/01/2023	<b>5</b> Payee name Cubesmart	
<b>6</b> Amount (\$) \$172.28	<b>7</b> Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name Cubesmart	
Amount (\$) \$122.40	Payee address; City; State; Zip Code 5 Old Lancaster Road  Malvern, PA 19355	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin storage space
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2023	Payee name Cy-Fair Helping Hands	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 9606 Kirkton Dr  Houston, TX 77095	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District event sponsorship cost
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/24 Rpt: 18/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 11/13/2023	<b>5</b> Payee name Devora, Lily	
<b>6</b> Amount (\$) \$123.00	<b>7</b> Payee address; City; State; Zip Code 8407 Windell  Houston, TX 77041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printed materials
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2023	Payee name Devora, Lily	
Amount (\$) \$80.00	Payee address; City; State; Zip Code 8407 Windell  Houston, TX 77041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District printed materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name Emerald Beach Hotel	
Amount (\$) \$232.26	Payee address; City; State; Zip Code 1102 S Shoreline Blvd  Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tejano Democrats convention hotel expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/24 Rpt: 19/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Enterprise Rent-A-Car	
<b>6</b> Amount (\$) \$689.14	<b>7</b> Payee address; City; State; Zip Code 600 Corporate Park Drive  St. Louis, MO 63105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to Austin via car rental when car was in the shop
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2023	Payee name FedEx	
Amount (\$) \$109.60	Payee address; City; State; Zip Code 942 South Shady Grove Road  Memphis, TN 38120	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District copy print fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2023	Payee name FedEx	
Amount (\$) \$44.66	Payee address; City; State; Zip Code 942 South Shady Grove Road  Memphis, TN 38120	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative office shipping cost
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/24 Rpt: 20/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 11/30/2023	<b>5</b> Payee name FedEx	
<b>6</b> Amount (\$) \$60.08	<b>7</b> Payee address; City; State; Zip Code 942 South Shady Grove Road  Memphis, TN 38120	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District copy print fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2023	Payee name Go Store it	
Amount (\$) \$84.00	Payee address; City; State; Zip Code 4100 W 34th St  Houston, TX 77092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign storage space
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2023	Payee name Go Store it	
Amount (\$) \$84.00	Payee address; City; State; Zip Code 4100 W 34th St  Houston, TX 77092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign storage space
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/24 Rpt: 21/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/03/2023	<b>5</b> Payee name Go Store it	
<b>6</b> Amount (\$) \$84.00	<b>7</b> Payee address; City; State; Zip Code 4100 W 34th St  Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign storage space
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/05/2023	Payee name Go Store it	
Amount (\$) \$84.00	Payee address; City; State; Zip Code 4100 W 34th St  Houston, TX 77092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign storage space
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/03/2023	Payee name Go Store it	
Amount (\$) \$84.00	Payee address; City; State; Zip Code 4100 W 34th St  Houston, TX 77092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign storage space
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/24 Rpt: 22/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 07/05/2023	<b>5</b> Payee name Go Store it	
<b>6</b> Amount (\$) \$84.00	<b>7</b> Payee address; City; State; Zip Code 4100 W 34th St  Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign storage space
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2023	Payee name HEB	
Amount (\$) \$31.38	Payee address; City; State; Zip Code 646 S Flores St  San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for district office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2023	Payee name HEB	
Amount (\$) \$121.74	Payee address; City; State; Zip Code 646 S Flores St  San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food sponsor- back to school event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/24 Rpt: 23/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 08/23/2023	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$326.59	<b>7</b> Payee address; City; State; Zip Code 646 S Flores St  San Antonio, TX 78204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District event-food/supplies sponsor
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2023	Payee name Harris County Democratic Party	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3401 Allen Parkway Suite 100 Houston, TX 77019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership fee to HCDP
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name Harris County Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 3401 Allen Parkway Suite 100 Houston, TX 77019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/24 Rpt: 24/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/10/2023	<b>5</b> Payee name Holiday Inn Las Colinas	
<b>6</b> Amount (\$) \$196.64	<b>7</b> Payee address; City; State; Zip Code 110 W John Carpenter Fwy  Irving, TX 75039	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel room during annual Legislator event, Dallas, TX
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name Mailchimp	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE  Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2023	Payee name Mailchimp	
Amount (\$) \$42.11	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE  Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/24 Rpt: 25/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/19/2023	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) \$42.11	<b>7</b> Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE  Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service subscription
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2023	Payee name Mailchimp	
Amount (\$) \$42.11	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE  Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2023	Payee name Mailchimp	
Amount (\$) \$42.11	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE  Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/24 Rpt: 26/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 07/19/2023	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) \$42.11	<b>7</b> Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE  Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2023	Payee name Metro by T-mobile	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 2250 Lakeside Blvd  Richardson, TX 75082	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2023	Payee name Metro by T-mobile	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 2250 Lakeside Blvd  Richardson, TX 75082	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/24 Rpt: 27/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/23/2023	<b>5</b> Payee name Metro by T-mobile	
<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 2250 Lakeside Blvd  Richardson, TX 75082	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign phone service
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/21/2023	Payee name Metro by T-mobile	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 2250 Lakeside Blvd  Richardson, TX 75082	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign phone service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/21/2023	Payee name Metro by T-mobile	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 2250 Lakeside Blvd  Richardson, TX 75082	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign phone service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/24 Rpt: 28/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
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<b>4</b> Date 07/21/2023	<b>5</b> Payee name Metro by T-mobile
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<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 2250 Lakeside Blvd  Richardson, TX 75082
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign phone service
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2023	Payee name Planned Parenthood Gulf Coast
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 123 William Street  New York, NY 10038
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/10/2023	Payee name Proforma
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Amount (\$) \$446.14	Payee address; City; State; Zip Code 8800 E Pleasant Valley Rd.  Independence, OH 44131
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Promotional items for back-to-school event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/24 Rpt: 29/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 12/26/2023	<b>5</b> Payee name ReadyRefresh	
<b>6</b> Amount (\$) \$73.59	<b>7</b> Payee address; City; State; Zip Code 9921 Business Pkwy  Latham, MD 20706	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water for office
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name ReadyRefresh	
Amount (\$) \$73.59	Payee address; City; State; Zip Code 9921 Business Pkwy  Latham, MD 20706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name ReadyRefresh	
Amount (\$) \$66.90	Payee address; City; State; Zip Code 9921 Business Pkwy  Latham, MD 20706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/24 Rpt: 30/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/02/2023	<b>5</b> Payee name ReadyRefresh	
<b>6</b> Amount (\$) \$58.57	<b>7</b> Payee address; City; State; Zip Code 9921 Business Pkwy  Latham, MD 20706	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water for office
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/07/2023	Payee name ReadyRefresh	
Amount (\$) \$25.97	Payee address; City; State; Zip Code 9921 Business Pkwy  Latham, MD 20706	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2023	Payee name ReadyRefresh	
Amount (\$) \$66.61	Payee address; City; State; Zip Code 9921 Business Pkwy  Latham, MD 20706	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/24 Rpt: 31/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 07/14/2023	<b>5</b> Payee name ReadyRefresh	
<b>6</b> Amount (\$) \$34.60	<b>7</b> Payee address; City; State; Zip Code 9921 Business Pkwy  Latham, MD 20706	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water for office
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2023	Payee name Squarespace inc.	
Amount (\$) \$35.18	Payee address; City; State; Zip Code 8 Clarkson Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2023	Payee name Squarespace inc.	
Amount (\$) \$35.72	Payee address; City; State; Zip Code 8 Clarkson Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/24 Rpt: 32/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 12/26/2023	<b>5</b> Payee name Squarespace inc.	
<b>6</b> Amount (\$) \$6.50	<b>7</b> Payee address; City; State; Zip Code 8 Clarkson Street  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2023	Payee name Squarespace inc.	
Amount (\$) \$35.18	Payee address; City; State; Zip Code 8 Clarkson Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2023	Payee name Squarespace inc.	
Amount (\$) \$6.50	Payee address; City; State; Zip Code 8 Clarkson Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/24 Rpt: 33/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/23/2023	<b>5</b> Payee name Squarespace inc.	
<b>6</b> Amount (\$) \$6.50	<b>7</b> Payee address; City; State; Zip Code 8 Clarkson Street  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2023	Payee name Squarespace inc.	
Amount (\$) \$35.18	Payee address; City; State; Zip Code 8 Clarkson Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Squarespace inc.	
Amount (\$) \$35.18	Payee address; City; State; Zip Code 8 Clarkson Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/24 Rpt: 34/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 08/03/2023	<b>5</b> Payee name Squarespace inc.	
<b>6</b> Amount (\$) \$35.18	<b>7</b> Payee address; City; State; Zip Code 8 Clarkson Street  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name Texas Gas Service	
Amount (\$) \$245.45	Payee address; City; State; Zip Code 1301 South MoPac Expressway suite 400  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin utility bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2023	Payee name Time Zone Graphic Design	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 333 S Catalina  Los Angeles, CA 90020	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/24 Rpt: 35/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/11/2023	<b>5</b> Payee name Uber Eats	
<b>6</b> Amount (\$) \$203.30	<b>7</b> Payee address; City; State; Zip Code 1455 Market Street  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food sponsor for district event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2023	Payee name United Airlines	
Amount (\$) \$158.00	Payee address; City; State; Zip Code 233 South Wacker Drive  Chicago, IL 60606	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislator Event -- transportation fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2023	Payee name United Airlines	
Amount (\$) \$667.80	Payee address; City; State; Zip Code 233 South Wacker Drive  Chicago, IL 60606	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislator Event -- transportation fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/24 Rpt: 36/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
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<b>4</b> Date 07/05/2023	<b>5</b> Payee name Van Merten, Aaron
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<b>6</b> Amount (\$) \$2,250.00	<b>7</b> Payee address; City; State; Zip Code 102 Prince Drive  Austin, TX 78752
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin rent
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/04/2023	Payee name Ward, Jackie
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Amount (\$) \$675.00	Payee address; City; State; Zip Code 117 Barrow Street  New York, NY 10014
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense austin apartment lease
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/07/2023	Payee name Ward, Jackie
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Amount (\$) \$675.00	Payee address; City; State; Zip Code 117 Barrow Street  New York, NY 10014
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense austin apartment lease
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/24 Rpt: 37/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 10/03/2023	<b>5</b> Payee name Ward, Jackie	
<b>6</b> Amount (\$) \$675.00	<b>7</b> Payee address; City; State; Zip Code 117 Barrow Street  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense austin apartment lease
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Ward, Jackie	
Amount (\$) \$674.00	Payee address; City; State; Zip Code 117 Barrow Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense austin apartment lease
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name Ward, Jackie	
Amount (\$) \$650.00	Payee address; City; State; Zip Code 117 Barrow Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense austin apartment lease
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/24 Rpt: 38/38	<b>2</b> FILER NAME Shaw, Penny (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083989
<b>4</b> Date 07/31/2023	<b>5</b> Payee name Ward, Jackie	
<b>6</b> Amount (\$) \$350.00	<b>7</b> Payee address; City; State; Zip Code 117 Barrow Street  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense austin apartment deposit
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held