CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	e this form.	1 Filer ID (Ethics Commi 00083989		2 Total pages fi	led: 38
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Penny			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	01/16/2024	
	:	Shaw				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 925991				Receipt #	Amount
Change of Address	Houston, TX 77292					
onalige of Audiose	Tiousion, TX TT292				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	IRST		MI		
TREASURER NAME	Ms.	Mary				
		AST		SUFFIX		
	ľ	Morrison				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE);	AP ⁻	Γ / SUITE #; CITY	; ST/	ATE; ZIP CODE
TREASURER ADDRESS	5823 Doliver					
(Residence or Business)	Houston, TX 77057					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(713) 829-6079					
8 REPORT TYPE	X January 15	30th day before	alastian 🗖	Duno# F	1 Eth day offer as	manian transpurar
	X January 15	Sour day before	election	Runoff	appointment (offi	mpaign treasurer ceholder only)
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	ТН	ROUGH	12/31/20		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	Γ (if known)	
	State Representative Distric	ct 148 Harris				
	1			I		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 38

13 C / OH NAME	14 Filer ID (00083989	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	5)	\$ 30,020.00		
EXPENDITURE TOTALS		\$ 3,213.11		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 17,644.45
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 34,382.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 3,844.71
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Penny Shaw	
		Signature of	Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	eer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 38
18 FILER NA	AME enny (The Honorable)	19 Filer ID 00083989	(Ethics Cor	mmission Filers)
	LE SUBTOTALS	00003909	T	
	F SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	29,375.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	645.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	17,644.45
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/38	
2	FILER NAME Shaw, Penny	/ (The Honorable)			3	Filer ID (Ethics Commission 00083989	on Filers)
4	Date 11/29/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$500.00
_		Port Arthur, TX 77642	_		_		
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions ITEX Group	5)		
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#:_Anderson, Terri Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Coppell, TX 75019 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Owner	pation / Job title (See Instructions)		Anderson Capital, LLC	P)		
	Date 11/13/2023	Full name of contributor)	•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#:_ CenterPoint Energy PAC Contributor address; City; State; Zip Code Austin, TX 77210				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/10/2023	Full name of contributor	۱ct	ion Committee	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/38	
2	FILER NAME Shaw, Penny	y (The Honorable)			3	Filer ID (Ethics Commission 00083989	on Filers)
4	Date 10/13/2023	 Full name of contributor Constellation Employee PAC Contributor address; City; State; 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20001					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 12/06/2023	Full name of contributor Fanning, Eleanor Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Dringinal occu	Dallas, TX 75229 pation / Job title (See Instructions)		Employer (See Instructions			
	Executive Di			Brompton CHDC)		
	Date 12/07/2023	Full name of contributor Gormley, Stafford Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78736					
	Principal occu Executive VF	pation / Job title (See Instructions)		Employer (See Instructions Housing Trust Group)		
	Date 07/12/2023	Full name of contributor Greco, Janice Contributor address; City; State; Houston, TX 77066	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Houston Community Co		ge System	
	Date 08/12/2023	Full name of contributor Greco, Janice Contributor address; City; State; Houston, TX 77066	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Houston Community Co		ge System	

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/38	
2	FILER NAME Shaw, Penny	y (The Honorable)			3	Filer ID (Ethics Commission 00083989	n Filers)
4	Date 10/12/2023	5 Full name of contributorGreco, Janice6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77066					
8	Principal occu Professor	pation / Job title (See Instructions	9	Employer (See Instructions Houston Community Co		ge System	
	Date 10/12/2023	Full name of contributor Greco, Janice Contributor address; City; Si Houston, TX 77066				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Professor			Houston Community Co	olle	ge System	
	Date 12/06/2023	Full name of contributor Guerrero, Debra Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78210					
	Principal occu Senior Vice I	pation / Job title (See Instructions President	(3)	Employer (See Instructions NRP Group	s)		
	Date 10/13/2023	Full name of contributor HOMEPAC of Texas Contributor address; City; Si Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	(5)	Employer (See Instructions	s)		
	Date 09/29/2023	Full name of contributor Haley, Anthony Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions	s)	Employer (See Instructions HMWK, LLC	s)		
			,				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/38	
2	FILER NAME Shaw, Penny	/ (The Honorable)			3	Filer ID (Ethics Commission 00083989	on Filers)
4	Date 11/10/2023	IBAT PAC	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
_	Dein sin al a sau	Austin, TX 78701	lo.	Faralas as (Cara la desartina			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 07/27/2023	Full name of contributor IBAT PAC Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701	· · · · · · · · · · · · · · · · · · ·				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/07/2023	Full name of contributor Kilday, Les Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		Sugar Land, TX 77479					
	Principal occu VP	pation / Job title (See Instructions)		Employer (See Instructions Kilday Realty Corp)		
	Date 12/07/2023	Latsha, Jean)		Amount of Contribution (\$)	\$250.00
	Principal occu Vice Preside	pation / Job title (See Instructions) nt		Employer (See Instructions Pedcor Companies)		
	Date 12/06/2023	Full name of contributor LeClere, Steve Contributor address; City; State; Driftwood, TX 78619	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Monarch Private Capital			
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/38	
2	FILER NAME Shaw, Penny	y (The Honorable)			3	Filer ID (Ethics Commission 00083989	n Filers)
4	Date 10/13/2023	5 Full name of contributor Linebarger Goggan Blair6 Contributor address; City; S			7	Amount of Contribution (\$)	\$500.00
_	Daine in a la casa	Austin, TX 78760		2 Faralassa (Osaslassa tisas			
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	S)		
	Date 10/13/2023	Full name of contributor Locke Lord LLP Contributor address; City; S				Amount of Contribution (\$)	\$500.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 11/10/2023	Full name of contributor Lopez Guerra, Ricardo Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78745					
	Principal occu Vice Preside	pation / Job title (See Instructions nt	s)	Employer (See Instructions Strategic Public Affairs	5)		
	Date 07/01/2023	Full name of contributor MCGUIRE, K LISA Contributor address; City; S Houston, TX 77064			•	Amount of Contribution (\$)	\$50.00
	Principal occu Networking N	pation / Job title (See Instructions Manager	5)	Employer (See Instructions Escalante Engineering	5)		
	Date 08/01/2023	Full name of contributor MCGUIRE, K LISA Contributor address; City; S Houston, TX 77064	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
	Principal occu Networking N	pation / Job title (See Instructions	s)	Employer (See Instructions Escalante Engineering	5)		
		9					

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/38	
2	FILER NAME Shaw, Penny	/ (The Honorable)			3	Filer ID (Ethics Commission 00083989	r Filers)
4	Date 09/01/2023	5 Full name of contributor MCGUIRE, K LISA6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Networking N	Houston, TX 77064 pation / Job title (See Instructions Manager) [9	Employer (See Instructions Escalante Engineering	<u> </u> s)		
	Date 10/01/2023	Full name of contributor MCGUIRE, K LISA Contributor address; City; St Houston, TX 77064	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occupation / Job title (See Instructions) Networking Manager)	Employer (See Instructions Escalante Engineering	<u>I</u> S)		
	Date 11/01/2023	Full name of contributor MCGUIRE, K LISA Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Houston, TX 77064 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 12/01/2023	Full name of contributor MCGUIRE, K LISA Contributor address; City; St Houston, TX 77064	out-of-state PAC (ID#:	Escalante Engineering		Amount of Contribution (\$)	\$50.00
	Principal occup Networking N	pation / Job title (See Instructions Manager)	Employer (See Instructions Escalante Engineering	5)		
	Date 11/01/2023	Full name of contributor MCGUIRE, K LISA Contributor address; City; St Houston, TX 77064	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions Manager		Employer (See Instructions Escalante Engineering	5)		
			·				

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/38	
2	FILER NAME Shaw, Penny	/ (The Honorable)			3	Filer ID (Ethics Commission 00083989	n Filers)
4	Date 10/13/2023	 Full name of contributor out-of-state McGuire Woods Federal PAC Fund Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Date 07/27/2023	Full name of contributor out-of-state Moak Casey PAC Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 11/10/2023	Full name of contributor out-of-state Morales, Linda Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77009 pation / Job title (See Instructions)		Employer (See Instructions	()		
	Labor union			GC AFLCIO	,,		
	Date 11/20/2023	Morgan, Paul)		Amount of Contribution (\$)	\$100.00
	Principal occu NA	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 12/20/2023	Morgan, Paul				Amount of Contribution (\$)	\$100.00
	Principal occu NA	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL C	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/38	
2	FILER NAME Shaw, Penn	y (The Honorable)			3	Filer ID (Ethics Commission 00083989	on Filers)
4	Date 11/10/2023	5 Full name of contributor NRG Energy PAC6 Contributor address; City; St	x out-of-state PAC (ID#: C	_	7	Amount of Contribution (\$)	\$1,500.00
		Princeton, NJ 08540-6213					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/29/2023	Full name of contributor Nantucket Housing LLC Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	Houston, TX 77043 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		
	Date 07/25/2023	Full name of contributor Nosek, Nicole Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$1,025.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Texans for Reasonable		lutions	
	Date 12/07/2023	Full name of contributor Pollack, Joel Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Managing Pa	pation / Job title (See Instructions artner)	Employer (See Instructions Streamline Advisory Pa		ers	
	Date 10/26/2023	Full name of contributor Pope, Clay Contributor address; City; St Austin, TX 78703)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Pope Strategies Group	5)		
				<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	7(IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/38	
2	FILER NAME Shaw, Penny	y (The Honorable)			3	Filer ID (Ethics Commission 00083989	on Filers)
4	Date 10/26/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Discipal	Austin, TX 78703	_	Faralas and Constructions			
8	Principal occu Principal	pation / Job title (See Instructions)	9	Employer (See Instructions Pope Strategies Group	5)		
	Date 12/06/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Park City, UT 84098 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Assistant VP			Brownstone Residential			
	Date 10/13/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Court Reporters Association Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Athens, TX 78751					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/13/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association Political Action Comr Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/13/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
		•					

	MONET	ARY POLITICAL C		SCHEDUI	LE A1		
	The Instru	ction Guide explains how	rm.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/38		
2	FILER NAME Shaw, Penny	y (The Honorable)			3	Filer ID (Ethics Commission 00083989	on Filers)
4	Date 11/10/2023	Date 5 Full name of contributor X out-of-state PAC (ID#: C00010470		ernment	7	Amount of Contribution (\$)	\$1,500.00
		Washington, DC 20005					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	Date 12/07/2023	Full name of contributor Van de Putte, Leticia (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)		Employer (See Instructions	·, 		
	President	pation 7 300 title (See matractions)		Andrade-Van de Putte &		ssociates	
	Date 10/13/2023	Full name of contributor Vistra Employee PAC Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
Irving, TX 75039							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/30/2023	Full name of contributor Waste Management Emplo Contributor address; City; Sta Washington, DC 20004				Amount of Contribution (\$)	\$2,000.00
Principal occupation / Job title (See Instructions) Employer (See Instruction				5)			
	Date 07/27/2023	Full name of contributor Wholesale Beer Distributor Contributor address; City; Sta Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/38 3 Filer ID (Ethics Commission Filers) FILER NAME Shaw, Penny (The Honorable) 00083989 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 11/01/2023 Ingersoll, Deborah \$295.00 email blast for fundraiser 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) lobbyist 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 10/12/2023 Kelley, Rusty \$350.00 email blast for fundraiser Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Government Affairs 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			
1	Total pages Schedule F1:		rs)
	Sch: 1/24 Rpt: 15/38	Shaw, Penny (The Honorable) 00083989	
4	Date	5 Payee name	
	10/16/2023	Araceli Ramos	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	2410 Mooney Rd	
	,		
		Houston TV 77002	
		Houston, TX 77093	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		School board campaight contribution	
_	0 1: 01 1/4 1		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiantare to benefit eye.		
	Date	Payee name	
	08/02/2023	Barron, Matt	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$351.00	1905 William Cannon Dr.	
		Austin, TX 78745	
	D. I.D. D. G. E.		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	moving Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Austin movers cost	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	10/24/2023	Bulk Bookstores	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$330.21	1 Lincoln Ctr 10300	
		Suite 430	
		Portland, OR 97223	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		books, legislator office gifts	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manage Calculula E4.	
1	Total pages Schedule F1: Sch: 2/24 Rpt: 16/38	2 FILER NAME Shaw, Penny (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083989
4	Date	5 Payee name
	12/01/2023	Cubesmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$122.40	5 Old Lancaster Road
		Malvern, PA 19355
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin storage space
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	n
	Date	Payee name
	10/02/2023	Cubesmart
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$122.40	5 Old Lancaster Road
		Malvern, PA 19355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin storage space
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
H	Date	Payee name
	09/01/2023	Cubesmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.40	5 Old Lancaster Road
		Malvern, PA 19355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin storage space
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		\dashv
_	Sch: 3/24 Rpt: 17/38	Shaw, Penny (The Honorable) 00083989	
4	Date	5 Payee name	
	08/01/2023	Cubesmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$172.28	5 Old Lancaster Road	
		Malvern, PA 19355	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Austin storage space	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/01/2023	Cubesmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.40	5 Old Lancaster Road	
		Malvern, PA 19355	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Austin storage space	
		, lactin cicrage opace	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
	07/31/2023	Cy-Fair Helping Hands	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$200.00	9606 Kirkton Dr	
	\$200.00		
		Houston, TX 77095	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		District event sponsorship cost	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		ĺ
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	istrict a category not listed above	e)
	orean out a tyment			The Instruction C	Guide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 4/24 Rpt: 18/38		Shaw, Penn	y (The Honora	able)					00083989		
4	Date	5	Payee name									
	11/13/2023		Devora, Lily									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$123.00		8407 Winde	II								
			Houston, TX	77041								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF		Printing Exp		and top or time corre	ouu.o,			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							_		officeholder livir	ig expense	
								printed mater	ials	5		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	O	Office sou	ght			Office h	eld	
	experialitare to beliefit eroi	'										
	Date		Payee name									
	07/31/2023		Devora, Lily									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$80.00		8407 Winde	II								
			Houston, TX	77041								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Printing Exp					=			nplete Schedule T.	
	EXI ENDITORE							ш		officeholder livir	ig expense	
								District printe	a n	nateriais		
_	Complete ONLY if direct	Ļ	Condidate/Offic			\ff: · ·				Office h	ماما	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	C	Office sou	gnı			Office i	ieiu	
_		_										
	Date		Payee name	- -4								
	09/18/2023		Emerald Bea									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$232.26		1102 S Shor	reline Blvd								
			Corpus Chri	sti, TX 78401								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper	nse							nplete Schedule T.	
								_		officeholder livir	ig expense ion hotel expense	
								rejano bemo	CIC	us convent	ion noter expense	
_	Complete ONLY if direct	Щ	Candidate/Offic	eholder name	0	Office sou	aht			Office h	reld	
	expenditure to benefit C/OI		Janualu OIII	onologi name		moc sou	9111			Jilice I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
	oroak oara'r aymone	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/24 Rpt: 19/38	Shaw, Penny (The Honorable)	00083989
4	Date	5 Payee name	
	10/30/2023	Enterprise Rent-A-Car	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$689.14	600 Corporate Park Drive	
		St. Louis, MO 63105	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	outside of Texas. Complete Schedule T.
	ZA ZIIDII GIAZ		TX, officeholder living expense
		in the shop	n to Austin via car rental when car was
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiantare to benefit Great		
	Date	Payee name	
	08/18/2023	FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$109.60	942 South Shady Grove Road	
		Memphis, TN 38120	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		District copy	print lees
	Complete ONLY if direct	Condidate/Office helder name	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Data		
	Date 12/11/2023	Payee name FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.66	942 South Shady Grove Road	
		Memphis, TN 38120	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Tilling Expense	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		Legislative of	fice shipping cost
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/24 Rpt: 21/38	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	10/03/2023	Go Store it
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.00	4100 W 34th St
		Houston, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		campaign storage space
_	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/05/2023	Go Store it
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.00	4100 W 34th St
		Houston, TX 77092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign storage space
		oampaign storage opace
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/03/2023	Go Store it
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.00	4100 W 34th St
		Houston, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		campaign storage space
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)		
_	Sch: 8/24 Rpt: 22/38	Shaw, Penny (The Honorable) 00083989	13)		
4	Date	5 Payee name			
	07/05/2023	Go Store it			
6	Amount (\$) \$84.00	7 Payee address; City; State; Zip Code 4100 W 34th St Houston, TX 77092			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense campaign storage space			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	10/04/2023	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$31.38	646 S Flores St			
		San Antonio, TX 78204			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Supplies for district office			
		Supplies for district office			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	09/25/2023	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$121.74	646 S Flores St			
		San Antonio, TX 78204			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Food sponsor- back to school event			
		1 ood sponsor back to school event			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_					
			ĺ		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/24 Rpt: 23/38	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	08/23/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$326.59	646 S Flores St
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District event-food/supplies sponsor
		Biodist of one recognospenses opened.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/18/2023	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3401 Allen Parkway
	,	Suite 100
		Houston, TX 77019
	PURPOSE	<u></u>
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		membership fee to HCDP
	0 1: 011111111	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name Harris County Democratic Porty
	12/13/2023	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	3401 Allen Parkway
		Suite 100
		Houston, TX 77019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		filing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/24 Rpt: 25/38	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	10/19/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.11	675 Ponce De Leon Ave NE
L		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email service subscription
		Email out the cases ipsion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/19/2023	Mailchimp
H	Amount (\$)	Payee address; City; State; Zip Code
	\$42.11	675 Ponce De Leon Ave NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email service subscription
		Email service subscription
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	08/21/2023	Mailchimp
H	Amount (\$)	Payee address; City; State; Zip Code
	\$42.11	675 Ponce De Leon Ave NE
	Ψ+2.11	073 TOTICE DE LEGITAVE INL
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email service subscription
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/OI	7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services					OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction Gu	iide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 12/24 Rpt: 26/38		Shaw, Penn	y (The Honorab	ole)					00083989		
4	Date	5	Payee name									
	07/19/2023		Mailchimp									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$42.11			De Leon Ave NE	<u>-</u>	·						
			Atlanta, GA	30308								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)	Fees	ee Categories listed at th	ne top of this sched	dule)	(5)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 003					=		officeholder livin		
								Email service	su	bscription		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/21/2023		Metro by T-r	mobile								
	Amount (\$)	H	Payee addres	ss; City;	State;	Zip Co	de					
	\$60.00		2250 Lakesi	ide Blvd								
			Richardson,	TX 75082								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Exp		,		Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	LAFENDITORE	,					Check if Austin, TX, officeholder living expense					
								campaign pho	one	eservice		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	11/21/2023		Metro by T-r	mobile								
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$60.00		2250 Lakesi	ide Blvd								
			Richardson,	TX 75082								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	oense			ш			nplete Schedule T.	
								campaign pho		officeholder livin	g expense	
								campaign pile	0110	, JOI VICE		
	Complete ONLY if direct	Щ		ceholder name	∩f	ffice sou	aht			Office h	eld	
	expenditure to benefit C/OI		zariaidato/OIII	ocholaci Hame	Oi	oc sou	Air			Office II	olu .	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explai		Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 13/24 Rpt: 27/38	Shaw, Pen	ny (The Honorable)					00083989			
4	Date	5 Payee name	9								
	10/23/2023	Metro by T									
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Co	ode						
	\$60.00	2250 Lake									
		Richardsor	n, TX 75082								
8	PURPOSE		See Categories listed at the top of this	schedule)	(b)	Description					
	OF		rhead/Rental Expense	. Sorioudit)] _		outsi	de of Texas. Comp	lete Schedule T.		
	EXPENDITURE		•			\Box		officeholder living	expense		
						campaign pho	one	e service			
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ught			Office hel	d		
	Date	Payee name	9								
	09/21/2023	Metro by T	-mobile								
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	ode						
	\$60.00	2250 Lake	-	·							
		Richardsor	ı, TX 75082								
	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		rhead/Rental Expense					de of Texas. Compl			
						_		officeholder living	expense		
						campaign pho	UITE	SOUNICE			
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	labt			Office hel	d		
	expenditure to benefit C/O		ncendidei Haille	Onice SOL	agrit			Office fiel	u		
L											
	Date	Payee name									
	08/21/2023	Metro by T									
	Amount (\$)	Payee addre	•	ate; Zip Co	ode						
	\$60.00	2250 Lake	side Blvd								
		Richardsor	n, TX 75082								
	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		rhead/Rental Expense	-,		Check if travel of		de of Texas. Comp			
	LAFENDITURE		•					officeholder living e	expense		
						campaign pho	one	eservice			
					<u></u>						
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ught			Office hel	d		
	onponditure to beliefft C/Or	•									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/24 Rpt: 28/38 Shaw, Penny (The Honorable) 00083989 4 Date Payee name 07/21/2023 Metro by T-mobile 6 Amount (\$) Payee address; State; Zip Code \$60.00 2250 Lakeside Blvd Richardson, TX 75082 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense campaign phone service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2023 Planned Parenthood Gulf Coast Amount (\$) Payee address; City; State; Zip Code \$200.00 123 William Street New York, NY 10038 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense event sponsorship fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2023 Proforma Amount (\$) Payee address; City: State; Zip Code \$446.14 8800 E Pleasant Valley Rd. Independence, OH 44131 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Promotional items for back-to-school event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
4 7 1 0 1 1 54 1	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 15/24 Rpt: 29/38	2 FILER NAME Shaw, Penny (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083989
4 Date	5 Payee name
12/26/2023	ReadyRefresh
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$73.59	9921 Business Pkwy
	Latham, MD 20706
	Latilatii, MD 20700
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
24. 24.21.01.2	Check if Austin, TX, officeholder living expense
	water for office
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/29/2023	ReadyRefresh
Amount (\$)	Payee address; City; State; Zip Code
\$73.59	9921 Business Pkwy
,,,,,,	
	Latham, MD 20706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	water for office
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
D-1-	
Date	Payee name
10/30/2023	ReadyRefresh
Amount (\$)	Payee address; City; State; Zip Code
\$66.90	9921 Business Pkwy
	Lathana MD 00700
	Latham, MD 20706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	water for office
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	

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

	Credit Card Payment	The	Instruction Guide	explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 16/24 Rpt: 30/38	Shaw, Penny (The Honorable)				00083989	9
4	Date	Payee name				•		
	10/02/2023	ReadyRefresh						
6	Amount (\$)	Payee address;	City;	State; Zip Co	ode			
	\$58.57	9921 Business	Pkwy					
		Latham, MD 20	706					
8	PURPOSE	Category (See Ca	ategories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		d/Rental Expens			<u> </u>		omplete Schedule T.
						Check if Austin, TX water for office	i, officenolaer liv	ring expense
						water for office		
9	Complete ONLY if direct	Candidate/Officeho	older name	Office sou	<u>l</u> ıaht		Office	held
	expenditure to benefit C/O		ora or manno	200 000	.9		000	
_	Date	Payee name						
	09/07/2023	ReadyRefresh						
	Amount (\$)	Payee address;	City;	State; Zip Co	nde			
	\$25.97	9921 Business	-	Otato, Zip Ot	Juo			
	4 20.0.	0022 200000	,					
		Latham, MD 20	706					
_	PURPOSE				(h)	Description		
	OF		ategories listed at the top d/Rental Expens		(5)		side of Texas. C	omplete Schedule T.
	EXPENDITURE	Omeo Overnea	arrona Expond			Check if Austin, TX	, officeholder liv	ring expense
						water for office		
					L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeho	older name	Office sou	ıght		Office	held
	Date	Payee name						
	08/16/2023	ReadyRefresh						
	Amount (\$)	Payee address;	City;	State; Zip Co	ode			
	\$66.61	9921 Business	Pkwy					
		Latham, MD 20	0706					
	PURPOSE OF		ategories listed at the top		(b)	Description		
	EXPENDITURE	Office Overhea	d/Rental Expens	se		Check if travel outs Check if Austin, TX		omplete Schedule T.
						water for office	, omeendaer m	mig expense
	Complete ONLY if direct	Candidate/Officeho	older name	Office sou	ı <u> </u>		Office	held
	expenditure to benefit C/O				-			
i								

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ı	Credit Card Payment	The Instruction Guide explains how to co	nplete this	form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission I	Filers)
	Sch: 17/24 Rpt: 31/38	Shaw, Penny (The Honorable)		00083989	
4	Date	5 Payee name			
	07/14/2023	ReadyRefresh			
6	Amount (\$)	7 Payee address; City; State; Zip Co	le		
	\$34.60	9921 Business Pkwy			
		Latham, MD 20706			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ption	
	OF EXPENDITURE	Office Overhead/Rental Expense		ck if travel outside of Texas. Complete Schedule T.	
				ck if Austin, TX, officeholder living expense	
			water	Tot office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	ıht	Office held	
ĺ	expenditure to benefit C/O		•		
H	Date	Payee name			
	12/04/2023	Squarespace inc.			
	Amount (\$)	Payee address; City; State; Zip Co	le		
	\$35.18	8 Clarkson Street			
	400.120	o olarioon olaoot			
		New York, NY 10014			
	PURPOSE		(b) Descr	ntion	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ption ck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Cinica Cverneda/Nonta/ Expense		ck if Austin, TX, officeholder living expense	
				aign website	
			camp		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou		Office held	
	expenditure to benefit C/O			Office held	
	expenditure to benefit C/Ol	Payee name		Office held	
	expenditure to benefit C/O	1		Office held	
_	Date 07/03/2023 Amount (\$)	Payee name Squarespace inc. Payee address; City; State; Zip Cor	ıht	Office held	
_	expenditure to benefit C/Ol Date 07/03/2023	Payee name Squarespace inc.	ıht	Office held	
_	Date 07/03/2023 Amount (\$)	Payee name Squarespace inc. Payee address; City; State; Zip Cor	ıht	Office held	
=	Date 07/03/2023 Amount (\$)	Payee name Squarespace inc. Payee address; City; State; Zip Cor	ıht	Office held	
_	Date 07/03/2023 Amount (\$) PURPOSE	Payee name Squarespace inc. Payee address; City; State; Zip Cor 8 Clarkson Street New York, NY 10014	iht de (b) Descr	ption	
	expenditure to benefit C/OFDate 07/03/2023 Amount (\$) \$35.72	Payee name Squarespace inc. Payee address; City; State; Zip Cor 8 Clarkson Street New York, NY 10014	iht le (b) Descr	ption ck if travel outside of Texas. Complete Schedule T.	
	expenditure to benefit C/OF Date 07/03/2023 Amount (\$) \$35.72 PURPOSE OF	Payee name Squarespace inc. Payee address; City; State; Zip Cor 8 Clarkson Street New York, NY 10014 (a) Category (See Categories listed at the top of this schedule)	iht le (b) Descr	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense	
	expenditure to benefit C/OF Date 07/03/2023 Amount (\$) \$35.72 PURPOSE OF	Payee name Squarespace inc. Payee address; City; State; Zip Cor 8 Clarkson Street New York, NY 10014 (a) Category (See Categories listed at the top of this schedule)	iht le (b) Descr	ption ck if travel outside of Texas. Complete Schedule T.	
	expenditure to benefit C/OF Date 07/03/2023 Amount (\$) \$35.72 PURPOSE OF	Payee name Squarespace inc. Payee address; City; State; Zip Cor 8 Clarkson Street New York, NY 10014 (a) Category (See Categories listed at the top of this schedule)	(b) Descr	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense	
	Date 07/03/2023 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Squarespace inc. Payee address; City; State; Zip Cor 8 Clarkson Street New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sour	(b) Descr	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense ite fee	
	expenditure to benefit C/OH Date 07/03/2023 Amount (\$) \$35.72 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Squarespace inc. Payee address; City; State; Zip Cor 8 Clarkson Street New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sour	(b) Descr	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense ite fee	
	expenditure to benefit C/OH Date 07/03/2023 Amount (\$) \$35.72 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Squarespace inc. Payee address; City; State; Zip Cor 8 Clarkson Street New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sour	(b) Descr	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense ite fee	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/24 Rpt: 32/38	Shaw, Penny (The Honorable)	00083989
4	Date	5 Payee name	-
	12/26/2023	Squarespace inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.50	8 Clarkson Street	
		New York, NY 10014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		We	ebsite fee
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	11/03/2023	Squarespace inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.18	8 Clarkson Street	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		\ \L	Check if Austin, TX, officeholder living expense Bosite fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	11/24/2023	Squarespace inc.	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.50	8 Clarkson Street	
	+3.00		
		New York, NY 10014	
_	PURPOSE	· ·	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) De Fees	escription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		We	ebsite fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 19/24 Rpt: 33/38	Shaw, Penny (The Honorable) 00083989	
4	Date	5 Payee name	_
	10/23/2023	Squarespace inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$6.50	8 Clarkson Street	
		New York, NY 10014	
8	PURPOSE	(a) a	-
	OF	Category (See Categories listed at the top of this schedule) Fees Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website fee	
			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	10/03/2023	Squarespace inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.18	8 Clarkson Street	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense website fee	
		Wester for	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
_	Date	Payee name	=
	09/05/2023	Squarespace inc.	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	\$35.18	8 Clarkson Street	
	400.10	o orangon oracer	
		New York, NY 10014	
	DUDDOCE	las	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/24 Rpt: 34/38	Shaw, Penny (The Honorable)	00083989
4	Date	5 Payee name	•
	08/03/2023	Squarespace inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.18	8 Clarkson Street	
		New York, NY 10014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
ľ	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		w	vebsite fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/O	'	
	Date	Payee name	
	09/18/2023	Texas Gas Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$245.45	1301 South MoPac Expressway suite 400	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		
		^	austin utility bill
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_			
	Date	Payee name	
	12/07/2023	Time Zone Graphic Design	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	333 S Catalina	
		Los Angeles, CA 90020	
	PURPOSE OF		Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	J Check if Austin, 12, officerolaer fiving expense Vebsite maintenance work
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		5555d
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)			
	Sch: 21/24 Rpt: 35/38	Shaw, Pen	ny (The Honorable)					00083989				
4	Date	5 Payee name)			•						
	10/11/2023	Uber Eats										
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	ode							
	\$203.30	1455 Mark	et Street									
		San Franci	sco, CA 94103									
8	PURPOSE	(a) Category (S	See Categories listed at the top of the	nis schedule)	(b)	Description						
	OF EXPENDITURE	Event Expe	ense			_		de of Texas. Comp				
						food sponsor		officeholder living				
						ioou sponson	101	aistrict EVEII				
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	labt			Office he	ld .			
9	expenditure to benefit C/O		nccholaci haille	Onice Suc	agrit			Office fiel	iu			
	Date	Payee name	?									
	07/17/2023	United Airli	nes									
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode							
	\$158.00	233 South	Wacker Drive									
		Chicago, IL	_ 60606									
	PURPOSE	(a) Category (s	See Categories listed at the top of the	nis schedule)	(b)	Description						
	OF EXPENDITURE		tion Equipment & Relat			<u></u>		de of Texas. Comp				
	LAI LADITURE	Expense				_		officeholder living				
						Legislator Eve	ent	transporta	ition tees			
_	Operation ONE V. C. F.	0		O4				04" 1 1	1.1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office hel	Ia			
	Date	Payee name										
	07/03/2023	United Airli										
	Amount (\$)	Payee addre		State; Zip Co	ode							
	\$667.80	233 South	Wacker Drive									
		Chicago, IL	_ 60606									
	PURPOSE	(a) Category (S	See Categories listed at the top of the	nis schedule)	(b)	Description						
	OF EXPENDITURE		tion Equipment & Relat	ed		ш		de of Texas. Comp				
		Expense						officeholder living				
						Legislator Eve	ení	แสกรมูบเโล	WOU IEES			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıabt			Office he	Id			
	expenditure to benefit C/O		ncendidei Haille	Onice SOL	uyıll			Office fiel	iu			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Lega	wards/Memorials I I Services Instruction Gu	•		ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed al	oove)
1	Total pages Schedule F1:	2 FII I	FR NAMF						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 22/24 Rpt: 36/38			he Honorab	le)					00083989		
4	Date	5 Pay	ee name									
	07/05/2023	Var	n Merten, Aa	ron								
6	Amount (\$) \$2,250.00		ree address; 2 Prince Driv	City; e	State;	Zip Co	de					
		Aus	stin, TX 7875	52								
8	PURPOSE			tegories listed at th	e ton of this sche	adula)	(b)	Description				
	OF			d/Rental Exp		cudic)	` '		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			· · · · · · · ·				X Check if Austin,	, TX,	officeholder living	g expense	
								Austin rent				
9	Complete ONLY if direct expenditure to benefit C/O		lidate/Officeho	older name	0	Office sou	ght			Office he	eld	
	Date	Pay	ee name									
	12/04/2023	Wa	rd, Jackie									
	Amount (\$)	Pay	ee address;	City;	State;	Zip Co	de					
	\$675.00	117	Barrow Str	eet								
			w York, NY 1			Т						
	PURPOSE OF			tegories listed at th		edule)	(b)	Description		do of T	mlata California T	
	EXPENDITURE	Offi	ice Overhea	d/Rental Exp	ense			Check if travel of X Check if Austin,			plete Schedule T. expense	
								austin apartm			,poco	
	Complete ONLY if direct expenditure to benefit C/O		lidate/Officeho	older name	0	Office souç	ght			Office he	eld	
	Date	Pay	ree name					<u> </u>				
	11/07/2023	Wa	rd, Jackie									
	Amount (\$)	Pay	ee address;	City;	State;	Zip Co	de					
	\$675.00	117	7 Barrow Str	-	,							
		Nev	w York, NY 1	L0014								
	PURPOSE OF			tegories listed at th		edule)	(b)	Description				
	EXPENDITURE	Offi	ice Overhea	d/Rental Exp	ense					de of Texas. Com officeholder living	plete Schedule T.	
								x Check if Austin, austin apartm			a evhense	
								adomi apartin	.011	0000		
	Complete ONLY if direct	Cand	lidate/Officeho	lder name		Office sou	thr			Office he	ald.	
	expenditure to benefit C/O		aato/Onioeni	naci name	O	moc soul	yı ıı			Omce III	oid	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 23/24 Rpt: 37/38	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	10/03/2023	Ward, Jackie
6	Amount (\$) \$675.00	7 Payee address; City; State; Zip Code 117 Barrow Street
	φ013.00	117 Ballow Street
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	X Check if Austin, TX, officeholder living expense
		austin apartment lease
_	Complete ONLY if alias -t	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	09/05/2023	Ward, Jackie
	Amount (\$)	Payee address; City; State; Zip Code
	\$674.00	117 Barrow Street
		New York, NY 10014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense austin apartment lease
		austin aparament lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/01/2023	Ward, Jackie
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	117 Barrow Street
		New York, NY 10014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		austin apartment lease
		ausun aparanent lease
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee	Gift/Awards/Memo Legal Services The Instruction			pense ages/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed abo	ove)
1	Total pages Schedule F1:	2	FILER NAME	<u> </u>				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 24/24 Rpt: 38/38			ny (The Hono	rable)				00083989		
4	Date	5	Payee name								
	07/31/2023		Ward, Jack								
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Coo	le				
	\$350.00		117 Barrow	Street							
			New York, I	NY 10014							
8	PURPOSE	(a)			at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Office Over	head/Rental I	Expense					plete Schedule T.	
							X Check if Austin austin apartm		, officeholder livin	j experise	
							aastiii apaitii	iici	it deposit		
9	Complete ONLY if direct	<u> </u>	Candidato/Off	iceholder name		Office soug			Office h	ald	
9	expenditure to benefit C/O	⊣ `	zandidate/Oni	icenolaei name		Jilice 30ug	THE .		Office II	ziu –	