

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

2018508

Received By Clerk:

7/17/2018

File Date:

July 17, 2018

Office:

Commissioner Pct. 4

Candidate:

Shaw, Penny

Treasurer:

Morrison, Mary L.

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

· Type:

COR

Harris County No Fee

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | ulde explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|---|---------------------------------------|---|
| 3 CANDIDATE/ OFFICEHOLDER | MS/MRS/MR FIRST | Mi | ØFFICE USE ONLY |
| NAME | Penny Last | SUFFIX | Date Received |
| | Shaw | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | P.O. Box 925 | | |
| Change of Address | Houston, TX | 77292 | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | 493 - | EXTENSION + | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS/MRS/MR FIRST | MI | Receipt # Amount \$ |
| NAME | NICKNAME LAST | SUFFIX | Date Processed |
| | morriso | n | Date Imaged |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SU | | ZIP CODE |
| TREASURER ADDRESS | 5823 Doliver | r Houston 7 | TX 77057 |
| (Residence or Businesa) | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (7(3) \$29 | EXTENSION 6579 | |
| · | | | |
| 9 REPORT TYPE | January 15 30th day before e | Runotf | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 8th day before ele | ection Exceeded \$500 limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year | Month | Day Year |
| 4 | 02/26/2018 | тняоцан 06/ | 30/2018 |
| 11 ELECTION | ELECTION DATE Primary | ELECTION TYPE | |
| | Month Day Year Primary 1 / 6 / 18 Senoral | Description Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (If known | · · |
| | | Commiss | County Joner, Precinct 4 |
| | GO TO | PAGE 2 | |

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | Shau | s, Penny | 15 Filer ID (Ethics Commission Filers) | |
|--|---------------------|---|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CANE | | THOUT THE CANDIDATE'S OR OFFICEHOLDER'S IS INFORMATION ONLY IF THEY RECEIVE NOTICE | |
| | COMMITTEE TYPE | International Brotherhood | & Electrical Workers | |
| | GENERAL | Workers Political Action | Committee | |
| | SPECIFIC | COMMITTEE ADDRESS | • | |
| | 192 0, 2011. | Goo Seventh St. N. W Washington D.C. 2 COMMITTEE CAMPAIGN TREASURER NAME |). ∼000 l | |
| Additional Pages | | Salvatore O.Chi | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS 900 Seventh St. N.W | | |
| | | Washington DC. 2 | 000 | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI | AN e | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 7,838.36 | |
| EXPENDITURE TOTALS | ş . | POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED | \$ | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$10,591.43 | |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD | THE \$ | |
| 18 AFFIDAVIT | | | | |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. | | | | |
| Jenny Stu | | | | |
| Signature of Candidate or Officeholder | | | | |
| AFFIX NOTARY STAN | IP/SEALABOVE | D - | | |
| Sworn to and subso | ribed before me, | by the said <u>Penny Sharo</u> | the APPTZA L CABRERA | |
| day of July | 1 , 20 18 . | to certify which, witness my hand and seal of of the | Notary Public STATE OF TEXAS My Comm. Exp. 08-30-21 | |
| Manporx | CARY | Mantra Cabrera | Notary ID # 13119366-1 0 | |
| Bignature of officer a | administering oath | Printed name of officer administering oath | Title of officer administering oath | |

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | Shaw, | Penny | 15 Filer ID (Ethics Commission Filers) |
|---------------------------------------|--------------------|---|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CAN | OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENI HIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT T URES. | WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | Southwest Laborers District Co | ouncil SW LOC PAL |
| | SPECIFIC | COMMITTEE ADDRESS. 11720 East 21 St. | ste.0 |
| · | | TUISA OK 74129 COMMITTEE CAMPAIGN TREASURER NAME | |
| Additional Pages | | Jeremy Hendricks | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS 11720 East 21 St. S TUISA, OK 74129 | ste.D |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEM | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, STEMIZED | \$ |
| | 4. TOTAL | PÓLITICAL EXPENDITURES | \$ |
| CONTRIBUTION BALANCE | • | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS CORTING PERIOD | ST DAY \$ |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD | THE \$ |
| 18 AFFIDAVIT | <u> </u> | | |
| | | | f perjury, that the accompanying report is information required to be reported by me |
| | | Signature of Ca | hau andidate or Officeholder |
| AFFIX NOTARY STAM | IP/SEALABOVE | | |
| Sworn to and subsc | ribed before me, | by the said Penny Shau | this the common of |
| day of Tuly | | to certify which, witness my hand and seal of office | MARITZA L CABRER Notary Public STATE OF TEXAS My Comm. Exp. 06-30-2 |
| Janh at | mo_ | Martia l'abrera | Notary ID # 13119368-1 |
| Signature of officer a | administering oath | Printed name of officer administering oath | Title of officer administering oath |

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | Shaw, Penny | 15 Filer ID (Ethics Commission Filers) | |
|---|---|--|---------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AS SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPEND | CCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO DITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S RS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE | |
| : | GENERAL COMMITTEE NAME COMMITTEE ADDRESS | rea Democrats Club PAC | |
| | COMMITTEE CAMPAIGN TREASURE | rale Dr. Houston, TX 77077 | |
| Additional Pages | Herb Whal | | |
| | 14119 Hill va | ale Drive Houston Tx 77077 | |
| 77 CONTRIBUTION TOTALS | TOTAL POLITICAL CONTRIBUTIONS OF PLEDGES, LOANS, OR GUARANTEES O | F LOANS), UNLESS ITEMIZED | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR G | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF UNLESS ITEMIZED | \$100 OR LESS, | <u></u> |
| | 4. TOTAL POLITICAL EXPENDITURES | · \$ | (|
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAI OF REPORTING PERIOD | INTAINED AS OF THE LAST DAY \$ | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD | | |
| 18 AFFIDAVIT | | | |
| | true an | r, or affirm, under penalty of perjury, that the accompanying report is nd correct and includes all information required to be reported by me Title 15, Election Cede. | |
| | | Lemy Sho | |
| | | Signature of Calididate or Officeholder | |
| AFFIX NOTARY STAN | $\mathcal{P}_{\boldsymbol{\varrho}}$ | house Charles 1/2 | |
| T. 1 | ibed before me, by the said/ \(\frac{1}{8} \), to certify which, witness my | 000000000000000000000000000000000000000 | |
| day of July | haby Muntrole | Notary Public STATE OF TEXAS | ; 8 |
| Signature of officer in | dministering oath Printed name of officer | On District Contract of the Co | -21 8 -1 8 |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 F | ILER N | Shaw Penny . | 20 Filer ID (Ethics Con | nmission Filers) |
|------|--------|---|-------------------------|--------------------|
| | | LE SUBTOTALS F SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | V | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$4,620.00 |
| 2. | V | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 3,218,36 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4, | | SCHEDULE E: LOANS | | \$ |
| 5. | | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$5,606,80 |
| 6, | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS | \$ |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | dram. | \$ 676.64 |
| 9. | V | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | NDS | \$4,307.99 |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | | \$ |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER | IONS | \$ |
| | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 | | |
|--|---------------------------------------|--|--|
| The instruction Gulde explains how to complete this form. | 1 Total pages Schedule A1: | | |
| 2 FILER NAME Shaw, Penny | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 5 Full name of contributor Dout-of-state PAC (IDEC 0002- IBEW PAC Voluntary Fund 5-30-18 6 Contributor address; City; State; Zip Code 900 Seventh Ave. St. NW 20 | 1.000.00 | | |
| Principal occupation / Job title (See Instructions) PAC PAC PAC | | | |
| Date Full name of contributor Out-of-state PAC (ID#: 5598) CY Fair Ana Democratic CI 5-25-18 Contributor address; City; State; Zip Code F | Tillouin of Commedicin (4) | | |
| 14119 Hillvale Dr. Houston Tx 7 | 100.00 | | |
| Principal occupation / Job title (See Instructions) Employer (See | e Instructions) | | |
| Date Full name of contributor Quit-55-state PAC (ID#: 2090) | Amount of contribution (\$) | | |
| Southwest Laborers District Cour 4.24-18 Contributor address; City: State: Zipubbe 1 1720 EASTZ St. SteDTUSa, OK 74 | 500.00 | | |
| | e Instructions) | | |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| Contributor address; Clty; State; Zip Code | | | |
| Principal occupation / Job title (See Instructions) Employer (See | e Instructions) | | |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |
| If contributor is out-of-state PAC, please see instruction guide for a | dditional reporting requirements. | | |

| MONET | TARY POLITICAL CONTR | IBUTIONS | SCHEDULE A1 |
|--------------------|---|---|---------------------------------------|
| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Shaw, Penny | eritairen arreita sidaliki erren 18 - erren territaria (h. 1888) (h. 1889) erre | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PA | C (ID#:) | 7 Amount of contribution (\$) |
| 3/2/18 | Mark, Robert 6 Contributor address; City; State | | \$ 25.00 |
| | 10111 Heather Hill Dr. Hou | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instruc | |
| Date | <u></u> | C (ID#:) | Amount of contribution (\$) |
| 3/11/18 | Pendland, Grace Contributor address; City; State | e; Zip Code | 9,00,00 |
| | 5915 Lattimer Dr. Ho | | |
| | Dation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| 3/7/18 | vargas, Edward contributor address: cliv: state 3006 Attridge Rd House | e; zip Code Ston TX 77018 | 3 30 00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction Not employer) | |
| Date 3 1 1 8 | Leininger, Katie | C (ID#:) | Amount of contribution (\$) |
| | Contributor address: City: Stat 2710 IN Sabirre St. #104 | e; Zip Code Housten, TX | \$100.00 |
| Principal occu | pation / Job title (See Instructions) | 77009 Employer (See Instruc | ctions) |
| Attorno | 24/ | City of D | earla |
| , | | | |
| | · | | |
| | ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see ins | · · | |

| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|----------------------------|--|---------------------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Shaw, Penny | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor Out-of-state PAC | | 7 Amount of contribution (\$) |
| 4-18-18 | Esther Martinez 6 Contributor address; City; State | | 100.00 |
| | 802 Ave of Oaks st | | 4 |
| 8 Principal occu Health | pation/Job title (See Instructions) Carc Coordinator | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | : (ID#: | Amount of contribution (\$) |
| 4-18-18 | Doyce Salhoot Contributor address; City; State | | $\approx \infty$ |
| | 3716 Forber St Houston | 17 77 COS | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributorout-of-state_PAC | ; (ID#: | Amount of contribution (\$) |
| 4-4-18 | Contributor address City: State | · | 150.00 |
| | 5712 Irvington Blud Hoo | · · · · · · · · · · · · · · · · · · · | , |
| | patton / Job title (See Instructions) 2179 Coordinater | Employer (See Instruc AFL-CIO | tions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 4-18-18 | Contributor address; City; State | ; Zip Code | |
| | 5823 Dolliven HoustiT) | C 77057 | 100.90 |
| | pation / Job title (See Instructions) (Of BenefitS | Employer (See Instruc GDF SUEZ E | Hons) iserg North America |
| | | | |
| : | | | • |
| | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | ATTACH ADDITIONAL COPIES O | | |

| MONET | TARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|-------------------------|--|---------------------------------------|
| | | |
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Shaw, Penny | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state_PAC (IDII:) | 7 Amount of contribution (\$) |
| s-14 - 18 | Aaron Azios 6 Contributor address; City; State; Zip Code 77008 6227 Wynnwood Lone Howston TX | 10,00. |
| | e Hundler (See Instructions) 9 Employer (See Instructions) Federal E | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 5-11-18 | Gina Calanni Contributor address; City: State: Zip Code 1203 Silver Worning Dr. Kory, TX 77450 | 40.00 |
| Principal occup Mana | cation / Job title (See Instructions) Employer (See Instructions) Real +1ml | |
| Date | Full name of contributor Out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 6-4-18 | Alvaro Rodriguez contributor address: City; State; Zip Code 44 63 Prince Pine trail Houston, TX 770.59 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) N/A | itions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| C-8-18 | Contributor address; City: State; Zip Code 1701 Hermon Dr. On it 2705 Houston, TX 77004 | 100.00 |
| | pation / Job title (See Instructions) Employer (See Instructions) N/A | ctions) |
| 1004 | ALL Market | |
| | | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additions | |

ţ

| MONET | ARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---------------------------|--|---------------------------------------|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Shaw Penny | 3 Flier ID (Ethics Commission Filers) |
| 4 Date 5/8/18 | 5 Full name of contributor out-of-state PAC (ID#:) Handel, Donna 6 Contributor address; City; State; Zip Code 7 Quick Stream PL Spring, TX 77381 | 7 Amount of contribution (\$) |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) GNSCI. | stions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 5/8/18 | Keon , Jennifet Contributor address; City; State; Zip Code | \$ 20.00 |
| | 5242 Preserve Park Dr. Spring. TV 788 | |
| Principal occup Refire | action / Job title (See Instructions) Refired | itions) |
| Date | Full name of contributor 🔲 out-ef-state PAC (ID#) | Amount of contribution (\$) |
| 5/8/18 | Sloan, Glenna Contributor address; City; State; Zip Code | g 20.00, |
| | 218 Shenandoah Dr. Shenandoah, TX 7738 | |
| | -in surance agent refired | tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 5/8/18 | Kirk, Katheryn Contributor address; City; State; Zip Code 39 E Trillium Cir Spring, TX 77381 | 440.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instruc | ctions) |
| | | • |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N if contributor is out-of-state PAC, please see instruction guide for additional | |

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|--|---------------------------------------|
| The instruction Guide explains how to complete this form. | 1 Total pages Schedulo A1: |
| 2 FILER NAME Shaw, Penny | 3 Filer (D (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (IDN:) UTE Scott 6 Contributor address; City; State; Zip Code 23507 Bracken ridge Forest Dr. | 7 Amount of contribution (\$) |
| 23507 Brakenridge Fosest Dr. 8 Principal occupation / Job title (See Instructions) Child Advocate CASA CASA | tions) |
| Date Full name of contributor out-of-state PAC (ID#:) 620-18: Alvavo Rodri guez Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 4403 Prince Pine Tr. Houston TX77009 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Na | ions) |
| Date Full name of contributor Dout-of-state PAC (IDE:) Lory Hathaway Contributor address; City: State: Zip Code 5910 Hidden Lakes, Kingwood X | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instruc | tions) |
| Date Full name of contributor Out-of-state PAC (ID#:) Aaron Az?oS | Amount of contribution (\$) |
| 6-18-18 Contributor address; City; State; Zip Code 6227 WYNNWOOD Ln. Houston X7 7008 | , 5,00 |
| Principal occupation / Job title (See Instructions) Employer (See Instruc | |
| Package Handler Fed Ex | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional | |

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 | | |
|--|---------------------------------------|--|--|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schodule A1: | | |
| 2 FILER NAME Shaw, Penny | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 5 Full name of contributor Quisol-state PAC (ID#:) | 7 Amount of contribution (\$) | | |
| 5-11-18 Paul McDonald 6 Contributor address; City: State; Zip Code 803 Longview dr. Sugar land, TX 77478 | 75.00 | | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru | ctions) | | |
| Retired | | | |
| Date Full name of contributor out-of-state PAC (IDF: | Amount of contribution (\$) | | |
| 2-27-18 Contributor address; City, State: Zip Code 10022 Bayou Glen Houston 77042 | 25,00 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | <u> </u> | | |
| Attorney Rucker L. | aw | | |
| Date Full name of contributor Out-of-state PAC (IDs.) | Amount of contribution (\$) | | |
| 5-15-18 Contributor address; City: State; Zip Code 77025 | 25.00 | | |
| HOII LEESHIRE Dr. Houston | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | ctions) | | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | |
| 5-6-18 Felicia Dickens Contributor address: City: State: Zip Code | 50.00 | | |
| 2231 Primwood Ct. Pearland 77584 | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Centramar | | | |
| | | | |
| | | | |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | |

| MONE | TARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 | | | | |
|--|--|---------------------------------------|--|--|--|--|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | | | |
| 2 FILER NAME | Shaw, Penny | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) | | | | |
| 2/8/18 | 6 Contributor address: City: State: Zip Code 5823 Dolliner Houston (TX 770 | \$20.00 | | | | |
| 9 Principal con | <u> </u> | | | | | |
| Manage | pation / Job title (See Instructions) 9 | Instructions) | | | | |
| Date | Full name of contributor | Amount of contribution (\$) | | | | |
| 2/25/18 | Puig Louis contributor address: City: State: Zip Code 11903 Wink Rd Houston, TX 77 | 9 200 · 00 | | | | |
| Principal occup | pation / Job title (See Instructions) Employer (See | Instructions) | | | | |
| I | Poctor Occupa | rtional Medical Care | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | | | |
| 4/24/18 | Mary ROSS Tay lor Contributor address; City; State; Zip Code | \$ 250.00 | | | | |
| , | PO.BOX 667398 HOUSENTX 7726 | 66 | | | | |
| | pation / Job title (See Instructions) Employer (See | Instructions) | | | | |
| Date | Full name of contributor Out-of-state PAC (10): | Amount of contribution (\$) | | | | |
| 5-11-18 | Deborah Milhur Contributor address; City; State; Zip Code 532 W 23 rd St Houston, TX 770 | 100.00 | | | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Vinson | Instructions) EIKINS LLP | | | | |
| | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | | |

| MONET | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|--------------|--|--|---------------------------------------|
| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule Af: |
| 2 FILER NAME | Shaw, Penny | · · · · · · · · · · · · · · · · · · · | 3 Filer ID (Ethles Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC AUTON AZIOS 6 Contributor address; City; State C227 Wynnwood Lane Houstor | e; Zip Code | 7 Amount of contribution (\$) |
| | pation/Job title (See Instructions) . Handler | 9 Employer (See Instruction Federal Ex | - /// |
| Date C-20-18 | Full name of contributor out-of-state PACA Alvaro Radriguez Contributor address; City; State | | Amount of contribution (\$) |
| 6-20-10 | 4403 Prince Pine Trail | `` | 30.00 |
| | eation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor | (10#: | Amount of contribution (\$) |
| 5-10-18 | Janine Abmayr contributor address; city: State 5219 Charwick Gt Houst | o; Zip Code | 100.00 |
| | Market Researcher | Employer (See Instruc | rilons) Obi |
| Date | Full name of contributor Out-of-state PACE | C (ID#:) | Amount of contribution (\$) |
| 5-10-18 | | e: Zip Code ng , TX: 77379 | 100.00 |
| | pation / Job title (See Instructions) | Employer (See Instruc Red it C | tions) . |
| | | | |
| | | | • |
| | ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see inst | | |

| MONET | ARY POLITICAL CONTRIBU | TIONS | SCHEDULE A1 |
|-------------------------|---|--|---------------------------------------|
| The | Instruction Guide explains how to complete this form |), | 1 Total pages Schedule A1: |
| 2 FILER NAME | Shaw, Penny | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor Out-of-state PAC (101): Patricia Gayle Fall & 6 Contributor address; City; State; 21 2901 Barnnel Ln. Apt C | p code noston | 7 Amount of contribution (\$) |
| 8 Principal occu | | 77098 Employer (Soe Instruct Refired | tions) |
| Date | Full name of contributor Out-of-state PAC (ID#_ John & Alice Fisher | | Amount of contribution (\$) |
| 4-18-18 | Contributor address; City; State; Z | | 100.00 |
| 605 | ation / Job title (See Instructions) | Employer (See Instruct | |
| Date | Full name of contributor out-of-state PAC (ID#:_ Robert Mahan Contributor address; City; State; zi 16215 Diamond Rock Dr. | n Code | Amount of contribution (\$) |
| Principal occup Self | eation / Job title (See Instructions) | Employer (See Instruct Cal Estate | Broker |
| Date | Full name of contributor Out-of-state PAC (ID#:_ | | Amount of contribution (\$) |
| 4-18-18 | Mauri Lucas Contributor address; City; State; Zi 1409 Patkerson ST. Houston | l l | 50.00 |
| | eation / Job title (See Instructions) | Employer (See Instruct | tions) |
| | | | • |
| | ATTACH ADDITIONAL COPIES OF TH | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The instruction Guide explains how to complete this form. | 1 Total pages Schedule A2: |
|--|--|
| 2 FILER NAME Shaw, Penny | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (IDF: | 8 Amount of Contribution \$ In-kind contribution description 2,000,000 SMS SCYVICE |
| The state of the s | Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions) |
| | utor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fire | m of contributor'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 (IDN: C00027342) 3-1-18- TBEW PAC Voluntary Fund Contributor address; City: State: Zip Code 900 Seventh Ave.St. NW Washington | Amount of Contribution \$ in-kind contribution description 1, 1218, 36 Facility Check if travel outside of Texas. Complete Schedule T. |
| | er (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) Contrib | utor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | m of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |
| | |
| ATTACH ADDITIONAL COPIES OF THIS SCHED | ULE AS NEEDED |

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) | | | | |
|--|---|---------------------------------|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Croft Card Payment | Fccs Office On Fccd/Beverage Expense Polling E Printing I Committee Legal Services Salaries | Expense Wagas/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | |
| | The instruction Guide explains how to | complete this form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Show, Penny | | 3 Filer ID (Ethics Commission Filers) | | | |
| 3.26-18 | 5 Payeo name Citi card | | | | | |
| 6 Amount (\$) | 7 Payee address: City: State: Zip Code | | | | | |
| 116.26 | 388 Greenwich St. A | 14, NY 100 | 713 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | | |
| PURPOSE OF EXPENDITURE | Credit card paymen | | utside of Toxas. Complete Schedule T. n. TX, afficenalder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held | | | |
| Date Payee name 5.14.18 China Bear Restaurant | | | | | | |
| Amount (\$) 32.34 | Payon address: City State: Zip Code | Stafford, T) | 6-77477 | | | |
| PURPOSE OF EXPENDITURE | EVENT EXPENSE | | ntside of Texas, Complete Schodule T. 1, TX, officeholder living expense. | | | |
| Complete ONLY if direct expenditure to benefit C/Or | Candidate / Officeholder name | Office sought | Office held | | | |
| Date | Payee name | | | | | |
| 5.15.18 | Road Women |) | | | | |
| Amount (\$) | Payee address; Çity; State; Zip Code | | | | | |
| 150.00 | P.O.Box 22678 He | ostonTX | 77227 | | | |
| PURPOSE OF EXPENDITURE | Catagory (See Catagories listed at the top of this schedule) Even + expense | 1 === | viside of Taxas. Complete Schedule T. n, TX, afficeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|----------------------------------|----------------------------|--|---------------------------------|---|---------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Pelitica Credit Card Payment | l Committee Legal Services | | Office Overhead Polling Expense Printing Expense Salaries/Wages | te Contract Labor | Travel in District Travel Out Of Dis | uipment & Related Expense |
| 1 Total pages Schedule F1: | 2 FILER NAMES have | w, Pen | iny | | 3 Filer ID (Et | nics Commission Filers) |
| 4 Date 4-17-18 | 5 Payee name OFFICE | DEPO |) T | | | |
| 6 Amount (\$) | 7 Payee address: | City: State: Zi | p Code | | | |
| 7.56 | 1401 N.L | copW, | Houst | on,TX 17 | 7008 | |
| 8 | (a) Category (See Categories lis | sted at the top of this so | chedule) (b | Description | tside of Toxas, Comple | ra Schadula T. |
| PURPOSE OF | | | | | . TX, officeholder liv | |
| EXPENDITURE | OTHER / OF | FICE SU | PPLY | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officenold | ler name | | Office sought | | Office held |
| Date | Payee name | | | | | |
| 5-7-18 | COH | METER | | | | |
| Amount (\$) | Payee address: | City: State: Zij | p Code | | | |
| 7.00 | 611 Walke | er t | tous-tou | ,TX 7 | 7002 | |
| | Category (See Categories lis | stod at the top of this sc | shedule) | Description | | A Salara Maria |
| PURPOSE OF | | *** | | | side of Texas, Complet TX, officeholder livi | |
| EXPENDITURE | EVENT | | | Service in received | TA, University | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officehold | er name | | Office sought | h | Office held |
| Date () - () | Payee name /~ | | | | <u> </u> | |
| 5-9-18 | Per | my E | haw |) | | |
| Amount (\$) | Payee address: | City! State: Zi | p Code | . 62 - | 2 xi/:< | - 5 3 5 3 |
| 1,00,00 | P.O. B | 9X 929 | 5.652 | thoust | x, 7X, - | 77292 |
| PURPOSE | Category (See Categories lis | sted at the top of this so | chedule) | Description Check if travel out | side of Texas. Complet | a Schedule T. |
| OF EXPENDITURE | Reimbou | rsement | - () | Chock if Austin, | TX, officeholder livi | ng gxpcnse |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officehold | ter name | | Office sought | | Offica held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Page - 20

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Banking
Consulting Expense
Contributions/Conations Made By
Candidate/Officeholder/Political Committee
Crodi Card Payment

Event Expense Focs Food/Beverago Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Potting Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | ine instruction Guide explains now to co | ompiete tius romi. | |
|--|--|--------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME HAW, PENNY | | 3 Filer 10 (Ethics Commission Filers) |
| 4 Date 6-26-18 | 5 Payee name KROGER | | |
| 6 Amount (\$) | 7 Payee address; City; State: Zip Code | | |
| 101.89 | 1035 SHEPHER | RD Ho | uston, TX |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | · | Check if traval or | uside of Taxas. Complete Schedule T. |
| OF | | Check if Austin | 1. TX, officencider living expense |
| EXPENDITURE | EVENT EXPENSE | | * |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 6-12-18 | Print - n- Sign | | |
| Amount (\$) | Payee address: City: State: Zip Code | | |
| 350.00 | 7350 HARNIN HOU | ston,TX | 77036 |
| | Category (See Categories listed at the top of this schedule) | Description | tside of Texas. Complete Schedule T. |
| PURPOSE OF | | 1 7 | . TX. officeholder tiving expense |
| EXPENDITURE | Print Expense | | |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 3-12-18 | American Express | 5 | ! |
| Amount (\$) | Payee address: City; State; Zip Code | | |
| 207.26 | P.O. Box 650448 1 | Jallas, T | X 175265 |
| | Category (See Categories listed at the top of this schodule) | Description | · · |
| PURPOSE | | | tside of Texas. Complete Schedule T. |
| EXPENDITURE | credit card payment | Check If Austin | , TX, afficeholdar living expense |
| | | | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED . |
| | | | |

| | • | | | | | | |
|--|-------------|--|---------------------------|--|---------------|--|---------------------------|
| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Crodt Card Payment | | Event Expense Fees Food/Beverage E Gitt/Awards/Men Legal Services The Instructi | norials Expense | Office Overfi Polling Expo Printing Exp Salaries/Wa | | Transportation Travel in Distr Travel Out Of | |
| 1 Total pages Schedule F1: | 2 FILER NA | | w, Peni | | | 3 Filer ID (| Ethics Commission Filers) |
| 4 Date 2-28-18 | 5 Payee nar | ne | Jama | • | | , | |
| 6 Amount (\$) | 7 Payee ad | | City; State: Z | | | | |
| 181.86 | L | 0710 | Flax | man | , Houston | ,TX - | 17029 |
| PURPOSE OF EXPENDITURE | _ | | EXPEN | | | utside of Taxes, Com n. TX. officenoides | • |
| Complete ONLY if direct expenditure to benefit C/OH | ba | ate / Officehold | ler name | | Office sought | | Office held |
| Date 5-8-18 | Payee nar | пе / | Design |) 💜 🧸 | | | |
| Amount (\$) 200.00 | Payee ad | dress: 2/27 | City: State: Z | p Code | e, Durha | mNC | 27708 |
| PURPOSE OF EXPENDITURE | _ | | sted at the top of this s | | | utside of Texas: Com n. TX_afficeholder | |
| Complete ONLY if direct expenditure to benefit C/OF | | ite / Officeholo | ler name | | Office sought | | Office held |
| Date | Payee na | me | | | | | |
| 5-16-18 | Ca | apita | 1 One | , | | | |
| Amount (\$) | Payee ad | dress; | Çity; State; Z | ip Code | | | |
| 298.70 | 7.0 | . Вох | 3023 | 5 S | altlakelin | Ly UT | 84130 |
| PURPOSE OF EXPENDITURE | , | , | sted at the top of this s | | | utside of Texas. Com | |
| Complete ONLY if direct expenditure to benefit C/OF | | ate / Officehol | der name | | Office sought | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expenso Travel in District Travet Out Of District

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (onter a category not listed above) Legal Services Crodit Card Paymons The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schodule F1: Shaw, Penny 4 Date 6 Amount (\$ BOX 30285 SaltLakelity UT 84130 (40:00 (b) Description 8 (B) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Credit Card Payment Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 4-19-18 Bison Signs City: State: Zip Code Amount (\$) Payee address; 10100 Clay Road HOUSTON, TX 77080 400.00 Category (See Categories listed at the top of this schedule) Description _____Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check it Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Smith 3-9-18 Tiffany Amount (\$) City: State: Zip Code Payee address; Pearland, TX 120-00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE CONTRACT CATTON Office hold Complete ONLY If direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|---|--|--|---------------------------------|---|----------------------------|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment | al Committee Legal Ser | Office Overhi Polling Expe Printing Expe Salaries/Wag | Office Overhead/Rental Expense Trained Expense | | indraising Expense n Equipment & Related Expense rict District category not listed above) | | | | |
| , | The Ins | struction Guide explain | ns how to cor | nplete this form. | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | haw, Per | nny | | 3 Filor ID | (Ethics Commission Filers) | | | |
| 4 Date S-16-18 | 5 Payee name | Jesse Saldana | | | | | | | |
| 6 Amount (\$) | 7 Payee address: | 7 Payee address; City; State; Zip Code | | | | | | | |
| g0.00 | 6645 A | 6645 Avenue J Houston, TX 77011 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense | | | | | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Offic | eholder name | | Office sought | | Office held | | | |
| Date | Payee name | | | | | | | | |
| 5-15-18 | Gatheri | ng of E | agles | | | | | | |
| Amount (\$) | Payee address: | • | Houst | on,TX | 772 | \$ 9 | | | |
| PURPOSE | Category (See Categ | gories listed at the top of this | schedule) | Description Check if travel or | utsida of Texas, Corr | nplete Schedule T. | | | |
| OF EXPENDITURE | Event o | expense | | Check if Austin | n, TX. afficeholder | living expense | | | |
| Complete ONLY If direct expenditure to benefit C/OH | Candidate / Offic | eholder name | | Office sought | | Office held | | | |
| Date | Payee name | | | | | | | | |
| 5-7-18 | Hangin | ng Tovo | gh | | | | | | |
| Amount (\$) | Payee address; | City; State; 2 | Zip Code | | | | | | |
| 50.00 | Unk Houst | on TX | 772 | 204 | | | | | |
| PURPOSE OF EXPENDITURE | | paries listed at the top of this Expense | schadula) | $\overline{}$ | utside of Taxas. Cen n, TX, officenoide | | | | |
| Complete ONLY If direct expenditure to benefit C/Oh | Candidate / Office | ceholder name | | Office sought | | Office held | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipmont & Related Expense Travel in District Travel Out Of District

| Candidate/Officeholder/Politics | al Committee Legal Servi | ces | Salaries/Wage | rs/Contract Labor | Other (onter a category not listed above) | |
|--|--------------------------|----------------------------------|---------------|-------------------|---|--|
| Crodit Card Paymont | The Insi | ruction Guide explain | s how to com | plete this form. | | |
| 1 Total pages Schedule F1: | | shaw, Pen | ny | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 6-12-18 | 5 Payee name | RNE'S | . 1 | | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Z | ip Code | | | |
| 74.79 | 2830 AICK | S ST HOUS | ton,T) | x 7700 | 7 | |
| 8 | (a) Category (See Calego | ries listed at the top of this s | schedule) (| b) Description | | |
| PURPOSE | | 6.0 | Mar. | $\overline{}$ | outside of Texas, Complete Schedule T. | |
| OF EXPENDITURE | Event ex | kpense | | Check IT Aus | in. TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi | Candidate / Office | pholder name | | Office sought | Office held | |
| Date | Payee name | | | | | |
| 6-3-18 | Walgree | ens | | | 1980-1980 | |
| Amount (\$) | Payee address; | City; State; Z | .000000° | | | |
| 13.29 | 215 W 43 | erd st th | voter | T XT, | 7018 | |
| | Category (See Catego | ries listed at the top of this s | ichedule) | Description | | |
| PURPOSE OF | | | | $\overline{}$ | outside of Texas, Complete Schedule T. In, TX, officeholder living expense | |
| EXPENDITURE | Event | expense | - | , Chitik II Xusi | in, th. Gilleriales string appoints | |
| Complete ONLY If direct | Candidate / Office | holder name | | Office sought | Office held | |
| expenditure to benefit C/OH | 1 | <u>/</u> | | | | |
| Date | Payee name | | | | | |
| 5-4-18 | Walma | r} | | | | |
| Amount (\$) | Payee address: | City; State; Z | ip Code | | | |
| 51. 27 | III Yale | St Ho | ostor | マスト | 7007 | |
| | Category (See Catego | ries listed at the top of this s | schedule) | Description | | |
| PURPOSE OF | | | | - | outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | |
| EXPENDITURE | Event | experse | | L CHUCK IT AUSI | ms, the anteriores having expense | |
| | | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Office | oholder name | | Office sought | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

| | | | | | | | |
|--|-----------------------------|--|---|-------------------|---|--|--|
| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics | Fo Fo Gir | rent Expense cs od/Beverage Expense tt/Awards/Memorials Expense gai Services | Office Overh Polling Expe Printing Expe | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| Credit Card Payment | 1 | The Instruction Guide explain | ns how to co | mplete this form. | | | |
| 1 Total pages Schedule F1: | 2 FILER NAMI | E Shaw Penr | Υ | | 3 Filor ID (Ethics Commission Filers) | | |
| 4 Date 6-4-18 | 5 Payee name | Woodlands | Der | nocratic | club | | |
| 6 Amount (\$) | 7 Payee addre | ess; City; State; Z | Zip Code | | | | |
| 50 00 | 1712 | N. Frazlars | t, st | 1017 a | mee 1 17301 | | |
| 8 PURPOSE OF EXPENDITURE | | e Categories listed at the top of this | | | utside of Texas, Complete Schedule T. n, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | | / Officeholder name | | Office sought | Office held | | |
| Date 5/18/18 Amount (\$) | Payee name Texo Payee addro | is Organiz | | Project | 4-404 | | |
| 60.00 | 2404 | 1 Caroline | _St, | Horsa | on7X77800 | | |
| PURPOSE OF EXPENDITURE | | ee Categories listed at the top of this | schedule} | | viside of Texas. Complete Schedule T. | | |
| Complete ONLY if direct expenditure to benefit C/Oi | | / Officeholder name | | Office sought | Office held | | |
| Date | Payee name |) | | | | | |
| 5-16-18 | Prin | t-n-Sig | \sim | | | | |
| Amount (\$) | Payee addre | ess; City; State; 2 | Zip Code | | | | |
| 50.00 | 735 | b Harwin | Br. | Houston | nTX 77036 | | |
| PURPOSE OF EXPENDITURE | | e Categories listed at the top of this | | | uiside of Toxas. Complete Schedule T. n, TX. officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OI | | / Officeholder name | | Office sought | Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | |

Page - 26

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| EXPENDITURE CATEGORIES FOR BOX 8(8) | | | | | | |
|--|---------------------------------|--|---|------------------------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Crodt Card Payment | Fe Fo dit Committee Le | ent Expense es od/Beverage Expense (VAwards/Momorials Expenso gai Services The Instruction Guide exp | Office Over Polling Exp Printing Exp Salaries/Wi | oense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAM | Shaw, Per | 70Y | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 6-12-18 | 5 Payee name | | | | | |
| 6 Amount (\$) 26.75 | 7 Payee addre | | • | Houston | 77007 | |
| 8 PURPOSE OF EXPENDITURE | | everage, -exp | , i | $\overline{}$ | utside of Texas, Complete Schedule T, n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/O | | / Officeholder name | | Office sought | Office held | |
| Date | Payee name |) | | | | |
| 5-29-18 | H | 1-E-B | | | | |
| Amount (\$) 50.92 | Payee addro | ss; City; State; | zip Code | sugarland | ,TX 77479 | |
| PURPOSE OF EXPENDITURE | | eo Categorios listod al tho top of the experience of the experienc | nis schodule) | | utside of Texas. Complete Schedule T. n, TX, officeholder fiving expense | |
| Complete ONLY if direct expenditure to benefit C/O | | / Officeholder name | | Office sought | Office held | |
| Date | Payee name | 9 | | | | |
| 6-16-18 | All | án Jama | vigil | | | |
| Amount (\$) | Payee addre | ess; City; State; | Zip Code | | | |
| 175.37) | 197 | 10 Flax | non, t | touston, | Tx 77029 | |
| PURPOSE OF EXPENDITURE | | ee Categories listed at the top of | | | utside of Texas. Complete Schedule T. n. TX, afficeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/Ol | * | / Officeholder name | | Office sought | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politics Crodt Card Payment | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Shaw, Penny 3 Filar ID (Ethics Commission Filers) | | | | |
| 4 Date 3-3-18 | 5 Payer name Doods Har Ket | | | | |
| 6 Amount (\$) | 7 Payee address. City; State; Zip Code | | | | |
| 18.38 | 701 Waugh Dr. Hooston, TX 77019 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Office hold Office sought Office held | | | | |
| Date | Payee name . | | | | |
| 2-28-18 | starbucks Coffee | | | | |
| Amount (\$) | Payee address; City; State; Zip Code . | | | | |
| 18.35 | 3017 N. Durham Dr. Houston, TX 77018 | | | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. | | | | |
| OF EXPENDITURE | Food/Beverge Expense | | | | |
| Complete ONLY If direct expenditure to benefit C/OF | Candidate / Office holder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| 3-3-18 | Ross (COOCO) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| 38.58 | 1345 W 43rd St Housdon, TX 77018 | | | | |
| | Category (See Categories listed at the top of this schedule) Description | | | | |
| PURPOSE OF | Check If trevel outside of Texas, Complete Schedule T. Check If Austin, TX, officiencider living expense | | | | |
| EXPENDITURE | Event Expense Check If Austin, TX, afficenoider living expense | | | | |
| | VOLUNTER SUPPLIES | | | | |
| Complete ONLY If direct expenditure to benefit C/Oi | Candidate / Officeholder name Office sought Office held | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Contributions/Donations Made By Gift/Awards/Momorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Logal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Crodit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Show, Penni 16 4 Date 5 Payee name 3-5-18 Costco 6 Amount (\$) 7 Payee address; City; State; Zip Code 1150 Bunker Hill Rd. Housdon, TX 77055 59.59 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Event Expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-15-18 Office Amount (\$) LOOP W. HOUSTON, TX 7700 R 77.62 Category (See Categories listed at the top of this schedule) CAMPAIGN Check it travel outside of Texas. Complete Schedule T. **PURPOSE** trice supplies Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 3-4-18 Amount (\$) Payee address: City: State: Zip Code 43rd St, Housdo, TX 77018 1352 W 11.05 Category (See Categories listed at the top of this schedule) Description Check it travel outside of Texas. Complete Schedule T. **PURPOSE** Food Beverage Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

Other (enter a category not listed above) Salarles/Wages/Contract Labor Credit Card Paymen The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME Show Penny 16 4 Oate 5 Payee name Starbucks City; State; Zip Code 6 Amount (\$ 7 Payee address: 1206 W 43rd St Houston, TX 77018 4.22 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense food Berrage Expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-15-18 Kroger Amount (\$) City: State: Zip Code 1352 W. 43rd St. Hooston, TX 77018 15.48 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Food/Beverge Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Metivier 2-26-18 City: State: Zip Code Payee address; Amount (\$) 700.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expanse EXPENDITURE Other/IT Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

| | EXPENDITURE CATEGO | RIES FOR BOX 8(a) | |
|---|--|--|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | Fees Q Food/Beverage Expense P Glitt/Awards/Momorials Expense P. | olling Expense Travel in District rinting Expense Travel Out Of Di | quipment & Related Expense |
| Crodil Card Payment | The instruction Guide explains h | ow to complete this form. | |
| 1 Total pages Schodule F1: | 2 FILER NAME Shaw, Pen | ny 3 Filor ID (E | thics Commission Filers) |
| 4 Date 2-27-18 | 5 Payee name Nisha Rand | le / Black Women's 1 | narch |
| 6 Amount (\$) | 7 Payee address: City: State: Zip C | Dode | |
| 200-00 | Houston, TX | | |
| 8 | (a) Category (See Categories listed at the top of this sche | dule) (b) Description | |
| PURPOSE | | Check if travel outside of Texas. Compl | |
| OF EXPENDITURE | Event Expense | Check if Austin, TX, officeholder li | ving expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 3-7-18 | Lisa Stanley | | |
| Amount (\$) | Payee address; City: State: Zip (| Code | |
| 180.00 | 5711 Sugar Hill B | ove #97 Houston TX | 77 <i>0</i> 57 |
| | Category (See Categories hand at the top of this sche | | |
| PURPOSE OF EXPENDITURE | : contract Labor | Check if Austin, TX, officenolder liv | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 1. k. 20-18 | Circle K | | |
| Amount (\$) | Payee address; City; State; Zip 0 | Code | |
| (40.00) | 4707 Gu | If FRWY. Houston Tx | 77023 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sche | Description Check It travel outside of Texas. Comple Check if Austin, TX, officeholder lie | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF | FTHIS SCHEDULE AS NEEDED | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |

1

١,

| | EXPENDITURE | CATEGORIES FOR BOX 8(a) | |
|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Crodi Card Payment | l Committee Legal Services | Loan Repayment/Reimbursement Office Overnoad/Rental Expense Polling Expense Printing Expense Salories/Wages/Contract Labor explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME Shaw, & | Benny | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-26-18 | 5 Payee name Longsu Ul | esse | |
| 6 Amount (\$) 4 92.00 | 7 Payee address: City: St 3401, W. Ald Houston, T | ale: Zip Code st abama st Xi 77027 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to | | outside of Texas. Complete Schedule T. in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 2-26-18 | Payee name Texas Coalitio | in of Block D | emocrats |
| Amount (\$) | Payee address: City: St | | s, TX 75357 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the te | Check if travel o | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| 2-27-18 | Payee name GLBT The | Caucus | |
| Amount (\$) | Payee address: City: S | late: Zip Code 66624 HOUSTON | n, t V 77266 |
| PURPOSE . OF EXPENDITURE | Category (See Categories listed at the to | Cneck if travel of | outside of Texas, Complete Schedule T. in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL C | OPIES OF THIS SCHEDULE AS NE | EDED |

| | EXPE | NDITURE CATE | GORIES FOR | BOX 8(a) | | |
|---|---------------------------|----------------------------------|--|----------------|--|------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Croft Card Payment | | ige Expense Memoriais Expenso | Loan Repayment/ Office Overhead// Polling Expense Printing Expense Salaries/Wages/ | Rental Expense | Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego | nent & Related Expense |
| | The Instr | uction Guide explair | is how to comple | te this form. | | <u></u> |
| 1 Total pages Schedule F1: | 2 FILER NAME | ow , Peni | 74 | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 3-1-18 | 5 Payee name Chipoti- | e | • | | | |
| 6 Amount (\$) | 7 Payee address: | City; State; Z | ip Code | | , | |
| 32.64 | 1249 N | Top W | 40024 | on, 7 | x 77008 | |
| B PURPOSE OF EXPENDITURE | (a) Category (See Categor | | | <u>~</u> | utside of Toxas. Complete Sinn, TX, officeholder living. | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Office | nolder name | | Office sought | | Office held |
| Date | Payee name | | | | | |
| 3-1-18 | 240rpnc) | CS | | | | |
| Amount (\$) | Payee address; | City: State: 2 | ip Code | | | . 0 |
| 12.80 | 1206 h | 143 rd | St H | soster | ・、てメー | 7018 |
| PURPOSE OF EXPENDITURE | food/Bev | erage | schedule) | | utside of Texas. Complete Sc n, TX, officenolder living | |
| | expe | nse | 1. | | | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officel | nolder name | | Office sought | | Office held |
| Date | Payee name | | | | | |
| 6-12-18 | NAACP | Honzec |)n | | | |
| Amount (\$) | Payee address: | City; State; 2 | ip Code | | . | |
| 70.00 | 2002 | wheeler | - Avc. | thust | antx 7 | 7004 |
| PURPOSE OF EXPENDITURE | Category (See Category | | schedule) | | utside of Texas, Complete Son, TX, officeholder living | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Office | holder name | | Office sought | | Office held |
| | ATTACH ADI | DITIONAL COPIES | OF THIS SCH | EDULE AS NE | EDED | |

⁵age - 33

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|------------------------|---------------------------------------|-------------------------------------|-------------------|--|----------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | Gift/Award | eragė Expense ts/Memorials Expense | Office Overling Exp Printing Exp | | Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category | nt & Related Expense |
| Crodit Card Payment | The Inc | struction Guide expla | ins how to co | mplete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | Shaw, Pe | nny | | 3 Filer ID (Ethics C | ommission Filers) |
| 4 Date 6 - 30-18 | 5 Payee name Act | - 13/UC | | | | |
| 6 Amount (\$) | 7 Payee address: | City; State: | | | | į |
| 67.83 | P.O. Box | 4411 | 1650r | nerville t | 11 0214 | 4 |
| 8 | (a) Category (See Cale | pones listed at the top of thi | s schedule) | (b) Description | and the second of the second o | ح مارناند |
| PURPOSE OF EXPENDITURE | Fee | .S | | | utside of Taxas: Complete Scho n, TX, officeholder living exp | f: |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Offici | eholder name | | Office sought | 0 | ffice held |
| Date | Payee name | | | | | |
| | | | | | | |
| .Amount (\$) | Payee address: | City: State: | Zip Code | | | |
| | | | | | | |
| PURPOSE OF | Category (See Cate | gories listed at the top of th | is schedule) | | utside of Texas. Comptote School. | 1 |
| EXPENDITURE | | | · | | | |
| Complete ONLY if direct | Candidate / Office | eholder name | | Office sought | 0 | ffice held |
| expenditure to benefit C/OF | 1 | . 3888 | * | | | |
| Date | Payee name | | | | *************************************** | |
| Amousta (S) | Payee address: | City; State; | Zip Code | | | |
| | | | | | | |
| | Category (See Case | gories listed at the top of th | le schodule) | Description | | |
| PURPOSE | | | | | úrsido of Texas: Complete Schei n, TX, álficaholdar living axi | |
| EXPENDITURE | • | | | Create it Aush | nt 1Vt minemiologi Haund avi | |
| | 1. A | | poon-vin v | | <u></u> | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / O | cetolder name | | Office sought | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| | The Instruction Guide e | explains how to complete this form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME Shaw, Pe | enny: | 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL OF UNITEM | IZED EXPENDITURES CHAR | GED TO A CREDIT CARD | \$ | | |
| 5 Date 4-10-18 | 6 Payce name Paulics | | | | |
| 7 Amount (\$) | 8 Payee address; City; S | tate; Zip Code | | | |
| 29.19 | 1834 Westhe | imer Houston TX - | 77018 | | |
| 9 TYPE OF EXPENDITURE | Political | Non-Political | (| | |
| 10 | (a) Category (See Categories listed at the | top of this schedule) (b) Descript | lion | | |
| PURPOSE | | Chec | t il travel autside al Texas. Complete Schedule T. | | |
| OP | | Chec | k il Austin, TX, officeholder living expense | | |
| EXPENDITURE | . Food / Bev. EX | perso | The state of the s | | |
| 11 Complete ONLY if direct expenditure to benefit C/O | H Candidate / Officeholder nan | | Office held | | |
| Date 4-10-18 | Payee name Field of | Greens | | | |
| Amount (\$) | Payee address; City; S | State: Zip Code | | | |
| 38.02 | 2320 W. 1 | Alabama St. Ho | Uston TX 77098 | | |
| TYPE OF EXPENDITURE | Political | Non-Political | | | |
| | Category (See Categories listed at the | top of this schedule) Descrip | tion | | |
| PURPOSE | | | k if travel outside of Taxas. Complete Schedule T. | | |
| OF | | Chec | k if Austin, TX, officeholder living expense | | |
| EXPENDITURE | Food / Bev. Ex | puse | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder nar | me Office sought | Office held. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| • | | ā | | | |
| | • | · | | | |
| | ATTACH ADDITIONAL COL | HES OF THIS SCHEDIN E AS A | IEEDED | | |

| • | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | |
|--|--|--|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica | | Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | |
| | The instruction Guide expla | ins how to complete this form. | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME Shaw, Penni | 1 | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL OF UNITEM | ZED EXPENDITURES CHARGE | I . | \$ | | | |
| 5 Date 2.28.18 | 6 Payee name Houston Area L 8 Payee address; City; State; | vomen's Race Ad | gainst Violence | | | |
| 7 Amount (\$) | | | | | | |
| 35.00 | 1010 Waugh | Dr. Houston | TX 77019 | | | |
| 9 TYPE OF EXPENDITURE | Political [| Non-Political | | | | |
| 10 | (a) Category (See Categories listed at the top of | this schedule) (b) Description | on | | | |
| PURPOSE | _ | Check | travel outside of Texas. Complete Schedule T. | | | |
| OF EXPENDITURE | . Event expense | Check | If Austin, TX, officeholder living expense | | | |
| 11 Complete ONLY If direct expenditure to benefit C/O | H Candidate / Officeholder name | Office sought | Office held | | | |
| Date 3. 5-18 | Payee name H, E, B. | | | | | |
| Amount (\$) | Payee address; City; State; | Zlp Code | | | | |
| 249.22 | 1701 W. Al, | abama St. H | ouston TK 77098 | | | |
| TYPE OF EXPENDITURE | Political | Non-Political | | | | |
| PURPOSE | Category (See Categories listed at the top of | , | ON I traval outside of Texas. Complete Schedula T. | | | |
| OF EXPENDITURE | Event expuse | Check | If Austin, TX, officeholder living expense | | | |
| Complete <u>QNLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | |
|--|--|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | | Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Lebor | Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a calegory not listed above) | | |
| | The Instruction Guide explain | s how to complete this form. | <u> </u> | | |
| 1 Total pages Schedule F4: | 2 FILERNAME Shaw, Pen | ncy | 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL OF UNITEM | ZED EXPENDITURES CHARGED | TO A CREDIT CARD | \$ | | |
| 5 Date 3. 22-18 | 6 Payes name Steens Bay | ou Carridor | ^ | | |
| 7 Amount (\$) | 8 Payee address; City; State; | Zip Code | | | |
| 125.00 | 16945 Northcha | se Dr. #1900 H | ouston TX 77060 | | |
| 9, TYPE OF EXPENDITURE | Political | Non-Political | | | |
| 10 | (a) Category (See Categories listed at the top of this | is schedule) (b) Description | on . | | |
| PURPOSE | | Check | travel outside of Texas. Complete Schedule T. | | |
| OF Expenditure | - 1 | . Check | if Austin, TX, officeholder living expense | | |
| | Event expuse | | | | |
| 11 Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | | |
| expanditure to banefit C/OH | | *************************************** | | | |
| | | | | | |
| Oate 3-22-18 | Payee name Rice Unio | persity | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | |
| 12.00 | 6100 mainst | Houston Tx - | 77005 | | |
| TYPE OF EXPENDITURE | Political | Non-Political | | | |
| PURPOSE | Category (See Categories listed at the top of th | | DIT I travel outside of Texas. Complete Schedule T. | | |
| OF EXPENDITURE | | Check | If Austin, TX, officeholder living; expense | | |
| CAPERDITORE | Event Expans | | | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/OF | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <u> </u> | | | | | |
| • | ATTACH ADDITIONAL COPIES O | F THIS SCHEDULE AS NE | EDED | | |

| • | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | |
|---|--|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | Committee Legal Services | Loan Repayment/Reimbursement Office Overfread/Rental Expense Polling Expense Printing Expense Saturies/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) | | | |
| | The Instruction Guide explain | s how to complete this form. | Y | | | |
| 1 Total pages Schedule F4: | Shaw Penny | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL OF UNITEM | ZED EXPENDITURÉS CHARGED | TO A CREDIT CARD | \$ | | | |
| 5 Date 3-9-18 | 6 Payee name USPS | | | | | |
| 7 Amount (\$) | 8 Payee address; City; State; | Zip Code | | | | |
| 26.70 | 700 Smith 8 | st. Houston, T | X 7700Z | | | |
| 9, TYPE OF EXPENDITURE | Political | Non-Political | • | | | |
| 10 | (a) Category (See Calegories listed at the top of this | (b) Description | on. | | | |
| PURPOSE | | Checki | I travel outside of Texas. Complete Schedule T. | | | |
| OF EXPENDITURE | Postage | Check | If Austin, TX, officeholder living expense | | | |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held | | | |
| · · · · · · · · · · · · · · · · · · · | Coly Jacob | <u> </u> | | | | |
| 3-19-18 | Payee name Road Wom | en | | | | |
| Amount (\$) 85,00 | Payee address; City; State; P. U. Box 226 | | 1 TK 77227 | | | |
| TYPE OF EXPENDITURE | Political | Non-Political | | | | |
| | Category (See Categories listed at the top of thi | , , | · · | | | |
| PURPOSE OF Expenditure | Event Expanse | Check | if travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held | | | |
| | | | | | | |
| | ATTACH ADDITIONAL COPIES O | F THIS SCHEDULE AS N | EEDED | | | |

| W. Carlotte | | | | | |
|--|---|--|--|--|--|
| EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | |
| Ash sasalalar or Communicar | | | Challeton Street and Line Street | | |
| Advertising Expense Accounting/Banking | Event Expense Foos | Loan Repayment/Reimbursement Office Overhead/Rental Expense | Solicitation/Fundralsing Expense Transportation Equipment & Related Expense | | |
| Consulting Expense Contributions/Donations Made By | Food/Beverage Expense Bift/Awards/Memorials Expense | Politing Expense Printing Expense | Travel in District Travel Out Of District | | |
| Candidate/Officeholder/Political | | Salarles/Wages/Contract Labor | Other (enter a category not listed above) | | |
| , | The instruction Guide explain | is how to complete this form. | | | |
| 1 Total pages Schedule F4: | 2 FILERNAME O | | 3 Filer ID (Ethics Commission Filers) | | |
| 5 | Shaw, Peni | n 🗸 | | | |
| * TOTAL OF LAUTENIE | | · / | | | |
| 4 TOTAL OF UNITEMI | ZED EXPENDITURES CHARGED | TOACHEDIT CAND | \$ | | |
| 5 Date | 6 Payee name | | | | |
| 4-11-18 | Union Kitcher | ^ | · | | |
| ···· | | | | | |
| 7 Amount (\$) | 8 Payee address; City; State; | ZIP Gode | | | |
| 21 51 | 11000 B-11 | R/1/ 11.10 | 7 | | |
| 26.51 | 4057 Bellaire | Blud. Housto | N 1X 7 10-13 | | |
| 9 TYPE OF | | | _ | | |
| EXPENDITURE | Political | Non-Political | · | | |
| 10 | (a) Cotomon (Co- Dottondo Horado) | le robadula) (h.) Danadalla | | | |
| 10 | (a) Category (See Calegories listed at the top of the | ' - | • | | |
| PURPOSE | | | travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Food I Par | Check | if Austin, TX, officeholder living expense | | |
| | . Food/Beverage | expuse | | | |
| 44 | | | Office hald | | |
| 11 Complete ONLY If direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| • | 6-11-11 | | | | |
| | <u> </u> | | | | |
| Date | Payee name | | | | |
| 4-3-18 | () S P S | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | |
| | | | | | |
| 50,00 | 700 Strith St | . Houston TK | 77002 | | |
| | | • | | | |
| TYPE OF | Political | Non-Political | | | |
| EXPENDITURE | [V] Countries | | | | |
| | Category (See Categories listed at the top of th | nia schedule) Descripti | on | | |
| PURPOSE | , | | I travel outside of Texas. Complete Schedule T. | | |
| OF | D d | Gheck | if Austin, TX, officeholder living expense | | |
| EXPENDITURE | Postage | | | | |
| | , , | | | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held • | | |
| expenditure to benefit C/OH | • | | | | |
| • | | | | | |
| | | | | | |
| | | | | | |
| | • | | | | |
| · , | | | | | |
| | | | | | |
| | ATTACH ADDITIONAL COPIES O | NE THIS SCHEDIII E AS AI | FEDED | | |
| | ATTACH ADDITIONAL COPIES (| or this schedule Marie | | | |

SCHEDULE G

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|-------------|---|--|---|---|
| Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage E Contributions/Donations Made By Gift/Awards/Mem Candidate/Officeholder/Political Committee Legal Services Credit Card Paymeni The Instruction | | | Office Pollin xpense Printi Salar | Repayment/Reimbursement coverhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule G: | 2 FILER NA | SHAW, PE | ENNY | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3.2.18 | 5 Payee nam | AGO CAR | BANA | | |
| 6 Amount (\$) 7.27 Reimbursement from political contributions intended | 7 Payee add | | State: Zip Code | | TX 77018 |
| 8 PURPOSE OF EXPENDITURE | | See Categories listed at the | | | ide of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C// | | ate / Officeholder nar | me | Office sought | Office held |
| 3.12.18 | Payee nar | KM D | esisn | | |
| Amount (\$) 500.00 Aeimbursement from political contributions intended | Payee add | dress; City; Clty; Cay | state; Zip Code | Prive, Durh | am NG 27708 |
| PURPOSE OF EXPENDITURE | | (See Categorias listed at the | | 1 | ide of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | | ate / Officeholder nar | me | Office sought | Office held |
| Date 3.12.18 | Payee nar | no vorysa | Ulys | se | |
| Amount (\$) Amount (\$) Aeimbursement from political contributions intended | Payee ad | dress; city; s 01 W. Ala US+On TX | State; Zip Code | s+ | |
| PURPOSE OF EXPENDITURE | | (See Categories listed at the | | | tide of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candid | ate / Officeholder na | | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

SCHEDULE G

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|--|--|------------------------------|---|--|
| | Advertialing Expense Accounting/Banking Consulting Expense Contributions/Donations Made i Candidate/Officeholder/Politic Credit Card Payment | Fees Food/B By Gift/Aw cal Committee Legal S | Expense overage Expense ards/Memorials Expense bervices Instruction Guide expl | Office Over Politing Exp Printing Ex Splaries/W | pense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) | |
| | | 1110 | matroction duids expi | ams now to c | ompiete tina romi. | | |
| 1 | Total pages Schedule G: | | Penny | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 | 3.6.18 | 5 Payee name | Luigis | | | | |
| 6 | Amount (\$) | 7 Payee address; | City; State; | Zip Code | | | |
| | 78.57 Prombursement from political contributions intended | 3700 | ALME | DA | Housto | 0, TX 77004 | |
| 8 | PURPOSE OF EXPENDITURE | | rgories listed at the top of this $-FooD/E$ | , | | side of Texas. Complete Schedule T. TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/0 | | fficeholder name | | Office sought | Office held | |
| | Date 5-[-18] | Payee name | n=Blade | Ameri | an Dem | cerats | |
| | Amount (\$) 250,00 To imbursement from political contributions intended | Payee address; | City; State; | detto | sfleri, TX | | |
| | PURPOSE OF EXPENDITURE | Category (See Cate | egories listed at the top of this | schedule) (I | * === | skle of Texas. Complete Schedule T. TX, officeholder tiving expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/6 | | officeholder name | | Office sought | Office held | |
| | 3.15.18 | Payee name | lar T | ree | Stores | | |
| | Amount (\$) 19,40 Reimbursement from political contributions intended | Payee address; | City; State; | | tard st | Houston TX | |
| | PURPOSE OF EXPENDITURE | Category (See Cate | egories listed at the top of thi | | | iside of Texas. Complete Schedule T. TX, officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/ | | officeholder name | | Office sought | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

SCHEDULE G

| | | | ~ | | | | . | |
|--|--------------|----------------------------|------------------------------------|---|--|--------------|--|------------|
| | | EXP | ENDITURE CATI | EGORIES | S FOR BOX 8(a | a) | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment | | Giff/Awards Legal Servi | rage Expense «Memorials Expense | Office C Polling I Printing Salaries | ppayment/Reimburser tverhead/Rental Exp Expense Expense t/Wages/Contract Lai complete this fo | ense | Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above) | 3 0 |
| 1 Total pages Schedule G: | 2 FILER N | | raw, Pe | nny | • | | 3 Filer ID (Ethics Commission Filers) | 1 |
| ⁴ Date 2.28.18 | 5 Payee na | mo Ni pa | otle | | | | | |
| 6 Amount (\$) 32.64 | 7 Payee ac | • | | Zip Code | 4.1 | , | | |
| Fleimbursement from political contributions intended | 12 | 49 | Morth | Loc | p West | t, t | touston, TX Tru | <u>2</u> , |
| 8 PURPOSE | (a) Category | (See Categorie | es listed at the top of this | schedule) | (b) Description | 1 | | |
| OF EXPENDITURE | | | | | Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C. | Candi | | eholder name | | Office sought | | Office held | |
| | ` | | | | | | | |
| Date 2 -28-16 | Payee na | RRC | Glok | ad | | | | |
| Amount. (\$) | Payee ac | dress; | City; State; | Zip Code | | | | |
| Rolmbursement from political contributions intended | L | 1110 | majes | tic | Sti | Hou | ston, TX 77026 | |
| | Category | (See Categori | es ilsted at the top of this | schedule) | (b) Description | า | | |
| PURPOSE OF EXPENDITURE | Pr | intiv | ng | | 1 7 | | of Texas. Complete Schedule T. C. officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C | | date / Offic | eholder name | | Office sought | | Office held | |
| | T | | | | | | | _ |
| 3-12-18 | Payee na | ime Si Scov | n 510 | 5nS | | | | |
| Amount (\$) 422.70 | Payee a | | City; State; | • | ttou | sto | 77080 | |
| political contributions intended | | | | | | | | |
| PURPOSE | Category | (See Categori | ies listed at the top of this | schedule) | (b) Description | | | |
| OF EXPENDITURE | Pr | intir | 19 | • | | 9900° 088 | e of Texas. Complete Schedule T. . officeholder living expense | |
| Complete ONLY If direct expenditure to benefit C | | date / Offic | eholder name | | Office sought | | Office held | |
| | | | | | | | | _ |
| | ATT | ACH ADDI | TIONAL COPIES | OF THIS | SCHEDULE AS | S NEED | ED | |

SCHEDULE G

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting/Expense Contributions/Onations Made & Candidate/Officeholder/Politic Gradi Card Payriset | Fees Food/s By Glit/Av al Committee Legal | Expense Boverage Expense vards/Memorials Expense Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) | | | | | | |
| | The | Instruction Guide explains | s how to complete this form. | | | | | | | |
| | 2 FILER NAME | Shaw, Per | nny | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| 2-27-18 Allied Printing Services | | | | | | | | | | |
| 6 Amount (\$) 2,623,46 D Roimbursement from political contributions intended | 7 Payee address; | City; State; Zip | نا ا | ∽,TX7704(| | | | | | |
| 8 DUDDOGE | (a) Category (See Cat | egories listed at the top of this sch | edule) (b) Description | | | | | | | |
| PURPOSE OF EXPENDITURE | Print | ing | | side of Texas, Complete Schedule T. TX, officeholder living expense | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | | Officeholder name | Office sought | Office held | | | | | | |
| Date | Payee name | | | | | | | | | |
| Amount (\$) Reimbursement from political contributions intended | Payee address; | City; State: Zip | Code | | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Cat | agorias listed at the top of this sch | Check if travel out | side of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | Officeholder name | Office sought | Office held | | | | | | |
| Date | Payee name | | | CORDER'S MEMORANDUM: | | | | | | |
| Amount (\$) | Payee address; | City; State; Zip | reproducti photo-copy additions: | inadequate for the best photographic on because of illegibility, carbon or //discolored paper, etc. All blockouts, and-changes were present at the time ont-was filed and moorded. | | | | | | |
| political contributions intended | | | - * | * | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Ca | legories listed at the top of this sch | Check if travel out | side of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| Complete ONLY if direct expenditure to benefit C/G | | Officeholder name | Office sought | Office held | | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED