



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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

2018508

|  |  |   |                      |
|--|--|---|----------------------|
| The C/OH Instruction Guide explains how to complete this form. |  | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed: |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                          | MS / MRS / MR  | FIRST   | MI                   |
|  | NICKNAME   | LAST  | SUFFIX               |
| Penny Shaw   |  |   |                      |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |   |                      |
|  | P.O. Box 925652<br>Houston, TX 77292   |   |                      |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                          | AREA CODE  | PHONE NUMBER  | EXTENSION            |
|  | (713)  | 493 -   | 4688                 |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                | MS / MRS / MR  | FIRST   | MI                   |
|  | NICKNAME   | LAST  | SUFFIX               |
| Mary Morrison  |  | L   |                      |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  |   |                      |
|  | 5823 Doliver Houston TX 77057  |   |                      |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                               | AREA CODE  | PHONE NUMBER  | EXTENSION            |
|  | (713)  | 829 -   | 6079                 |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) |   |                      |
|  | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)              |   |                      |
| 10 PERIOD<br>COVERED   | Month    Day    Year   |   | Month    Day    Year |
|  | 02/26/2018   |   | 06/30/2018           |
| 11 ELECTION  | ELECTION DATE  |   | ELECTION TYPE        |
|  | Month    Day    Year   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                      |
| 11/6/18  |  |   |                      |
| 12 OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)   |                      |
|  |  | Harris County<br>Commissioner, Precinct 4   |                      |
| GO TO PAGE 2   |  |   |                      |

Page - 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☒ SPECIFIC

COMMITTEE NAME

International Brotherhood of Electrical Workers  
Workers Political Action Committee

COMMITTEE ADDRESS

900 Seventh St. N.W.  
Washington D.C. 20001

COMMITTEE CAMPAIGN TREASURER NAME

Salvatore D. Chilia

COMMITTEE CAMPAIGN TREASURER ADDRESS

900 Seventh St. N.W.  
Washington DC. 20001☒ Additional Pages17 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

7,838.36

EXPENDITURE  
TOTALS3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

10,591.43

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

1,234.90

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

## 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.

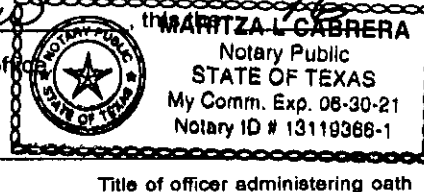
*Penny Shaw*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Penny Shaw  
day of July, 20 18, to certify which, witness my hand and seal of office.

*Martiza Cabrera*  
Signature of officer administering oath

*Martiza Cabrera*  
Printed name of officer administering oath



Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Shaw, Penny

15 Filer ID (Ethics Commission Filers)

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COMMITTEE TYPE

☐ GENERAL

☒ SPECIFIC

COMMITTEE NAME

Southwest Laborers District Council SW LOC PAL

COMMITTEE ADDRESS

11720 East 21 St. Ste.D  
Tulsa, OK 74129

COMMITTEE CAMPAIGN TREASURER NAME

Jeremy Hendricks

COMMITTEE CAMPAIGN TREASURER ADDRESS

11720 East 21 St. Ste.D  
Tulsa, OK 74129

☒ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

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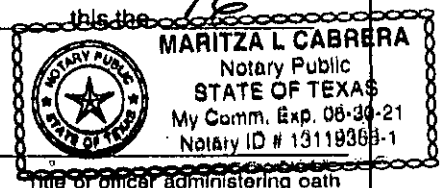
*Penny Shaw*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Penny Shaw  
day of July, 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Shaw, Penny

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
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COMMITTEE(S)

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COMMITTEE TYPE

☐ GENERAL  
☒ SPECIFIC

COMMITTEE NAME

Cy-Fair Area Democrats Club PAC

COMMITTEE ADDRESS

14119 Hillvale Dr. Houston, TX 77077

COMMITTEE CAMPAIGN TREASURER NAME

Herb Whalley

COMMITTEE CAMPAIGN TREASURER ADDRESS

14119 Hillvale Drive Houston TX 77077

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

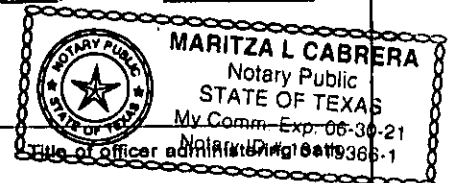
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Penny Shaw, this the 16 day of July, 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME  
*Shaw, Penny*

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$4,620.00         |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              | \$3,218.36         |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$                 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    | \$5,606.80         |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$                 |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            | \$676.64           |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS              | \$4,307.99         |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |   |
|--|---|---|
| The instruction Guide explains how to complete this form.    |   | 1 Total pages Schedule A1:                |
| 2 FILER NAME<br>Shaw, Penny                                  |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>5-30-18  | 5 Full name of contributor<br>IBEW PAC Voluntary Fund<br>6 Contributor address; City; State; Zip Code<br>900 Seventh Ave. St. NW Washington 20001     | 7 Amount of contribution (\$)<br>1,000.00 |
| 8 Principal occupation / Job title (See Instructions)<br>PAC |   | 9 Employer (See Instructions)<br>PAC      |
| Date<br>5-25-18  | Full name of contributor<br>CY Fair Area Democratic Club<br>Contributor address; City; State; Zip Code<br>14119 Hillvale Dr. Houston TX 77077         | Amount of contribution (\$)<br>100.00     |
| Principal occupation / Job title (See Instructions)<br>PAC   |   | Employer (See Instructions)<br>PAC        |
| Date<br>4-24-18  | Full name of contributor<br>Southwest Laborers District Council<br>Contributor address; City; State; Zip Code<br>11720 East 21 St. SE Tulsa, OK 74129 | Amount of contribution (\$)<br>500.00     |
| Principal occupation / Job title (See Instructions)<br>PAC   |   | Employer (See Instructions)<br>PAC        |
| Date   | Full name of contributor<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)               |
| Principal occupation / Job title (See Instructions)          |   | Employer (See Instructions)               |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                           |
| 2 FILER NAME<br><i>Shaw, Penny</i>   |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><i>3/2/18</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Mark, Robert</i><br>6 Contributor address; City: State: Zip Code<br><i>10111 Heather Hill Dr. Houston, TX 77086</i> | 7 Amount of contribution (\$)<br><i>\$ 25.00</i>     |
| 8 Principal occupation / Job title (See Instructions)<br><i>Not employed</i>   |  | 9 Employer (See Instructions)<br><i>Not employed</i> |
| Date<br><i>3/11/18</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Pendland, Grace</i><br>Contributor address; City: State: Zip Code<br><i>5915 Lattimer Dr. Houston, TX 77035</i>       | Amount of contribution (\$)<br><i>\$ 100.00</i>      |
| Principal occupation / Job title (See Instructions)<br><i>retired</i>  |  | Employer (See Instructions)                          |
| Date<br><i>3/7/18</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Vargas, Edward</i><br>Contributor address; City: State: Zip Code<br><i>3006 Attridge Rd Houston, TX 77018</i>         | Amount of contribution (\$)<br><i>\$ 30.00</i>       |
| Principal occupation / Job title (See Instructions)<br><i>Not employed</i>   |  | Employer (See Instructions)<br><i>Not employed</i>   |
| Date<br><i>3/1/18</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Leininger, Katie</i><br>Contributor address; City: State: Zip Code<br><i>2710 N Sabine St. #104 Houston, TX 77009</i> | Amount of contribution (\$)<br><i>\$ 100.00</i>      |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |  | Employer (See Instructions)<br><i>City of Pearla</i> |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |



# MONETARY 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

4-18-18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Esther Martinez

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

77009

802 Ave of Oaks St Houston, TX

8 Principal occupation / Job title (See Instructions)

Health Care Coordinator

9 Employer (See Instructions)

Date

4-18-18

Full name of contributor

☐ out-of-state PAC (ID#:

Dayce Salhoo

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3716 Farber St Houston, TX 77005

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

4-4-18

Full name of contributor

☐ out-of-state PAC (ID#:

Linda Morates

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

5712 Irvington Blvd Houston, TX, 77009

Principal occupation / Job title (See Instructions)

Organizing Coordinator

Employer (See Instructions)

AFL-CIO

Date

4-18-18

Full name of contributor

☐ out-of-state PAC (ID#:

Mary Morrison

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

5823 Doliver Hoost, TX 77057

Principal occupation / Job title (See Instructions)

Director of Benefits

Employer (See Instructions)

GDF SUEZ Energy North America

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                       |
| 2 FILER NAME<br>Shaw, Penny  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br>5-14-18  | 5 Full name of contributor<br>Aaron Azios<br><input type="checkbox"/> out-of-state PAC (ID#:<br>6 Contributor address;<br>6227 Wynnwood Lane Houston TX<br>City: State: Zip Code 77008       | 7 Amount of contribution (\$)<br>10.00           |
| 8 Principal occupation / Job title (See Instructions)<br>Package Handler   |  | 9 Employer (See Instructions)<br>Federal Express |
| Date<br>5-11-18  | Full name of contributor<br>Gina Calanni<br><input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address;<br>1203 Silver Morning Dr. Katy, TX 77450<br>City: State: Zip Code       | Amount of contribution (\$)<br>40.00             |
| Principal occupation / Job title (See Instructions)<br>Manager   |  | Employer (See Instructions)<br>Real time Power   |
| Date<br>6-4-18   | Full name of contributor<br>Alvaro Rodriguez<br><input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address;<br>4403 Prince Pine trail Houston, TX 77059<br>City: State: Zip Code | Amount of contribution (\$)<br>50.00             |
| Principal occupation / Job title (See Instructions)<br>Not employed  |  | Employer (See Instructions)<br>N/A               |
| Date<br>6-8-18   | Full name of contributor<br>Mary Paulette<br><input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address;<br>1701 Herman Dr. Unit 2705 Houston, TX 77004<br>City: State: Zip Code | Amount of contribution (\$)<br>100.00            |
| Principal occupation / Job title (See Instructions)<br>Not employed  |  | Employer (See Instructions)<br>N/A               |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:                     |
| 2 FILER NAME<br><i>Shaw, Penny</i>   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>5/8/18</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Handel, Donna</i><br>6 Contributor address; City; State; Zip Code<br><i>7 Quick Stream Pl Spring, TX 77381</i>   | 7 Amount of contribution (\$) <i>\$20.00</i>   |
| 8 Principal occupation / Job title (See Instructions)<br><i>Geologist</i>  |   | 9 Employer (See Instructions)<br><i>GWSCI.</i> |
| Date<br><i>5/8/18</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Keon, Jennifer</i><br>Contributor address; City; State; Zip Code<br><i>5242 Preserve Park Dr. Spring, TX 77381</i> | Amount of contribution (\$) <i>\$20.00</i>     |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>  |   | Employer (See Instructions)<br><i>Retired</i>  |
| Date<br><i>5/8/18</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Sloan, Glenn</i><br>Contributor address; City; State; Zip Code<br><i>218 Shenandoah Dr. Shenandoah, TX 77381</i>   | Amount of contribution (\$) <i>\$20.00</i>     |
| Principal occupation / Job title (See Instructions)<br><i>retired - insurance agent</i>  |   | Employer (See Instructions)<br><i>retired</i>  |
| Date<br><i>5/8/18</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Kirk, Kathryn</i><br>Contributor address; City; State; Zip Code<br><i>39 E Trillium Cir Spring, TX 77381</i>       | Amount of contribution (\$) <i>\$40.00</i>     |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>  |   | Employer (See Instructions)<br><i>Retired</i>  |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

2018508

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

6-26-18

5 Full name of contributor

Julie Scott

☐ out-of-state PAC (ID#):

7 Amount of contribution (\$)

10.00

6 Contributor address;

City; State; Zip Code

23507 Breckenridge Forest Dr. Spring TX 77373

8 Principal occupation / Job title (See Instructions)

Child Advocate

9 Employer (See Instructions)

CASA

Date

6-20-18

Full name of contributor

Alvaro Rodriguez

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

4403 Prince Pine Tr. Houston TX 77059

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

n/a

Date

6-8-18

Full name of contributor

Lori Hathaway

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

5910 Hidden Lakes, Kingwood TX 77345

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-18-18

Full name of contributor

Aaron Azios

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

6227 Wynnwood Ln. Houston TX 77008

Principal occupation / Job title (See Instructions)

Package Handler

Employer (See Instructions)

Fed Ex

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |   |
|--|--|---|
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| 2 FILER NAME<br>Shaw, Penny  |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>5-11-18  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Paul McDonald<br>6 Contributor address; City; State; Zip Code<br>803 Longview dr. Sugar land, TX 77478 | 7 Amount of contribution (\$)<br>75.00    |
| 8 Principal occupation / Job title (See Instructions)<br>Retired   |  | 9 Employer (See Instructions)             |
| Date<br>2-27-18  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>William Rucker<br>Contributor address; City; State; Zip Code<br>10022 Bayou Glen Houston 77042           | Amount of contribution (\$)<br>25.00      |
| Principal occupation / Job title (See Instructions)<br>Attorney  |  | Employer (See Instructions)<br>Rucker Law |
| Date<br>5-15-18  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Mary Ann Bass<br>Contributor address; City; State; Zip Code<br>4011 Leeshire Dr. Houston 77025           | Amount of contribution (\$)<br>25.00      |
| Principal occupation / Job title (See Instructions)<br>retired   |  | Employer (See Instructions)               |
| Date<br>5-6-18   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Felicia Dickens<br>Contributor address; City; State; Zip Code<br>2231 Primwood Ct. Pearland 77584        | Amount of contribution (\$)<br>50.00      |
| Principal occupation / Job title (See Instructions)<br>Principal   |  | Employer (See Instructions)<br>Centramark |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                                      |
| 2 FILER NAME<br><i>Shaw, Penny</i>   |  | 3 Filer ID (Ethics Commission Filers)                           |
| 4 Date<br><i>2/8/18</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Morrison, Mary</i><br>6 Contributor address: City: State: Zip Code<br><i>5823 Doliver Houston, TX 77057</i> | 7 Amount of contribution (\$) <i>\$20.00</i>                    |
| 8 Principal occupation / Job title (See Instructions)<br><i>Manager Ber</i>  |  | 9 Employer (See Instructions)<br><i>ABS</i>                     |
| Date<br><i>2/25/18</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Puig, Louis</i><br>Contributor address: City: State: Zip Code<br><i>11903 Wink Rd Houston, TX 77024</i>       | Amount of contribution (\$) <i>\$500.00</i>                     |
| Principal occupation / Job title (See Instructions)<br><i>Doctor</i>   |  | Employer (See Instructions)<br><i>Occupational Medical Care</i> |
| Date<br><i>4/24/18</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Mary Ross Taylor</i><br>Contributor address: City: State: Zip Code<br><i>PO BOX 667398 Houston, TX 77266</i>  | Amount of contribution (\$) <i>\$20.00</i>                      |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>  |  | Employer (See Instructions)<br><i>N/A</i>                       |
| Date<br><i>5-11-18</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Deborah Milner</i><br>Contributor address: City: State: Zip Code<br><i>532 W 23rd St Houston, TX 77008</i>    | Amount of contribution (\$) <i>100.00</i>                       |
| Principal occupation / Job title (See Instructions)<br><i>Lawyer</i>   |  | Employer (See Instructions)<br><i>Vinson &amp; Elkins LLP</i>   |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                       |
| 2 FILER NAME<br>Shaw, Penny  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br>6-18-18  | 5 Full name of contributor<br>Aaron Azios<br><input type="checkbox"/> out-of-state PAC (ID#:<br>6 Contributor address;<br>6227 Wynnwood Lane Houston, TX 77008<br>City; State; Zip Code      | 7 Amount of contribution (\$)<br>5.00            |
| 8 Principal occupation / Job title (See Instructions)<br>Package Handler   |  | 9 Employer (See Instructions)<br>Federal Express |
| Date<br>6-20-18  | Full name of contributor<br>Alvaro Rodriguez<br><input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address;<br>4403 Prince Pine Trail Houston, TX 77059<br>City; State; Zip Code | Amount of contribution (\$)<br>50.00             |
| Principal occupation / Job title (See Instructions)<br>Not employed  |  | Employer (See Instructions)<br>N/A               |
| Date<br>5-10-18  | Full name of contributor<br>Janine Abmayr<br><input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address;<br>5219 Charwick St Houston, TX 77069<br>City; State; Zip Code          | Amount of contribution (\$)<br>100.00            |
| Principal occupation / Job title (See Instructions)<br>Market Researcher   |  | Employer (See Instructions)<br>Exxon Mobil       |
| Date<br>5-10-18  | Full name of contributor<br>Sandra Abmayr<br><input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address;<br>18211 Fern Bluff Dr. Spring, TX 77379<br>City; State; Zip Code       | Amount of contribution (\$)<br>100.00            |
| Principal occupation / Job title (See Instructions)<br>Psychologist  |  | Employer (See Instructions)<br>Retired           |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                        |
| 2 FILER NAME<br>Shaw, Penny  |  | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br>4-18-18  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Patricia Gayle Fallon<br>6 Contributor address; City; State; Zip Code<br>2901 Bammel Ln. Apt 9 Houston 77098 | 7 Amount of contribution (\$)<br>50.00            |
| 8 Principal occupation / Job title (See Instructions)<br>Retired   |  | 9 Employer (See Instructions)<br>Retired          |
| Date<br>4-18-18  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>John & Alice Fisher<br>Contributor address; City; State; Zip Code<br>1140 Allston Houston, TX 77008            | Amount of contribution (\$)<br>100.00             |
| Principal occupation / Job title (See Instructions)<br>O'Connor  |  | Employer (See Instructions)<br>R.E. MGR.          |
| Date<br>4-18-18  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Robert Mahan<br>Contributor address; City; State; Zip Code<br>16215 Diamond Rock Dr. Cypress, TX 77429         | Amount of contribution (\$)<br>25.00              |
| Principal occupation / Job title (See Instructions)<br>Self  |  | Employer (See Instructions)<br>Real Estate Broker |
| Date<br>4-18-18  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Mauri Lucas<br>Contributor address; City; State; Zip Code<br>1409 Patterson ST. Houston, TX 77007              | Amount of contribution (\$)<br>50.00              |
| Principal occupation / Job title (See Instructions)<br>Unemployed  |  | Employer (See Instructions)<br>N/A                |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

2018508

|  |   |   |  |
|--|---|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A2: <u>1</u>   |  |
| 2 FILER NAME <u>Shaw, Penny</u>  |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$  |  |
| 5 Date<br><u>3-4-18</u>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>TEXAS DEMOCRATIC PARTY</u> | 8 Amount of Contribution \$<br><u>2,000.00</u>                                  | 9 In-kind contribution description<br><u>SMS Service</u> |
| 7 Contributor address; City; State; Zip Code<br><u>1106 Lavaca St. Austin 78701</u>  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><u>Political Party</u>  |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)   |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |   | 15 Law firm of contributor's spouse (If any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)  |   |   |  |
| Date<br><u>3-1-18</u><br><u>6-30-18</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>IBEW PAC Voluntary Fund</u>  | Amount of Contribution \$<br><u>1,218.36</u>                                    | In-kind contribution description<br><u>Facility Use</u>  |
| Contributor address; City; State; Zip Code<br><u>900 Seventh Ave. St. NW Washington DC 20001</u>   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><u>PAC</u>   |   | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |  |
| Contributor's principal occupation (FOR JUDICIAL)  |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |  |
| Contributor's employer/law firm (FOR JUDICIAL)   |   | Law firm of contributor's spouse (If any) (FOR JUDICIAL)                        |  |
| If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)   |   |   |  |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: 16                         |  | 2 FILER NAME: Shaw, Penny   |  | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 Date: 3.26.18                                       |  | 5 Payee name: Citicard  |  |  |  |
| 6 Amount (\$): 116.26                                 |  | 7 Payee address: City: State: Zip Code: 388 Greenwich St. NY, NY 10013                |  |  |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule): Credit card payment |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense        |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held  |  |
| Date: 5.14.18   |  | Payee name: China Bear Restaurant   |  |  |  |
| Amount (\$): 32.34                                    |  | Payee address: City: State: Zip Code: 12755 S.W. Fwy. Stafford, TX 77477              |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule): EVENT expense           |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held  |  |
| Date: 5.15.18   |  | Payee name: Road Women  |  |  |  |
| Amount (\$): 150.00                                   |  | Payee address: City: State: Zip Code: P.O. Box 22678 Houston TX 77227                 |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule): Event expense           |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder 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 NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1:<br>10                      |  | 2 FILER NAME<br>Shaw, Penny   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>4-17-18                                     |  | 5 Payee name<br>OFFICE DEPOT  |  |   |  |
| 6 Amount (\$)<br>7.56                                 |  | 7 Payee address: City: State: Zip Code<br>1401 N. Loop W, Houston, TX 77008               |  |   |  |
| 8<br>PURPOSE OF EXPENDITURE                           |  | (a) Category (See Categories listed at the top of this schedule)<br>OTHER / OFFICE SUPPLY |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>5-7-18  |  | Payee name<br>COH METER   |  |   |  |
| Amount (\$)<br>7.00                                   |  | Payee address: City: State: Zip Code<br>611 Walker Houston, TX 77002                      |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>EVENT                     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>5-9-18  |  | Payee name<br>Penny Shaw  |  |   |  |
| Amount (\$)<br>100.00                                 |  | Payee address: City: State: Zip Code<br>P.O. Box 925652 Houston, TX 77292                 |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Reimbursement             |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder 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 NEEDED   |  |   |  |   |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br>16                      | 2 FILER NAME<br>SHAW, PENNY   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>6-26-18                                     | 5 Payee name<br>KROGER  |   |
| 6 Amount (\$)<br>101.89                               | 7 Payee address: City: State: Zip Code<br>1035 SHEPHERD Houston, TX                 |   |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE                     | (a) Category (See Categories listed at the top of this schedule)<br>EVENT EXPENSE   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   |   |
| Candidate / Officeholder name                         |   |   |
| Office sought   |   |   |
| Office held   |   |   |
| Date<br>6-12-18                                       | Payee name<br>Print-n-Sign  |   |
| Amount (\$)<br>350.00                                 | Payee address: City: State: Zip Code<br>7350 HARWIN Houston, TX 77036               |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br>Print Expense       | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |
| Candidate / Officeholder name                         |   |   |
| Office sought   |   |   |
| Office held   |   |   |
| Date<br>3-12-18                                       | Payee name<br>American Express  |   |
| Amount (\$)<br>207.26                                 | Payee address: City: State: Zip Code<br>P.O. Box 650448 Dallas, TX 75265            |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br>credit card payment | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder 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 NEEDED   |   |   |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: <b>16</b>                       |  | 2 FILER NAME: <b>Shaw, Penny</b>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date: <b>2-28-18</b>                                     |  | 5 Payee name: <b>Allan Jamail</b>   |  |   |  |
| 6 Amount (\$): <b>181.86</b>                               |  | 7 Payee address: City: State: Zip Code<br><b>10710 Flaxman, Houston, TX 77029</b>           |  |   |  |
| 8 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date: <b>5-8-18</b>  |  | Payee name: <b>K M Design</b>   |  |   |  |
| Amount (\$): <b>200.00</b>                                 |  | Payee address: City: State: Zip Code<br><b>2127 Campus Drive, Durham NC 27708</b>           |  |   |  |
| PURPOSE OF EXPENDITURE                                     |  | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH        |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date: <b>5-16-18</b>                                       |  | Payee name: <b>Capital One</b>  |  |   |  |
| Amount (\$): <b>298.70</b>                                 |  | Payee address: City: State: Zip Code<br><b>P.O. Box 30285 Salt Lake City UT 84130</b>       |  |   |  |
| PURPOSE OF EXPENDITURE                                     |  | Category (See Categories listed at the top of this schedule)<br><b>Credit Card Payment</b>  |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH        |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> |  |   |  |   |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1: 1p                         |  | 2 FILER NAME: Shaw, Penny   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date: 6-20-18                                       |  | 5 Payee name: Capital One   |  |   |  |
| 6 Amount (\$): 40.00                                  |  | 7 Payee address: City: State: Zip Code: P.O. Box 30285 Salt Lake City UT 84130        |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule): Credit Card Payment |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date: 4-19-18   |  | Payee name: Bison Signs   |  |   |  |
| Amount (\$): 400.00                                   |  | Payee address: City: State: Zip Code: 10102 Clay Road HOUSTON, TX 77080               |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule): Printing Expense        |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date: 3-9-18  |  | Payee name: Tiffany Smith   |  |   |  |
| Amount (\$): 120.00                                   |  | Payee address: City: State: Zip Code: Unk Pearland, TX                                |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule): CONTRACT                |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1:<br>16                      |  | 2 FILER NAME<br>Shaw, Penny   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>5-16-18                                     |  | 5 Payee name<br>Jesse Saldana   |  |   |  |
| 6 Amount (\$)<br>50.00                                |  | 7 Payee address: City: State: Zip Code<br>6645 Avenue J Houston, TX 77061         |  |   |  |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE                     |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>5-15-18                                       |  | Payee name<br>Gathering of Eagles   |  |   |  |
| Amount (\$)<br>100.00                                 |  | Payee address: City: State: Zip Code<br>P.O. Box 891312 Houston, TX 77289         |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                          |  | Category (See Categories listed at the top of this schedule)<br>Event expense     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>5-7-18  |  | Payee name<br>Hanging Tough   |  |   |  |
| Amount (\$)<br>50.00                                  |  | Payee address: City: State: Zip Code<br>Unk Houston, TX 77004                     |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                          |  | Category (See Categories listed at the top of this schedule)<br>Event Expense     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1:<br>16                      |  | 2 FILER NAME<br>shaw, Penny   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>6-12-18                                     |  | 5 Payee name<br>ARNE'S  |  |   |  |
| 6 Amount (\$)<br>74.79                                |  | 7 Payee address: City: State: Zip Code<br>2830 Hicks ST Houston, TX 77007         |  |   |  |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE                     |  | (a) Category (See Categories listed at the top of this schedule)<br>Event expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>6-3-18  |  | Payee name<br>Walgreens   |  |   |  |
| Amount (\$)<br>13.29                                  |  | Payee address: City: State: Zip Code<br>215 W 43rd St Houston, TX 77018           |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                          |  | Category (See Categories listed at the top of this schedule)<br>Event expense     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>5-4-18  |  | Payee name<br>Walmart   |  |   |  |
| Amount (\$)<br>51.27                                  |  | Payee address: City: State: Zip Code<br>111 Yale St Houston, TX 77007             |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                          |  | Category (See Categories listed at the top of this schedule)<br>Event expense     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1: 16                         |  | 2 FILER NAME<br>shaw Penny   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>6-4-18                                      |  | 5 Payee name<br>Woodlands Democratic club  |  |   |  |
| 6 Amount (\$)<br>50.00                                |  | 7 Payee address; City: State: Zip Code<br>1712 N. Frazier St, ste 117 Conroe TX 77301  |  |   |  |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE                     |  | (a) Category (See Categories listed at the top of this schedule)<br>OTHER / MEMBERSHIP |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br>5/18/18                                       |  | Payee name<br>Texas Organizing Project   |  |   |  |
| Amount (\$)<br>60.00                                  |  | Payee address; City: State: Zip Code<br>2404 Caroline St Houston TX 77004              |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                          |  | Category (See Categories listed at the top of this schedule)<br>Other / Membership     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br>5-16-18                                       |  | Payee name<br>Print-n-Sign   |  |   |  |
| Amount (\$)<br>50.00                                  |  | Payee address; City: State: Zip Code<br>7350 Harwin Dr. Houston TX 77036               |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                          |  | Category (See Categories listed at the top of this schedule)<br>Printing Expense       |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1:<br><b>16</b>                      |  | 2 FILER NAME<br><b>Shaw, Penny</b>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><b>6-12-18</b>                                     |  | 5 Payee name<br><b>Kroger</b>   |  |   |  |
| 6 Amount (\$)<br><b>26.75</b>                                |  | 7 Payee address; City: State: Zip Code<br><b>1440 Stud emont St. Houston, TX 77007</b>            |  |   |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Food/Bere rage expense</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date<br><b>5-29-18</b>                                       |  | Payee name<br><b>H-E-B</b>  |  |   |  |
| Amount (\$)<br><b>50.92</b>                                  |  | Payee address; City: State: Zip Code<br><b>19900 S.W. Freeway Sugarland, TX 77479</b>             |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage expense</b>      |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date<br><b>6-16-18</b>                                       |  | Payee name<br><b>Atlan Jamaal</b>   |  |   |  |
| Amount (\$)<br><b>175.37</b>                                 |  | Payee address; City: State: Zip Code<br><b>10710 Flaxman, Houston, TX 77029</b>                   |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>           |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>16                      | 2 FILER NAME<br>shaw, Penny  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>3-3-18                                      | 5 Payee name<br>Whole Foods Market   |   |
| 6 Amount (\$)<br>18.38                                | 7 Payee address; City; State; Zip Code<br>701 Waugh Dr. Houston, TX 77019                            |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held   |
| Date<br>2-28-18                                       | Payee name<br>Starbucks Coffee   |   |
| Amount (\$)<br>18.35                                  | Payee address; City; State; Zip Code<br>3017 N. Durham Dr. Houston, TX 77018                         |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held   |
| Date<br>3-3-18  | Payee name<br>ROSS (BIOGRAPHY)   |   |
| Amount (\$)<br>38.58                                  | Payee address; City; State; Zip Code<br>1345 W 43rd St Houston, TX 77018                             |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Event Expense/<br>VOLUNTEER SUPPLIES | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder 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 NEEDED   |  |   |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br>16                      | 2 FILER NAME<br>Shaw, Penny   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>3-5-18                                      | 5 Payee name<br>Costco  |   |
| 6 Amount (\$)<br>59.59                                | 7 Payee address: City: State: Zip Code<br>1150 Bunker Hill Rd. Houston, TX 77055        |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   |   |
| Date<br>3-15-18                                       | Payee name<br>Office Depot  |   |
| Amount (\$)<br>77.62                                  | Payee address: City: State: Zip Code<br>1401 N Loop W. Houston, TX 77008                |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>other / OFFICE SUPPLIES | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |
| Date<br>3-4-18  | Payee name<br>Kroger  |   |
| Amount (\$)<br>11.05                                  | Payee address: City: State: Zip Code<br>1352 W 43rd St, Houston, TX 77018               |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Food / Beverage Expense | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |   |   |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1: 16                         |  | 2 FILER NAME<br>Shaw, Penny   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>3-4-18                                      |  | 5 Payee name<br>Starbucks   |  |   |  |
| 6 Amount (\$)<br>4.22                                 |  | 7 Payee address: City: State: Zip Code<br>1206 W 43rd St Houston, TX 77018                |  |   |  |
| 8<br>PURPOSE OF EXPENDITURE                           |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>3-13-18                                       |  | Payee name<br>Kroger  |  |   |  |
| Amount (\$)<br>15.48                                  |  | Payee address: City: State: Zip Code<br>1352 W. 43rd St. Houston, TX 77018                |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>2-26-18                                       |  | Payee name<br>Nathaji Metivier  |  |   |  |
| Amount (\$)<br>700.00                                 |  | Payee address: City: State: Zip Code<br>704 N. Shepherd Dr.<br>Houston, TX 77007          |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Other/IT                  |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1:<br>16                      |  | 2 FILER NAME<br>Shaw, Penny  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>2-27-18                                     |  | 5 Payee name<br>Nisha Randle / Black Women's March                                     |  |   |  |
| 6 Amount (\$)<br>200.00                               |  | 7 Payee address: City: State: Zip Code<br>Unk Houston, TX                              |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense      |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br>3-7-18  |  | Payee name<br>Lisa Stanley   |  |   |  |
| Amount (\$)<br>180.00                                 |  | Payee address: City: State: Zip Code<br>5711 Sugar Hill Drive #97 Houston, TX 77057    |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Contract Labor         |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br>6-20-18                                       |  | Payee name<br>Circle K   |  |   |  |
| Amount (\$)<br>40.00                                  |  | Payee address: City: State: Zip Code<br>4707 Gulf Frwy. Houston TX 77023               |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Transportation Expense |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Loan Repayment/Reimbursement      Solicitation/Fundraising Expense  
Accounting/Banking      Fees      Office Overhead/Rental Expense      Transportation Equipment & Related Expense  
Consulting Expense      Food/Beverage Expense      Polling Expense      Travel in District  
Contributions/Donations Made By      Gift/Awards/Memorials Expense      Printing Expense      Travel Out Of District  
Candidate/Officeholder/Political Committee      Legal Services      Salaries/Wages/Contract Labor      Other (enter a category not listed above)  
Credit Card Payment

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>16                              | 2 FILER NAME<br>shaw, Penny  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>2-26-18   | 5 Payee name<br>Loonyse Ulysee   |   |
| 6 Amount (\$)<br>492.00                                       | 7 Payee address: City: State: Zip Code<br>3701 W. Alabama St<br>Houston, TX 77027      |   |
| 8<br>PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br>other / data entry | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH         |  |   |
| Date<br>2-26-18   | Candidate / Officeholder name<br>Texas Coalition of Black Democrats                    |   |
| Amount (\$)<br>250.00   | Payee address: City: State: Zip Code<br>P.O. Box 570793 Dallas, TX 75357               |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>EVENT FEE              | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH           |  |   |
| Date<br>2-27-18   | Candidate / Officeholder name<br>GLBT The Caucos                                       |   |
| Amount (\$)<br>250.00   | Payee address: City: State: Zip Code<br>P.O. Box 66624 Houston, TX 77266               |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>EVENT FEE              | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH           |  |   |
| Candidate / Officeholder name<br>Office sought<br>Office held |  |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br><b>16</b>             | 2 FILER NAME<br><b>shaw, Penny</b>  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>3-1-18</b>                             | 5 Payee name<br><b>Chipotle</b>   |   |
| 6 Amount (\$)<br><b>32.64</b>                       | 7 Payee address: City: State: Zip Code<br><b>1249 N Loop W Houston, TX 77008</b>  |   |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE               | (a) Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b>  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____ |   |
| Date<br><b>3-1-18</b>                               | Payee name<br><b>starbucks</b>  |   |
| Amount (\$)<br><b>15.80</b>                         | Payee address: City: State: Zip Code<br><b>1206 W 43rd St Houston, TX 77018</b>   |   |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See Categories listed at the top of this schedule)<br><b>food/Beverage expense</b>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____   |   |
| Date<br><b>6-12-18</b>                              | Payee name<br><b>NAACP Houston</b>  |   |
| Amount (\$)<br><b>70.00</b>                         | Payee address: City: State: Zip Code<br><b>2002 Wheeler Ave. Houston, TX 77024</b>  |   |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See Categories listed at the top of this schedule)<br><b>Event fee</b>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____   |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |   |   |



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1: <b>16</b>                  |  | 2 FILER NAME <b>Shaw, Penny</b>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date <b>6-30-18</b>                                 |  | 5 Payee name <b>Act Blue</b>   |  |   |  |
| 6 Amount (\$) <b>67.83</b>                            |  | 7 Payee address: City: State: Zip Code<br><b>P.O. Box 441146 Somerville MA 02144</b> |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Fees</b>      |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date  |  | Payee name   |  |   |  |
| Amount (\$)   |  | Payee address: City: State: Zip Code   |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)                         |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date  |  | Payee name   |  |   |  |
| Amount (\$)   |  | Payee address: City: State: Zip Code   |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)                         |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date  |  | Payee name   |  |   |  |
| Amount (\$)   |  | Payee address: City: State: Zip Code   |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)                         |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder 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 NEEDED

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 10(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

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 F4:<br><b>5</b>   |  | 2 FILER NAME<br><b>Shaw, Penny</b>   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD                      |  |  |  | \$  |  |
| 5 Date<br><b>4-10-18</b>   |  | 6 Payee name<br><b>Paulies</b>   |  |   |  |
| 7 Amount (\$)<br><b>29.19</b>  |  | 8 Payee address; City; State; Zip Code<br><b>1834 Westheimer Houston TX 77018</b>              |  |   |  |
| 9 TYPE OF EXPENDITURE  |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political           |  |   |  |
| 10 PURPOSE OF EXPENDITURE  |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Food / Bev. Expense</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH                           |  | Candidate / Officeholder name  |  | Office sought   |  |
| Date<br><b>4-10-18</b>   |  | Payee name<br><b>Field of Greens</b>   |  |   |  |
| Amount (\$)<br><b>38.02</b>  |  | Payee address; City; State; Zip Code<br><b>2320 W. Alabama St. Houston TX 77008</b>            |  |   |  |
| TYPE OF EXPENDITURE  |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political           |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br><b>Food / Bev. Expense</b>     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH                              |  | Candidate / Officeholder name  |  | Office sought   |  |
|  |  |  |  | Office held   |  |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> |  |  |  |   |  |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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

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 F4:<br>5   | 2 FILER NAME<br>Shaw, Penny  | 3 Filer ID (Ethics Commission Filers)   |                               |               |             |  |  |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | \$  |                               |               |             |  |  |  |
| 5 Date<br>2.28.18   | 6 Payee name<br>Houston Area Women's Race Against Violence                           |   |                               |               |             |  |  |  |
| 7 Amount (\$)<br>35.00  | 8 Payee address; City; State; Zip Code<br>1010 Waugh Dr. Houston, TX 77019           |   |                               |               |             |  |  |  |
| 9 TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |   |                               |               |             |  |  |  |
| 10 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Event expense    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                               |               |             |  |  |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH  |  |   |                               |               |             |  |  |  |
| <table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> <tr> <td colspan="3"> </td> </tr> </table> |  |   | Candidate / Officeholder name | Office sought | Office held |  |  |  |
| Candidate / Officeholder name   | Office sought  | Office held   |                               |               |             |  |  |  |
|   |  |   |                               |               |             |  |  |  |
| Date<br>3.5.18  | Payee name<br>H. E. B.   |   |                               |               |             |  |  |  |
| Amount (\$)<br>249.22   | Payee address; City; State; Zip Code<br>1701 W. ALABAMA ST. Houston TX 77098         |   |                               |               |             |  |  |  |
| TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |   |                               |               |             |  |  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Event expense        | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                               |               |             |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  |   |                               |               |             |  |  |  |
| <table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> <tr> <td colspan="3"> </td> </tr> </table> |  |   | Candidate / Officeholder name | Office sought | Office held |  |  |  |
| Candidate / Officeholder name   | Office sought  | Office held   |                               |               |             |  |  |  |
|   |  |   |                               |               |             |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |  |   |                               |               |             |  |  |  |

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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

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 F4:<br>5                             |  | 2 FILER NAME<br>Shaw, Penny   |  | 3 Filer ID (Ethics Commission Filers)   |    |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |   |  |   | \$ |
| 5 Date<br>3-22-18   |  | 6 Payee name<br>Greens Bayou Corridor   |  |   |    |
| 7 Amount (\$)<br>125.00                                     |  | 8 Payee address; City; State; Zip Code<br>16945 Northchase Dr. #1900 Houston TX 77060 |  |   |    |
| 9 TYPE OF EXPENDITURE                                       |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |   |    |
| 10 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>Event expense     |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |    |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate / Officeholder name   |  | Office sought   |    |
| Date<br>3-22-18   |  | Payee name<br>Rice University   |  |   |    |
| Amount (\$)<br>12.00  |  | Payee address; City; State; Zip Code<br>6100 main st Houston TX 77005                 |  |   |    |
| TYPE OF EXPENDITURE   |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |   |    |
| PURPOSE OF EXPENDITURE                                      |  | Category (See Categories listed at the top of this schedule)<br>Event Expense         |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder 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 NEEDED         |  |   |  |   |    |

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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

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 F4:<br>5                                |  | 2 FILER NAME<br>Shaw, Penny  |  | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |  |  |  |  |  |
| 5 Date<br>3-9-18   |  | 6 Payee name<br>USPS   |  |  |  |
| 7 Amount (\$)<br>26.70   |  | 8 Payee address; City; State; Zip Code<br>700 Smith St. Houston, TX 77002            |  |  |  |
| 9 TYPE OF EXPENDITURE  |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |  |  |
| 10 PURPOSE OF EXPENDITURE                                      |  | (a) Category (See Categories listed at the top of this schedule)<br>Postage          |  | (b) Description.<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH         |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date<br>3-19-18  |  | Payee name<br>Road Women   |  |  |  |
| Amount (\$)<br>85.00   |  | Payee address; City; State; Zip Code<br>P.O. Box 22678 Houston TX 77227              |  |  |  |
| TYPE OF EXPENDITURE  |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |  |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br>Event Expense        |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder 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 NEEDED            |  |  |  |  |  |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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

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 F4:<br>5                             |  | 2 FILER NAME<br>Shaw, Penny   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |   |  | \$  |  |
| 5 Date<br>4-11-18   |  | 6 Payee name<br>Union Kitchen   |  |   |  |
| 7 Amount (\$)<br>26.51                                      |  | 8 Payee address; City; State; Zip Code<br>4057 Bellaire Blvd. Houston TX 77025              |  |   |  |
| 9 TYPE OF EXPENDITURE                                       |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political        |  |   |  |
| 10 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>Food / Beverage Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date<br>4-3-18  |  | Payee name<br>USPS  |  |   |  |
| Amount (\$)<br>50.00  |  | Payee address; City; State; Zip Code<br>700 Smith St. Houston, TX 77002                     |  |   |  |
| TYPE OF EXPENDITURE   |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political        |  |   |  |
| PURPOSE OF EXPENDITURE                                      |  | Category (See Categories listed at the top of this schedule)<br>Postage                     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH         |  | Candidate / Officeholder name   |  | Office sought   |  |
|   |  |   |  |   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED         |  |   |  |   |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule G:  | 2 FILER NAME<br>SHAW, PENNY  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>3.2.18   | 5 Payee name<br>TAG CABANA   |   |
| 6 Amount (\$)<br>7.27<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br>700 N. LOOP W. HOUSTON, TX 77018             |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>EVENT - FOOD/BEV.  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought Office held   |
| Date<br>3.12.18  | Payee name<br>K M Design   |   |
| Amount (\$)<br>500.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>2127 Campus Drive, Durham NC 27708             |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>OTHER - GRAPHIC DESIGN | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought Office held   |
| Date<br>3.12.18  | Payee name<br>Loorysa Ulysse   |   |
| Amount (\$)<br>300.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>3701 W. Alabama St<br>Houston, TX 77027        |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>other / data entry     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought Office held   |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule G:   | 2 FILER NAME<br>Shaw, Penny   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>3-6-18  | 5 Payee name<br>Luigi's   |   |
| 6 Amount (\$)<br>78.57<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: City: State: Zip Code<br>3700 ALMEDA Houston, TX 77004               |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>EVENT - FOOD/BEV. | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held   |
| Date<br>5-1-18  | Payee name<br>Houston Black American Democrats  |   |
| Amount (\$)<br>250.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  | Payee address: City: State: Zip Code<br>5300 Griggs Rd Houston, TX                    |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>event expense         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held   |
| Date<br>3-15-18   | Payee name<br>Dollar Tree Stores  |   |
| Amount (\$)<br>18.40<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   | Payee address: City: State: Zip Code<br>1345 West 43rd st., Houston TX 77018          |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>event expense         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder 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 NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1 Total pages Schedule G:  |  | 2 FILER NAME <i>Shaw, Penny</i>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><i>2.28.18</i>   |  | 5 Payee name<br><i>Chipotle</i>  |  |   |  |
| 6 Amount (\$)<br><i>32.64</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |  | 7 Payee address; City; State; Zip Code<br><i>1249 North Loop West, Houston, TX 77018</i> |  |   |  |
| 8 PURPOSE OF EXPENDITURE   |  | (a) Category (See Categories listed at the top of this schedule)<br><i>Event expense</i> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br><i>2-28-18</i>   |  | Payee name<br><i>RPC Global</i>  |  |   |  |
| Amount. (\$)<br><i>75.00</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  |  | Payee address; City; State; Zip Code<br><i>4110 Majestic St. Houston, TX 77026</i>       |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br><i>Printing</i>          |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br><i>3-12-18</i>   |  | Payee name<br><i>Bison Signs</i>   |  |   |  |
| Amount (\$)<br><i>422.70</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  |  | Payee address; City; State; Zip Code<br><i>10100 CLAY Rd. Houston 77080</i>              |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br><i>Printing</i>          |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |  |  |  |   |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule G:  | 2 FILER NAME<br><b>Shaw, Penny</b>  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>2-27-18</b>   | 5 Payee name<br><b>Allied Printing Services</b>                                     |   |
| 6 Amount (\$)<br><b>2,623.41</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  | 7 Payee address; City; State; Zip Code<br><b>4929 Blalock Houston, TX 77041</b>     |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |
| Candidate / Officeholder name      Office sought      Office held  |   |   |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| <input type="checkbox"/> Reimbursement from political contributions intended   |   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)                        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |
| Candidate / Officeholder name      Office sought      Office held  |   |   |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| <input type="checkbox"/> Reimbursement from political contributions intended   |   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)                        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |
| Candidate / Officeholder name      Office sought      Office held  |   |   |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| <input type="checkbox"/> Reimbursement from political contributions intended   |   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)                        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |
| Candidate / Officeholder name      Office sought      Office held  |   |   |
| <p><b>RECORDER'S MEMORANDUM:</b><br/>         At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo-copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.</p> |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>  |   |   |