# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00083989		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE L	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Penny			Date Received	
TV/ UVIC					ELECTRONICA	VIIV EII ED
						ALLI FILED
	NICKNAME	LAST		SUFFIX	07/12/2025	
		Shaw				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 925991					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77292					
					Date Processed	
					Data lasa and	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Mary				
NAME	IVIO.	war y				
	NICKNAME			CLIFFIX		
	INICKINAIVIE	LAST Morrison		SUFFIX		
		WOTTSOTT				
6 CAMPAIGN	STREET ADDRESS (NO F	O POY DI EASE):	ΛD	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	5823 Doliver	O BOX PLEASE),	AP	1/3011E#, CITT,	314	TIE, ZIP CODE
ADDRESS	3623 Dollvei					
(Residence or Business)						
	Houston, TX 77057					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER	(713) 829-6079					
PHONE	(. 25) 525 55.5					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	
					appointment (office	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
• 555105						
9 PERIOD COVERED	Month Day Year		IDOLICH	Month Day	Year	
0012.12	01/01/2025	In	IROUGH	06/30/202	5	
40 51 5071001	ELECTION DATE	<del></del>		ELECTION TVDE		
10 ELECTION	ELECTION DATE  Month Day Year	,	rimary	ELECTION TYPE Runoff	Other	
	World Day Teal		iiiiaiy	Kulloli	Other	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Di	strict 148 Harris				
	ļ					
		GO T	O PAGE 2			
		00 1	O I AOL L			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 45

13 C / OH NAME	Shaw, Penny (The H	onorable)		<b>14</b> Filer ID 00083989	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures i	accepted or political expenditu may have been made without t quired to report this information	the candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDR	RESS			
	SPECIFIC					
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, C	I <b>S</b> DR GUARANTEES OF LOANS	3)	\$	8,555.25
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	4,618.85
	4. TOTAL POLITIC	AL EXPENDITURES	3		\$	27,341.32
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		tr	swear, or affirm, under penalty rue and correct and includes al Inder Title 15, Election Code.			
			The Hor	norable Penny Shav	W	
		<del>-</del>	Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness n	ny hand and seal of office.			
Signature of offi	cer administering	Printed name o	f officer administering	Title of offic	er administeri	ing oath

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

				JVER :	3 of 45
	ER NAN	ME nny (The Honorable)	<b>19</b> Filer ID 00083989	(Ethics C	Commission Filers)
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,980.25
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	575.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	27,341.32
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	DNS	\$	
12.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE			
	The Instruc	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/45			
2	FILER NAME Shaw, Penny	/ (The Honorable)		3	Filer ID (Ethics Commission 00083989	on Filers)		
4	Date 06/23/2025	Fuentes, Frank  6 Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$2,000.00		
8	Principal occu Chairman	Austin, TX 78759 pation / Job title (See Instructions)		nployer (See Instructions) S. Hispanic Contractors	s Assoc.			
	Date 06/25/2025	Houston Police Retired Officers A  Contributor address; City; State; Zip			Amount of Contribution (\$)	\$500.00		
	Principal occu	Houston, TX 77219-0000 pation / Job title (See Instructions)	En	nployer (See Instructions)				
	Date 06/25/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00		
	District	Austin, TX 78703						
	Lobbyist	pation / Job title (See Instructions)	Se	nployer (See Instructions) elf				
	Date Full name of contributor out-of-state PAC (ID#:)  06/25/2025 Lopez-Guerra, Ricardo  Contributor address; City; State; Zip Code  Austin, TX 78747		)	Amount of Contribution (\$)	\$500.00			
	Principal occu Vice Preside	oation / Job title (See Instructions)		nployer (See Instructions) rategic Public Affairs				
	Date 06/23/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)	Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	En	nployer (See Instructions)				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	<b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/45		
2	FILER NAME Shaw, Penn	y (The Honorable)		3	3 Filer ID (Ethics Commission File 00083989		
4	Date 06/24/2025	Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
		Addison, TX 75001					
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	;) 			
	T Illicipal occu	pation 7 sob title (See instructions)	Employer (See Instructions	•			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Walker, Nathaniel Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$480.25	
		Austin, TX 78753					
	Principal occu Lobbyist	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701		•	Amount of Contribution (\$)	\$1,000.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Cuide explains how to complete this	form	1 Total pages Schedule A2:				
The Instruction Guide explains how to complete this	ioriii.	Sch: 1/1 Rpt: 6/45				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Shaw, Penny (The Honorable)		00083989				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS					
5 Date 6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution				
06/25/2025 Ingersoll, Deborah		contribution (\$) description \$275.00   Event coordination				
7 Contributor address; City; State; Zip Code		\$275.00 Event coordination				
		_				
Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)						
lobbyist	Legislative Solution	ns, 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 contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution				
06/25/2025 Montford, John T.		contribution (\$) description \$300.00   Venue cost for fundraiser				
Contributor address; City; State; Zip Code		I				
		<u> </u>				
San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
President & CEO	JTM Consulting LL					
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contribute	or'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 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

Total pages Schedule F1: Sch: 1/39 Rpt: 7/45  2 FILER NAME Shaw, Penny (The Honorable)  3 Filer ID (Ethics Commission 00083989)  4 Date 06/06/2025  5 Payee name AFLCIO	n Filere\
4 Date 5 Payee name	1111013)
06/06/2025 AFLCIO	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$250.00 1106 Lavaca St	
Austin, TX 78701	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EVENT EXPENDITURE  EXPENDITURE    Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
Event sponsorship	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
06/24/2025 Academy Sports	
Amount (\$) Payee address; City; State; Zip Code	
\$50.82   1800 N Mason Rd	
Katy, TX 77449	
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  Gift cards/prizes for community events	
one saras/prizes for community events	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct candidate/Officeholder name office sought office held expenditure to benefit C/OH	
expenditure to benefit C/OH	
Date Payee name	
Date Payee name 06/24/2025 Academy Sports	
Date Payee name 06/24/2025 Academy Sports Amount (\$) Payee address; City; State; Zip Code	
Date Payee name 06/24/2025 Academy Sports	
Date Payee name 06/24/2025 Academy Sports  Amount (\$) Payee address; City; State; Zip Code \$98.80 1800 N Mason Rd	
Date 06/24/2025 Amount (\$) Payee name Academy Sports Payee address; City; State; Zip Code 1800 N Mason Rd  Katy, TX 77449	
Date 06/24/2025 Academy Sports  Amount (\$) Payee address; City; State; Zip Code \$98.80 1800 N Mason Rd  Katy, TX 77449  PURPOSE (a) Category (See Categories listed at the top of this schedule)  (b) Description	
Date 06/24/2025 Amount (\$) Payee address; City; State; Zip Code \$98.80 Purpose  (a) Category (See Categories listed at the top of this schedule)  Payee name Academy Sports State; Zip Code State; Zip Code (b) Description	
Date 06/24/2025  Amount (\$)  Payee name Academy Sports  Amount (\$)  Payee address; City; State; Zip Code 1800 N Mason Rd  Katy, TX 77449  PURPOSE OF EVERNINTURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
Date 06/24/2025  Academy Sports  Amount (\$)  Payee address; City; State; Zip Code  \$98.80  Payee address; City; State; Zip Code  \$98.80  Katy, TX 77449   PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Date 06/24/2025 Academy Sports  Amount (\$) Payee address; City; State; Zip Code \$98.80 1800 N Mason Rd  Katy, TX 77449  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held	
Date	
Date 06/24/2025 Academy Sports  Amount (\$) Payee address; City; State; Zip Code \$98.80 1800 N Mason Rd  Katy, TX 77449  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/39 Rpt: 8/45	Shaw, Penny (The Honorable)	00083989
4 Date	5 Payee name	-
06/24/2025	Academy Sports	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$108.22	1800 N Mason Rd	
	Katy, TX 77449	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Gift cards/prizes for community events
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou PH	ight Office held
Date	Payee name	
01/09/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$20.46	440 Terry Avenue	
	Seattle, WA 98109	
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.  Check if Austin, TX, officeholder living expense
		HDMI cable for capitol office tv
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ght Office held
expenditure to benefit C/O		
Date	Payee name	
01/10/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$54.48	440 Terry Avenue	
,,,,,,		
	Seattle, WA 98109	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Nethal Expense	Check if Austin, TX, officeholder living expense
		Capitol office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight Office held
experientare to beliefft C/O	••	

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File
Sch: 3/39 Rpt: 9/45	Shaw, Penny (The Honorable)		00083989
4 Date	5 Payee name		•
01/31/2025	Amazon		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$22.71	440 Terry Avenue		
	Seattle, WA 98109		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense		vel outside of Texas. Complete Schedule T.
EXPENDITURE	·		stin, TX, officeholder living expense
		Capitol off	ce staff audio equipment
		1.	000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
·			
Date	Payee name		
05/30/2025	Amazon		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$16.22	440 Terry Avenue		
	Seattle, WA 98109		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Gift/Awards/Memorials Expense		vel outside of Texas. Complete Schedule T.
			stin, TX, officeholder living expense for label maker to make gift
		o a tapo	ion land marker to marke give
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O		,	
Date	Payee name		
05/30/2025	Amazon		
Amount (\$)	Payee address; City; State; Zip Co	de .	
\$45.45	440 Terry Avenue		
¥ 101 10			
	Seattle, WA 98109		
DUDDOCE		<b>(b)</b> 5	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if tra	vel outside of Texas. Complete Schedule T.
EXPENDITURE	Gill/Awarus/Memorials Expense		stin, TX, officeholder living expense
		Trophies to	give as awards
	<u> </u>		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
Complete ONLY if direct expenditure to benefit C/O		ght	Office held
		ght	Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/39 Rpt: 10/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	06/12/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$265.77	440 Terry Avenue
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Frames for memorial resolution
		Flames for memorial resolution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Dete	
	Date	Payee name
	06/04/2025	Bryer, Duncan
	Amount (\$)	Payee address; City; State; Zip Code
	\$822.33	57 Thames St
		Brooklyn, NY 11237
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Payment of contract labor
		ayment of contract labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	06/04/2025	Payee name Bryer, Duncan
		2 .
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	57 Thames St
		Brooklyn, NY 11237
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Venmo test transaction to contract employee
		verimo test transaction to contract employee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/39 Rpt: 11/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	02/06/2025	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	1100 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff appreciation gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/31/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.19	1100 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	05/23/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.98	1100 Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		End of session staff gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<del></del>

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/39 Rpt: 12/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	05/23/2025	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.12	1100 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		End of session staff gifts
		, and the second se
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	06/03/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.97	1100 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Capitol Staff post-session appreciation gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payoo namo
	03/03/2025	Payee name Flores, Lulu
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	211 Glendale
	40,000.00	
		Austin, TX 78701
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule)  Capitol housing expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Rent for March
	Complete ONLY if direct expenditure to benefit C/Ol	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 Git/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 7/39 Rpt: 13/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	04/14/2025	Flores, Lulu
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	211 Glendale
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Capitol housing expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Austin housing- April 2025 rent
		Additional Property of the Control o
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/20/2025	Flores, Lulu
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	211 Glendale
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Capitol housing expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Capitol housing rental-May rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/05/2025	Flores, Lulu
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	211 Glendale
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Capitol housing 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  Capitol housing rental-June rent
		Capitor rodding rental dane rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 8/39 Rpt: 14/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	03/17/2025	Garcia, Blanca
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	240 Dragon Ridge Dr
		Buda, TX 78610
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Professional cleaning services  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Austin Professional cleaning services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/15/2025	Garcia, Blanca
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	240 Dragon Ridge Dr
		Buda, TX 78610
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Austin housing cleaning fee Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Professional cleaning services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2025	Go Store It
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.00	4100 W 34th St
		Houston, TX 77092
	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign office/storage rental fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/39 Rpt: 15/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	02/03/2025	Go Store It
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.00	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
		Campaign office/storage rental fee
		Campaigh office/storage refital fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	H Office flower flame Office sought Office flew
$\vdash$	Date	Davies same
		Payee name
	03/03/2025	Go Store It
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.00	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 Check if travel outside of Texas. Complete Schedule T.
		Campaign office/storage rental fee
		Campaigh office/storage refital fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	01/06/2025	Payee name Goodwill Industries of Central Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.31	1015 Norwood Park Blvd
		Austin, TX 78753
	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.
		Capitol office decor
		Capitor office decor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

#### 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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/39 Rpt: 16/45	Shaw, Penny (The Honorable)	00083989
4	Date	5 Payee name	<u>'</u>
	02/21/2025	Goodwill Industries of Central Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$38.66	1015 Norwood Park Blvd	
		Austin, TX 78753	
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
			Capitol office frames
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Great		
	Date	Payee name	
	04/08/2025	Goodwill Industries of Central Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.93	1015 Norwood Park Blvd	
		Austin, TX 78753	
	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.
			Check if Austin, TX, officeholder living expense Office frame
			Office frame
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	000 1.5.13
-	Date	Payee name	
	04/18/2025	Goodwill Industries of Central Texas	
	Amount (\$) \$20.53	Payee address; City; State; Zip Code 1015 Norwood Park Blvd	
	Ψ20.33	1010 NOIWOOUT AIR DIVU	
		Auctin TV 707E2	
		Austin, TX 78753	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Capitol Office supplies
	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

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

Candidate/Officeholder/Political Co Credit Card Payment	Demmittee 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: 11/39 Rpt: 17/45	Shaw, Penny (The Honorable) 00083989	
4 Date 5	Payee name	
04/18/2025	Goodwill Industries of Central Texas	
6 Amount (\$) 7	Payee address; City; State; Zip Code	
\$88.11	1015 Norwood Park Blvd	
	Austin, TX 78753	
8 PURPOSE (a)	(b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Capitol Office frames/decor	
	Supitor Office frames/decor	
9 Complete ONLY if direct (	Candidate/Officeholder name Office sought Office held	_
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Oniceriolder name Onice sought Onice neid	
		_
Date	Payee name	
04/28/2025	Goodwill Industries of Central Texas	
Amount (\$)	Payee address; City; State; Zip Code	
\$112.18	1015 Norwood Park Blvd	
	Austin, TX 78753	
PURPOSE (a) OF	(b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Capitol Office decor/frames	
	Suprior Since descrimantes	
Complete ONLY if direct (	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OH	Candidate/Officeriolate name Office sought Office rela	
5.		_
Date	Payee name	
01/07/2025	Harris County Democratic Party	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	3401 Allen Parkway / Suite 100	
	Houston, TX 77019	
	(b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Membership dues	
Operation ONE V. C.	Our distance (Office health and our second to the control of the c	_
Complete <u>ONLY</u> if direct ( expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
p		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn 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	
_		<u>_</u>
1	Total pages Schedule F1: Sch: 12/39 Rpt: 18/45	2 FILER NAME Shaw, Penny (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083989
4	Date 06/23/2025	5 Payee name Harris County Democratic Party
6	Amount (\$) \$180.00	7 Payee address; City; State; Zip Code 3401 Allen Parkway / Suite 100  Houston, TX 77019
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Sponsorship  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Sponsorship to the Harris Co. Democratic Party
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	Houston LGBTQ+ Political Caucus
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 401 Branard
		Houston, TX 77006
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to event sponsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	LULAC
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 1776 Eye Street, NW Suite 400
		Washington, DC 20006
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Annual LULAC membership dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/39 Rpt: 19/45	Shaw, Penny (The Honorable)		00083989
4	Date	5 Payee name		
	03/18/2025	LULAC		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$350.00	1776 Eye Street, NW, Suite 400		
		Washington, DC 20006		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Parade registration fee
				5
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/01/2025	Legislative Study Group		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1,000.00	P.O. Box 12943		
		Austin, TX 78711		
	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
				Mandatory Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/30/2025	Lotus Living		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1,500.00	888 Brannan St #119		
		San Francisco, CA 94103		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Capitol housing expense		Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
				Capitol housing rent-January
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	<del>1</del>		

#### 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	
		<u>_</u>
1	Total pages Schedule F1: Sch: 14/39 Rpt: 20/45	2 FILER NAME Shaw, Penny (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083989
4	Date	5 Payee name
	02/03/2025	Lotus Living
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	888 Brannan St #119
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Capitol housing expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		February Capitol Apt. Rent
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2025	Lyft
_	Amount (\$)	Payee address; City; State; Zip Code
	\$50.40	
	\$50.40	185 Berry St Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lyft in Austin-State business
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	Davis name
	Date	Payee name
	03/07/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.36	185 Berry St Suite 400
		San Francisco, CA 94107
	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.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Lyft in Austin to State event
	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)
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
Leal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/39 Rpt: 21/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	03/19/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.89	185 Berry St Suite 400
		San Francisco, CA 94107
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
		Lyft in Austin-State business
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.84	185 Berry St Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lyft in Houston-State business
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/16/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.89	185 Berry St Suite 400
		San Francisco, CA 94107
	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  Lyft in Austin-State business
		Lyit iii Austini-State business
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense 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: 16/39 Rpt: 22/45 Shaw, Penny (The Honorable) 00083989 4 Date Payee name 04/17/2025 Lyft 6 Amount (\$) Payee address; State; Zip Code \$7.74 185 Berry St Suite 400 San Francisco, CA 94107 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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Lyft in Austin-State business Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/24/2025 Lyft Amount (\$) Payee address; City; State; Zip Code \$22.99 185 Berry St Suite 400 San Francisco, CA 94107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Lyft in Austin-State business Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2025 Lyft Amount (\$) Payee address; City: State; Zip Code \$42.46 185 Berry St Suite 400 San Francisco, CA 94107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Lyft in Austin-State business Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 17/39 Rpt: 23/45	Shaw, Penny (The Honorable)	00083989
4	Date	5 Payee name	<b>'</b>
l	05/06/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$15.99	185 Berry St Suite 400	
l			
l		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description
	OF EVENDITUE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Lyft in Austin-State business
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Office held
L	<u>'</u>		
l	Date	Payee name	
L	05/12/2025	Lyft	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$42.09	185 Berry St Suite 400	
l			
		San Francisco, CA 94107	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description
l	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense  Lyft in Austin-State business
			Lyk iii / kasiii State Sasiiisss
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
l	expenditure to benefit C/O		
F	Date	Payee name	
l	05/19/2025	Lyft	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$6.00	185 Berry St Suite 400	
l	Ψ0.00	100 Berry of Guite 400	
l		San Francisco, CA 94107	
┡	DUDDOOF		N
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel Out of District	Check if Austin, TX, officeholder living expense
l			Lyft in Austin-State business
	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
L	expenditure to benefit C/Ol	1	

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/39 Rpt: 24/45	Shaw, Penny (The Honorable)		00083989
4	Date	5 Payee name		
	05/19/2025	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$33.58	185 Berry St Suite 400		
		San Francisco, CA 94107		
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
				Lyft in Austin-State business
_	0 1: 0 1: 0			000
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sout	ght	Office held
	Date	Payee name		
	05/20/2025	Lyft		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$39.02	185 Berry St Suite 400		
		San Francisco, CA 94107		
	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  Lyft in Austin-State business
				Lyit iii Austiii-State busiiiess
_	Carrelata ONLV if direct	Ortical alder and Office and Office and	b+	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	gnı	Опісе пеіа
	Date	Payee name		
	06/02/2025	Lyft		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$16.88	185 Berry St Suite 400		
		San Francisco, CA 94107		
	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
				Lyft in Austin-State business
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	experiulture to benefit C/Or	1 		

#### SCHEDULE F1

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

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

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	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/39 Rpt: 25/45	Shaw, Penny (The Honorable)		00083989
4	Date	5 Payee name		<u> </u>
	06/05/2025	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$36.21	185 Berry St Suite 400		
		San Francisco, CA 94107		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF	Travel In District	, ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Lyft in Houston-State business
_				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	t Office held
_				
	Date	Payee name		
	06/09/2025	Lyft		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$47.21	185 Berry St Suite 400		
		San Francisco, CA 94107		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Lyft in Houston-State business
				Lyit iii i louston-state business
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	t Office held
	expenditure to benefit C/Ol		giit	. Since held
	Date	Pausa nama		
	06/11/2025	Payee name Lyft		
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$16.57	185 Berry St Suite 400		
		San Francisco, CA 94107		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Lyft in Houston-State business
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O			

### 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: 20/39 Rpt: 26/45	Shaw, Penny (The Honorable)	00083989
4	Date	5 Payee name	
	06/12/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.86	185 Berry St Suite 400	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	rel outside of Texas. Complete Schedule T.
	EXILENSIT ONE	l — l —	stin, TX, officeholder living expense
		Lyit iii nou.	ston-State business
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
"	expenditure to benefit C/O		Office field
L	D-4-	_	
	Date	Payee name	
	06/13/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.52	185 Berry St Suite 400	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		rel outside of Texas. Complete Schedule T.
		l — l — l — l	stin, TX, officeholder living expense in-State business
		Lyit iii Ausi	iii-State business
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
H	Date	Dougo nama	
	06/13/2025	Payee name	
l	00/13/2023	Lyft	
	Δ (Φ)	Device address. Other	
	Amount (\$)	Payee address; City; State; Zip Code	
	Amount (\$) \$30.94	Payee address; City; State; Zip Code 185 Berry St Suite 400	
		185 Berry St Suite 400	
		185 Berry St Suite 400 San Francisco, CA 94107	
	\$30.94  PURPOSE	185 Berry St Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) (b) Description	
	\$30.94	185 Berry St Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if trav	rel outside of Texas. Complete Schedule T.
	\$30.94  PURPOSE OF	185 Berry St Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if trav	stin, TX, officeholder living expense
	\$30.94  PURPOSE OF	185 Berry St Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if trav	
	\$30.94  PURPOSE  OF  EXPENDITURE	185 Berry St Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if trav  Check if Aus	stin, TX, officeholder living expense ston-State business
	\$30.94  PURPOSE OF	185 Berry St Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Travel In District  Check if travel Lyft in House  Candidate/Officeholder name  Office sought	stin, TX, officeholder living expense
	\$30.94  PURPOSE OF EXPENDITURE  Complete ONLY if direct	185 Berry St Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Travel In District  Check if travel Lyft in House  Candidate/Officeholder name  Office sought	stin, TX, officeholder living expense ston-State business
	\$30.94  PURPOSE OF EXPENDITURE  Complete ONLY if direct	185 Berry St Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Travel In District  Check if travel Lyft in House  Candidate/Officeholder name  Office sought	stin, TX, officeholder living expense ston-State business

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/39 Rpt: 27/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	03/31/2025	MALC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	1122 Colorado St
		Austin, TX 78701
8	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
		Annual Membership dues - 2025
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	01/21/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	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	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Email service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	01/23/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.79	675 Ponce De Leon Ave NE
	*****	
		Atlanta, GA 30308
	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
		Email service fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### 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		t listed above)
1	Total pages Schedule F1:		Commission Filers)
Ĺ	Sch: 22/39 Rpt: 28/45		ominission Filets)
4	Date	5 Payee name	
	01/18/2025	Mailchimp	
6	Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE	
		Atlanta, GA 30308	
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 Sched Check if Austin, TX, officeholder living expense	ule T.
		Email service fee	
		Email service rec	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	JH	
	Date	Payee name	
	03/18/2025	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)  (b) Description  Check if travel outside of Taylor Complete School	ulo T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expense	ule I.
		Email service fee	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	04/21/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.97		
		Atlanta, GA 30308	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	ula T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expense	uie I.
		Email service fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/39 Rpt: 29/45	Shaw, Penny (The Honorable)	00083989
4	Date	5 Payee name	·
	05/19/2025	Mailchimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$47.97	675 Ponce De Leon Ave NE	
		Atlanta, GA 30308	
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.  Check if Austin, TX, officeholder living expense
			Email service fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/20/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.97	675 Ponce De Leon Ave NE	
		Atlanta, GA 30308	
Г	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.  Check if Austin, TX, officeholder living expense
			Email service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	01/21/2025	Metro by T-mobile	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	2250 Lakeside Blvd	
		Richardson, TX 75082	
	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.  Check if Austin, TX, officeholder living expense
			District office phone expense
			·
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 24/39 Rpt: 30/45	Shaw, Penny (The Honorable) 00083989	
4	Date	5 Payee name	
	02/21/2025	Metro by T-mobile	
6	Amount (\$)	7 Payee address; City; 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 EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		District office phone expense	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		
_			
	Date	Payee name	
	03/21/2025	Metro by T-mobile	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	2250 Lakeside Blvd	
		Richardson, TX 75082	
	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.	
		Check if Austin, TX, officeholder living expense  District office phone expense	
		District office priorite expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data	Davies same	
	Date 04/21/2025	Payee name  Motro by T mobile	
		Metro by T-mobile	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	2250 Lakeside Blvd	
		Richardson, TX 75082	
	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	
		District office phone expense	
		District office prioric experise	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/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: 25/39 Rpt: 31/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	05/21/2025	Metro by T-mobile
6	Amount (\$)	7 Payee address; City; 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 EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  District office phone expense
		District office priorite expense
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	06/23/2025	Metro by T-mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	2250 Lakeside Blvd
		Richardson, TX 75082
	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.
		Check if Austin, TX, officeholder living expense  District office phone expense
		District office priorite expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 01/24/2025	Payee name Moreno, Favianna
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2101 Burton Dr.
		#2050
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Campaign activity
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to com	•	te this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_	3 Filer ID (Ethics Commission Filers)
	Sch: 26/39 Rpt: 32/45	Shaw, Penny (The Honorable)		00083989
4	Date	5 Payee name		-
	04/14/2025	Oak Dads Club		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$250.00	1025 Judiway St		
		Houston, TX 77018		
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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Event sponsorship
_	Complete ONLY if direct	Condidate/Officeholder name	ıb+	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	JIIL	Office field
	Date	Payee name		
	04/10/2025	Primo Brands Water Service		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$59.28	200 Eagles Landing Blvd.		
		Lakeland, FL 33810		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Capitol Office water delivery service
				Suprior Office water delivery service
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/OI		,	Since near
	Date	Dove name		
	04/17/2025	Payee name Primo Brands Water Service		
	Amount (\$)	Payee address; City; State; Zip Cod	ae	
	\$83.35	200 Eagles Landing Blvd.		
		Lakeland, FL 33810		
	PURPOSE OF	, (************************************	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Capitol Office water delivery service
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	9		

#### 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	
		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 27/39 Rpt: 33/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	05/19/2025	Primo Brands Water Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.97	200 Eagles Landing Blvd.
		Lakeland, FL 33810
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Capitol Office water delivery service
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/18/2025	Primo Brands Water Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.97	200 Eagles Landing Blvd.
		Lakeland, FL 33810
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Capitol Office water supply delivery
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	01/06/2025	ReadyRefresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.62	9921 Business Pkwy
		Latham, MD 20706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITURE	Check if Austin, TX, officeholder living expense
		Capitol Office water delivery
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

	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: 28/39 Rpt: 34/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	01/21/2025	ReadyRefresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.89	9921 Business Pkwy
		Latham, MD 20706
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.  Check if Austin, TX, officeholder living expense
		Capitol Office water delivery fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	02/18/2025	ReadyRefresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.09	9921 Business Pkwy
		Latham, MD 20706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol Office water delivery service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 03/19/2025	Payee name  ReadyRefresh
	Amount (\$) \$96.75	Payee address; City; State; Zip Code 9921 Business Pkwy
	Ψ30.13	5521 Business i kwy
		Latham, MD 20706
	DUDDOCE	To a second seco
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol Office water delivery service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to belieff C/OI	<u>'</u>

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (E	Ethics Commission Filers)
	Sch: 29/39 Rpt: 35/45	Shaw, Penny (The Honorable)		00083989	
4	Date	5 Payee name			
	03/26/2025	ReadyRefresh			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$57.93	9921 Business Pkwy			
		Latham, MD 20706			
8	PURPOSE OF	, , ,	Description		
	EXPENDITURE	Food/Beverage Expense		outside of Texas. Complet , TX, officeholder living ex	
			ш	water delivery se	
			•	-	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held	
	expenditure to benefit C/O	1			
F	Date	Payee name			
	04/21/2025	Sprouts Farmers Market			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$29.05	5455 East High Street			
		Ste. 111			
		Phoenix, AZ 85054-5464			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Food/Beverage Expense	$\Box$	outside of Texas. Complet , TX, officeholder living ex	
			Capitol Office		period
			•		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held	
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	04/21/2025	Sprouts Farmers Market			
Г	Amount (\$)	Payee address; City; State; Zip Code			
	\$198.07	5455 East High Street			
		Ste. 111			
		Phoenix, AZ 85054-5464			
	PURPOSE OF	,	Description		
	EXPENDITURE	Food/Beverage Expense	ш	outside of Texas. Complet , TX, officeholder living ex	
			_	staff food/snacks	
			<del>-</del>		
	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held	
	expenditure to benefit C/O	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 comple	te this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 30/39 Rpt: 36/45	Shaw, Penny (The Honorable)		00083989	
4	Date	5 Payee name			
	01/03/2025	Squarespace Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$38.38	8 Clarkson Street			
		New York, NY 10014			
8	PURPOSE OF	5 1 (continue)	Description		
	EXPENDITURE	Office Overhead/Rental Expense	ш	outside of Texas. Com TX, officeholder living	
			Website service		5 <del></del>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/03/2025	Squarespace Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$38.38	8 Clarkson 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	<b></b>	outside of Texas. Com TX, officeholder living	
			Website service		5 <del></del>
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/24/2025	Squarespace Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$7.79	8 Clarkson Street			
		New York, NY 10014			
	PURPOSE OF	,	Description	outside of Texas. Com	anloto Schodulo T
	EXPENDITURE	Office Overhead/Rental Expense	므	TX, officeholder living	•
			Website servi	ce fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/OI	1			

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/39 Rpt: 37/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	03/03/2025	Squarespace Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	8 Clarkson Street
		New York, NY 10014
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.  Check if Austin, TX, officeholder living expense
		Website service fee
		Wessite service les
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Date	Payee name
	03/24/2025	Squarespace Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.79	8 Clarkson 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.  Check if Austin, TX, officeholder living expense
		Website service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2025	Squarespace Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	8 Clarkson Street
		New York, NY 10014
	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.
		Check if Austin, TX, officeholder living expense  Website service fee
		vvebsite service ice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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: 32/39 Rpt: 38/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	04/23/2025	Squarespace Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.09	8 Clarkson Street
	40.00	
		New York, NY 10014
Ļ	DUDDOOF	
8	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website service fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/05/2025	Squarespace Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	8 Clarkson Street
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		New York, NY 10014
	PURPOSE	
	OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/23/2025	Squarespace Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.09	8 Clarkson Street
		New York, NY 10014
	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
		Website service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		aries/Wag		Contract Labor		OTHER (enter a	strict a category not listed a	bove)
	Credit Card Payment			The Instruction Gu	ide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 33/39 Rpt: 39/45		Shaw, Penn	y (The Honorab	le)					00083989		
4	Date	5	Payee name									
	06/03/2025		Squarespac	e Inc.								
6	Amount (\$)	7	Payee addres	ss; City;	State; Ziŗ	Code	е					
	\$38.38		8 Clarkson S	Street								
			New York, N	IY 10014								
8	PURPOSE	(a)	Category (Sc	e Categories listed at th	a ton of this schedule)	(k	b)	Description				
	OF	<b> `</b> ´		nead/Rental Exp			•		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							<b>—</b>		officeholder living	g expense	
								Website servi	ice	fee		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office	sough	nt			Office h	eld	
	experientare to benefit or of											
	Date		Payee name									
	06/23/2025		Squarespac	e Inc.								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	е					
	\$9.09		8 Clarkson Street									
			New York, N	IY 10014								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(k	b)	Description				
	OF EXPENDITURE			nead/Rental Exp				Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITORE			H					n, TX, officeholder living expense				
Website service fee												
	0 1: 0.11.7.7.1.	L_	- "		0.00	Щ.	_			O.W. 1		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	sough	nt			Office h	eld	
		_										
	Date		Payee name									
	04/04/2025		Storage Rer	ntals of America								
	Amount (\$)		Payee addres	•	State; Zip	Code	е					
	\$99.00		4100 W. 34t	h St.								
			Houston, TX	77092								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(k	b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense						nplete Schedule T.	
										officeholder living		
								Campaign off	iice	rsioraye rei	ital ICC	
$\vdash$	Complete ONLY if direct	Ц,	Pandidate/Offic	ceholder name	Office	sough	nt			Office h	eld.	
	expenditure to benefit C/OI		Janunale/OIII	CHOIDEI HAIHE	Office	, sougi	it			Onice II	ciu	

### 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: Sch: 34/39 Rpt: 40/45	2 FILER NAME Shaw, Penny (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083989
4	<u> </u>	5 Payee name Storage Rentals of America
6	Amount (\$) \$101.00	7 Payee address; City; State; Zip Code 4100 W. 34th St.
8	PURPOSE OF EXPENDITURE	Houston, TX 77092  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Office/Storage rental
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/02/2025	Payee name Storage Rentals of America
	Amount (\$) \$101.00	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 office/storage rental
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/05/2025	Payee name Texas House LGBTQ Caucus
	Amount (\$) \$400.00	Payee address; City; State; Zip Code PO Box 2910
		Austin, TX 78768
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Texas House caucus membership dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 35/39 Rpt: 41/45	Shaw, Penny (The Honorable)		00083989
4	Date	5 Payee name		<u> </u>
	03/24/2025	Texas House of Representatives		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$500.70	PO Box 2910		
		Austin, TX 78768		
8	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
				Staff Payment for services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	04/16/2025	Texas House of Representatives		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$25.00	PO Box 2910		
		Austin, TX 78768		
	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 Texas House administration fee
				Texas House autilitistiation lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	Jiii	Office field
	Date	Dove nome		
	01/02/2025	Payee name TimeZone Graphic Design		
		•	-1 -	
	Amount (\$)	Payee address; City; State; Zip Cod	ae	
	\$350.00	333 S Catalina		
		Los Angeles, CA 90020		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				New State Rep. website redesign-partial payment
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			

### SCHEDULE F1

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

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

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

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

	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: 36/39 Rpt: 42/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	04/21/2025	TimeZone Graphic Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	333 S Catalina
		Los Angeles, CA 90020
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.  Check if Austin, TX, officeholder living expense
		New State Rep. website redesign-partial payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	05/19/2025	TimeZone Graphic Design
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	333 S Catalina
		Los Angeles, CA 90020
	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.  Check if Austin, TX, officeholder living expense
		New State Rep. website redesign-partial payment
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	01/06/2025	US Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.31	5405 Wasson Road
		Austin, TX 78745
	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.  Check if Austin, TX, officeholder living expense
		Capitol storage facility
一	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 Commi

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 37/39 Rpt: 43/45	Shaw, Penny (The Honorable) 00083989
4	Date	5 Payee name
	02/03/2025	US Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.00	5405 Wasson Road
		Austin, TX 78745
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.
		Check if Austin, TX, officeholder living expense  Capitol storage facility
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	03/03/2025	US Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.00	5405 Wasson Road
		Austin, TX 78745
	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.  Check if Austin, TX, officeholder living expense
		Capitol storage facility
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	04/03/2025	US Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.00	5405 Wasson Road
		Austin, TX 78745
	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
		Capitol storage facility
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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 Fi						
	Sch: 38/39 Rpt: 44/45	Shaw, Penny (The Honorable) 00083989						
4	Date	5 Payee name						
	05/02/2025	US Storage						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$117.00	5405 Wasson Road						
		Austin, TX 78745						
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.						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Capitol storage facility						
_	Complete ONLY if direct	Constitute / Office helder mores Office accords						
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	06/04/2025	US Storage						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$141.50	5405 Wasson Road						
		Austin, TX 78745						
	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.						
		Capitol storage facility						
		Supilor storage radiity						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	02/24/2025	Whip In						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$162.62	1950 South I-H 35						
	Ψ102.02	1330 30uu 171 33						
		Auctin TV 70704						
		Austin, TX 78704						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Capitol staff lunch						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	H						

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comi Credit Card Payment		mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Polling Expens Printing Expens	.d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)	
l	Credit Card Payment			The Instruction Guide	explains h	now to compl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 39/39 Rpt: 45/45		Shaw, Pen	ny (The Honorable)	)				00083989	
4	Date	5	Payee name	<u> </u>				_		
	03/03/2025	ľ	Whip In	•						
Ļ		<del>  -</del>	· ·	O'the second	01-1	7:- OI-				
ľ٩	Amount (\$)	'	Payee addre		State;	Zip Code				
l	\$64.95		1950 South	1 I-H 35						
l										
l			Austin, TX	78704						
8	PURPOSE	(a)	Category (s	See Categories listed at the to	on of this cohe	odulo) (b)	Description			
	OF	``	Food/Beve	rage Expense	op or triis scrie	edule)		outsi	de of Texas. Com	olete Schedule T.
l	EXPENDITURE		1 oou/beve	rage Expense			Check if Austin	, TX	officeholder living	expense
l							Capitol staff I	und	ch	
9	Complete ONLY if direct		Candidate/Off	ficeholder name	0	ffice sought			Office he	ld
	expenditure to benefit C/O					J				
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