

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** 

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	Penny LAST	SUFFIX	Date Received	
	Shaw			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 92	CITY; STATE; ZIP CODE 5 652		
Change of Address	Houston Tx	(.77292		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 493 -	extension +688	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mary	MI	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	morrise	n	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT /		ZIP CODE	
ADDRESS	5823 Polive	thouston 1	TX 77057	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (7(3) 829	EXTENSION - 6079	SOM	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campalgri treasurer appointment (Officeholder Only)	
	July 15 Sth day before o	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD . COVERED	Month Day Year	Month	Day Year	
	02/26/2018	THROUGH 06/	30/2018	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primar	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know	(Ca) at 1	
		Commiss	County lioner, Accinct 4	
GO TO PAGE 2				

14 C/OH NAME	Shaw	Penny	5 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	Enternational Brotherhood o	& Electrical Workers	
•	GENERAL	Committee		
		100000		
	SPECIFIC	Goo Seventh St. N. W	<i>)</i> .	
		MASKINGTON D.C. 2 COMMITTEE CAMPAIGN TREASURER NAME	0001	
		_		
Additional Pages		Salvatore O.Chi	ilia	
		COMMITTEE CAMPAIGN TREASURER ADDRESS  900 Seventh St. N.W		
		Washington DC. 2	000	
17 CONTRIBUTION TOTALS		DITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE	AN e	
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,838.36	
EXPENDITURE TOTALS		DLITICAL EXPENDITURES OF \$100 OR LESS.		
	4. TOTAL POLITICAL EXPENDITURES \$ 10,591			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,234.90			
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 pandidate or Officeholder				
		·		
AFFIX NOTARY STAM	P/SEALABOVE	D =1		
Sworn to and subsc	ribed before me, by	y the said <b>Fenny Shaus</b>	thMARTZA L CABRERA	
day of Juli	1 . 20 18 . to	o certify which, witness my hand and seal of of the	Notary Public STATE OF TEXAS	
Martan	Paker	Manta Calvon	My Comm. Exp. 08-30-21 Notary ID # 13119386-1	
Bignature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

14 C/OH NAME	•	_	
	Shaw,	Penny	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  Southwest Laborers District Co  COMMITTEE ADDRESS.  11720 East 21 St. S  TUISA, OK 74129  COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Jeverny Hendricks  COMMITTEE CAMPAIGN TREASURER ADDRESS  11720 East 21 St. S  TUISA, OK 74129	te.D
17 CONTRIBUTION TOTALS	PLEDGE 2. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIS POLITICAL CONTRIBUTIONS	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS,	\$
CONTRIBUTION BALANCE	5. TOTAL 1	POLITICAL EXPENDITURES	\$ DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	
18 AFFIDAVIT		true and correct and includes all inf under Title 15, Election Code.	perjury, that the accompanying report is cormation required to be reported by me
Sworn to and subso	ribed before me,	by the said Penny Shaw to certify which, witness my hand and seal of office Marka Cabrera	MARITZA L CABRER  Notary Public  STATE OF TEXAS  My Comm. Exp. 06:39-2  Notary ID # 13119363-

14 C/OH NAME	Shaw	, Penny		15 F	lier ID (Ethics C	ommission 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	COMMITTEE NAME	air Area	Democrat	es Club	PAC	
	SPECIFIC	14119	Hilluale ON TREASURER NAME	Dr. Houst	on tx	77077	
Additional Pages		Herb	Whalley	SS	· · · · · · · · · · · · · · · · · · ·		
		14119	Hillvale 1	drive How	stonT	¥ 77077	
17 CONTRIBUTION TOTALS			BUTIONS OF \$50 OR LI RANTEES OF LOANS)		\$		
		POLITICAL CONT THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTE	ES OF LOANS)	\$		<u> </u>
EXPENDITURE TOTALS		POLITICAL EXPEND S ITEMIZED	ITURES OF \$100 OR L	ESS,	\$		
}	4. TOTAL	POLITICAL EXPE	NDITURES		\$		
CONTRIBUTION BALANCE		POLITICAL CONTRIE PORTING PERIOD	BUTIONS MAINTAINED	AS OF THE LAST DAY	\$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT AY OF THE REPORT	OF ALL OUTSTANDING	LOANS AS OF THE	\$		
18 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Cede.							
				Jemy;	Show		
AFFIX NOTARY STAN			Penny	0	te or Officehol	der	
Sworn to and subscript day of July	cribed before me,	-	witness my hand and the last a	d seal of office.	this the	MARITZA L CABR Notary Public STATE OF TEXA	ERA
Signature of officer	administering oath	Printed nan	ne of officer administe	ring oath	Title of officer	ad Alakuda da ta 36	)-21 5-1

#### SUBTOTALS - C/OH

Shaw Penny	20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
4: SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$4,620.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$4,620.00 \$3,218.36
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$5,606,80
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 676.64
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	JNDS	\$4,307.99
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURED TO FILER	ITIONS	\$
	*	

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1	
The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Sout-of-state PAC	CID-COOO 27342	7 Amount of contribution (\$)	
5-30-18	5 Full name of contributor Djout-of-state PAC  IBEW PAC Volunta  6 Contributor address; City; State  900 Seventh Ave. St.	zip Code Washington	z 1,000.00	
	pation / Job title (See Instructions) PAC	9 Employer (See Instruct		
Date	Full name of contributor		Amount of contribution (\$)	
5-25-18	CY Fair Area Dem Contributor address; City: State 14119 Hillvale Dr. Ho	cratic Club	100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
r morpai occup	PAC	PAC		
Date		209013	Amount of contribution (\$)	
4.24-18	Southwest Laborers Dist	nct Council Spulpe pac	500.00	
	11720 EASTZIST. SEDTU	*** <del></del>		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City; State	e; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see inst			

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	: Shaw, Penny	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
3/0/18	Mark, Robert  6 Contributor address; City: State: Zip Code  10111 Heather Hill Dr Houston, TX 77086	\$ 25.00			
8 Principal occu					
	pation / Job title (See Instructions)  1 Ployed  Not -err	· · · · · · · · · · · · · · · · · · ·			
Date	Full name of contributor	Amount of contribution (\$)			
3/11/18	Pendland, Grace  contributor address: City: State: Zip Code  5915 Lattimer Dr. Houston, TX 77035	\$ 100.00			
	eation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
3/7/18	Vargas, Edward Contributor address; City: State; Zip Code	3 30·00			
	3006 Attridge Rd Houston, TX 77018				
Principal occup NOT emp	pation / Job title (See Instructions)  Employer (See Instructions)  Not employer	· · · · · · · · · · · · · · · · · · ·			
Date	Full name of contributor out-of-state PAC (IDIT:)	Amount of contribution (\$)			
3/1/18	Contributor address: City; State: Zip Code	\$100.00			
	2710 N Sabine st. #104 Houston, TX	3,000			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	· ·			
Attorna	City of a	earla			
,					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONE	TARY POLITICAL CONTRI	SCHEDULE A1			
The	Instruction Guide explains how to complete this	form.	1 Total pagos Schodule A1:		
2 FILER NAME	Shaw, Penny		3 Filer ID (Ethics Commission Filers)		
	5 Full name of contributor out-of-state PACE START MARTINEZ 6 Contributor address; City; State 802 AVE of Oaks 8+	Houston, TX			
	petion/Job title (See Instructions) Carc Coordinator	9 Employer (See Instruc	tions)		
Date	Full name of contributor Out-of-state PAC		Amount of contribution (\$)		
4-18-18	Dayce Salhoot  contributor address; city; state  3716 Farber St Houston	***************************************	(C) 500.00		
Dubainal annu	·				
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor   out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
4-4-18		Zip Code	150.00		
	5712 Irvington Blud Ho	stan, TX, 1001			
	sation / Job title (See Instructions) 2179 Coordinater	Employer (See Instruc AFL ~ CI O	tions)		
Date	Full name of contributor out-si-state_PAC	; (ID#:)	Amount of contribution (\$)		
4-18-18	Many Morrison.  Contributor address: City: State	; Zip Code			
	5823 Doliver Houst, T)	× 77057	100.00		
	pation / Job title (See Instructions)	Employer (See Instruc			
Directo	1 of Benefits	GDF SUEZ E	iserg 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.					

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Shaw, Penny		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
s-14 -18	Aaron Azios Contributor address; City; State G227 Wynnwood Lone Ho		10,00.
- 399	pation / Job title (See Instructions) E Hand Fer	9 Employer (See Instruct Federal Ex	
Date	Full name of contributor     out-of-state PAC	(ID#:)	Amount of contribution (\$)
5-11-18	Contributor address; City; State	· '	40.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Real +1 me	<u> </u>
Date	Full name of contributorout-of-state_PAC	(ID#)	Amount of contribution (\$)
6-4-18	Alvaro Rodriguez  Contributor address; City; State  44 03 Prince Pine trail Ho	: zip Code Uston TX 77059	50.00
,	pation / Job title (See Instructions)  Employed	Employer (See Instruct	lons)
Date C-8-18	Full name of contributor out-of-state PACE  Mary Paulette  Contributor address; City: State  1701 Hermon Dr. Unit 2705	n; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) employed	Employer (See Instruct	ions)
<u></u>	ATTACH ADDITIONAL COPIES O		

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MONET	TARY POLITICAL CONTRI	SCHEDULE A1	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Shaw Penny		3 Filer ID (Ethics Commission Filers)
4 Date 5/8/18	5 Full name of contributor Out-of-state PACE Handel, Donna 6 Contributor address; City; State	7 Amount of contribution (\$)	
8 Principal occu	7 Quick Stream PL Spring pation / Job title (See Instructions)	9 Employer (See Instruction GWSC).	tions)
Date 5/8/18	Keon , Jennifer  Contributor address; City; State 5242 Preserve Park Dr.	Spring TV 7884	·
Principal occup Refire	pation / Job title (See Instructions)	Employer (See Instruc	tions)
5/8/18	Full name of contributor Dout-of-state PAI SIOON, Glenn O City: State 218 Shenandoah Dr. Shena	a; Zip Code	Amount of contribution (\$)
1	pation/Jeb title (See Instructions) -in surance agent	Employer (See Instruc refired	itions)
Date S / € / \ &		e; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Refused)	ctions)
·	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED
	if contributor is out-of-state PAC, please see inst	iruction guide for additiona	reporting requirements.

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schodulo A1:
2 FILER NAME	Shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDN:)  TUITE Scott	7 Amount of contribution (\$)
62618	Julie Scott  6 Contributor address; City; State; Zip Code  23507 Brecken ridge Forest Dr.	10.00
8 Principal occur	pation / Job title (See Instructions)  9 Employer (See Instruc	ections)
1 //w	ill Advocate CASA	
Date	Full name of contributor out-of-state PAC (ID#:)  Alvaro Rodriguez	Amount of contribution (\$)
62018	Contributor address; City; State; Zip Code 4403 Prince Pine Tr. Houston TX77009	50.00
Principal occur	Dation / Job title (See Instructions) Employer (See Instruc	<u> </u>
not	employed n/a	Juone
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
68-18	Lori Hathaway Contributor address: City: State: Zip Code 5910 Hidden Lakes, Kingwood X	25.00
	1 5910 Hidden Lakes, Kingwood	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor Dout-of-state PAC (ID#:)  ARAD N AZIOS	Amount of contribution (\$)
6-18-18	Contributor address; City; State; Zip Code 6227 Wynnwood Ln. Houston X7 7008	5,00
		<u> </u>
_	pation / Job title (See Instructions) Employer (See Instruc	ctions) .
l Pa	change Hundler Fed EX	) .
	•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schodule A1:
2 FILER NAME	Shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
5-11-18	Paul McDonald  6 Contributor address; City; State; Zip Code	75.00
	803 Longview dr. Sugar land, TX 77478	
1	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (IDF:)	Amount of contribution (\$)
7-27-18	Contributor address; City; State; Zip Code	25,00
	10022 Bayou Glen Houston 77042	
Principal occur	Dation / Job title (See Instructions)  Employer (See Instructions)	
	Attorney Rucker La	w
Date	Full name of contributor	Amount of contribution (\$)
5-15-18	Mary Ann Bass Contributor address; City; State; Zip Code	25.00
	4011 Leeshire Dr. Houston	, <b>0</b> -
Principal occup	Dation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5-10-18	Felicia Dickens Contributor address: City: State; Zip Code	50.00
	2231 Primwood Ct. Pearland 775	Pu
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	• '
۲۲	incipal Centramar	K
		•
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

MONETA	RY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The Ins	struction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Shaw, Penny		3 Filer ID (Ethics Commission Filers)
	Full name of contributor	; Zip Code	7 Amount of contribution (\$)
8 Principal occupate Manager	5823 Doliver Houston ion/Job title (See Instructions) Bex	9 Employer (See Instructi ABS	ons)
Date	Full name of contributor		Amount of contribution (\$)
2/25/18	Contributor address: City: State		3 500.00
	on / Job title (See Instructions)	Employer (See Instruction Occupation	ons) hal Medical Care
Date		(ID#:)	Amount of contribution (\$)
	Contributor address: City: State  0.80 × 667398 Houston		\$ 750.00
Principal occupati	on / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor   out-of-state PAC	; (ID#:)	Amount of contribution (\$)
5-11-18	Contributor address; City; State	: Zip Code ) , TX 77008	100.00
Principal occupati	on / Job title (See Instructions)	Employer (See Instructi	ons) Cins LLP
	ATTACH ADDITIONAL COPIES O		

MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	shaw, Penny	, ,,	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
6-18-18	Auron Azios  6 Contributor address; City; State		5.00
	C227 Wynnwood Lane Houston	2007 אדור	
	ation/Job title (See Instructions) 1+andler	9 Employer (See Instruc Federal Ex	
Date	Full name of contributor	C (ID#:	Amount of contribution (\$)
G-20-18	Alvaro Rodriguez  Contributor address; City; State 4403 Prince Pine Trail		50.00
	ation / Job title (See Instructions)	Employer (See Instruc	tions)
NOT	employed	10 (14	
Date	Full name of contributor Qui-of-state PA	C (ID#	Amount of contribution (\$)
.[	Janine Abmayr State Contributor address; City; State		100.00
L	5219 charwick Gt Houst		
	Market Researcher  Market Researcher	Ex XOD	Ob 1
Date	Full name of contributor Dout-of-state PAI	C (ID#:	Amount of contribution (\$)
5-10-18	Contributor address: City: State 18211 Fern Bloff DR. Sprin	e; Zip Code 19, TX: 77379	100.00
	ation / Job title (See Instructions)  SYC hold 915+	Employer (See Instruc	tions)
			•
		•	
	_		

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schodule A1:
2 FILER NAME	Shaw, Penny		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor   out-of-state PAC Patricia Gayle Fal 6 Contributor address; City; State 2901 Barnmel Ln. Apt	Zip Code	7 Amount of contribution (\$)
	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount of contribution (\$)
	John Alice Fisher Contributor address; City; State 1140 Allston Houston, T		100.00
	Dation / Job title (See Instructions)	Employer (See Instruct	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor Dout-of-state PAC		Amount of contribution (\$)
4-18-18	Robert Mahan Contributor address: City: State 16215 Diamond Rock 8	: zip Code Dr. (4press, TX 77429	25.00
Principal occup Self	pation / Job title (See Instructions)	Employer (See Instruct Real Estate	
Date 식-18-18	Full name of contributor out-of-state PACE  Mauri Lucas  Contributor address; City; State  1409 Patterson ST. Houston	ı; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O		

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor	8 Amount of 9 In-kind contribution description  PARTY  200000 SMS  SUVVICE  73701 Check if travel outside of Texas. Complete Schedule T.  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 Full name of contributor   out-of-state PAC (IDN: COO)  3-1-18- TBEW PAC Voluntary Fund  6-30-18 Contributor address; City; State; Zip Coo.  900 Seventh A.K.St. NW Was	Amount of Contribution & In-kind contribution description  1. 12.18.36 Facility  Shrugen Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	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)	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Conations Made Bi Candidate/Officeholder/Politica Crodit Card Payment	
1 Total pages Schedule F1:	2 PILER NAME Show, Penny 3 Filer ID (Ethics Commission Filers)
4 Date 3.26-18	5 Payeo name Citicord
6 Amount (\$)	7 Payee address: City; State; Zip Code
116.26	388 Greenwich St. NY, NY 10013
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check it travel outside of Taxas. Complete Schedule T.
OF EXPENDITURE	Credit card payment Check if Austin. TX, allicencider living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
5.14.18	China Bear Restaurant
Amount (\$)	Payee address; City: State: Zip Code
32.34	12-755 S.W. Frwy. Stafford, TX 77477
	Category (See Categories listed at the top of this achedule)  Description  Check if travel outside of Texas, Complete Schoolde T.
PURPOSE OF EXPENDITURE	EVENT expense
Complete QNLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
Date	Payee name
5.15.18	Road Women
Amount (\$)	Payee address; Çity; State; Zip Code
150.00	P.O.Box 22678 Houston TX 77227
PURPOSE	Catagory (See Categories listed at the top of this schedule)  EVEN + EXPENSE  Check it travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, afficanciator living expanse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

**Event Expense** Fees Food/Beverage Expense Git/Awards/Momorials 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 duide explains now to complete this form,				
1 Total pages Schedule F1:	2 FILER NAME Shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 Date 4-17-18	5 Payee name OFFICE DEPOT			
6 Amount (\$)	7 Payee address: City: State: Zip Code			
7.56	1401 N. Logow, Hous	ton,TX T	17008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  OTHER   DFFICE SUPPLY		uside of Taxas, Complete Schedule T. s. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder name	Office sought	Office held	
Date	Payee name			
5-7-18	COH METER			
Amount (\$)	Payee address: City: State: Zip Code			
7.00	611 Walker Housto	on,TX 7	7002	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT	F	rside at Texas. Complete Schödule T.  TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name /~			
5-9-18	Penny Shar	Ď		
Amount (\$)	Payee address: City! State: Zip Code			
100,00	Payee address: City: State: Zip Code Payee Address: City: State: Zip Code	z Housti	n 77292	
	Category (See Categories listed at the top of this schedule)	Description	•	
PURPOSE OF EXPENDITURE	(Da) mbij reament		eside of Texas. Complete Schedule T. , TX, afficeholder living expense	
CAPENDITORE	(ICENTIOUS SCHOOL)			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED	

	EXPEN	DITURE CATE	SORIES FOR	BOX 8(a)		
Advertising Expense Accounting Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Expense morials Expense		0	Transportati Travel in Dis Travel Out C	
Crodit Card Payment	The Instruct	tion Guide explain	s how to comp	ete this form.		
1 Total pages Schedule F1:	2 FILER NAME SHAW	, PEN	MY		3 Filor ID	(Ethics Commission Filers)
4 Date 6-26-18	5 Payee name	G, ER				
6 Amount (\$)	7 Payee address:	City; State: Z	p Code			<del>, , , , , , , , , , , , , , , , , , , </del>
101.89	1035	SHE	PHERD	) H	oustor	,TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	•			vel outside of Taxas. Coustin, T.X., officehold	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/Oi	Candidate / Officehold	der name		Office sought	i	Office held
Date	Payee name					
6-12-18	Print	n- Sia	[n			
Amount (\$)	Payee address:	City: State: Zi		ton,T	1770	)36
PURPOSE OF	Category (See Categories I			<del></del>	el outside of Texas. Co ustin TX, efficehold	•
EXPENDITURE	Print	E Xpens	se	•		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officehold	der name		Office sought		Office held
Date	Payee name					
3-12-18	America	an Ex	press			
Amount (\$)	Payee address:	City; State; Zi	p Code			
207.26	P.O.Box	65044	8 Da	illas,	TX MS	265
PURPOSE OF EXPENDITURE	Catagory (See Catagories I			<del></del>	el outside of Texas. Co ustin, TX, officehold	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol	lder name	·	Office sough	l	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPEN	DITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mode B Candidate/Officeroider/Politica		Expense Promorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense offing Expense Intaing Expense alaries/Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
Crodit Card Payment	The Instruc	tion Guide explains h	ow to complete this form.		
1 Total pages Schedule F1:	2 FILER NAMES ha	w, Penny	<i>i</i>	3 Filer ID (Ethi	cs Commission Filers)
4 Date 2-28-18	5 Payee name Allan	Jamai	1	,	
6 Amount (\$) 181.86	7 Payee address:	City; State: Zip C	code van, Houston	0,TX 77	1029
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories Printing		Check if travel	outside of Taxes, Complete tin, TX, officenoider livin	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol	der name	Office sought		Office held
Date	Payee name				
5-8-18	KM	Design			
Amount (\$) 200.00	Payee address:	City: State: Zip C	Drive Durha	mNC S	17708
PURPOSE OF EXPENDITURE	Category (See Categories Printing		Eneck if travel	outside of Texas. Complete	
Complete QNLY if direct expenditure to benefit C/OI	Candidate / Officehol	der name	Office sought		Office held
Date 5-16-18	Payee name Capita	1 One			
Amount (\$) 298.70	Payee address; P. D. Box	90235	Saltlakeli	ty UT8	4130
PURPOSE OF EXPENDITURE	Category (See Categories		Check if travel	outside of Texas. Complete tin, TX, officeholder tivin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeho	lder name	Office sought		Office held
	ATTACH ADDIT	IONAL COPIES OF	THIS SCHEDULE AS N	EDED	<u> </u>

#### SCHEDULE F1

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

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

Event Expense Foca Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expenso
Transportation Equipment & Related Expenso
Travel In District
Travel Out Of District

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

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Event Expense Foos Food/Beverage Expense Glit/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Shaw, Per	ny	3 Filer ID (Ethics Commission Filors)		
4 Date S-16-18	5 Payee name Jesse Sc				
6 Amount (\$) らひ. 〇〇	7 Payee address: City: State: Zig 6645 Avenue J	touston,	TX 1717011		
8	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description			
PURPOSE			utside of Texas, Complete Schedule T.		
OF EXPENDITURE	Event Expense	Check II Austii	n, TX, afficeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5-15-18	Gathering of Ea	agles			
Amount (\$)	Payee address; City; State; Zip	Code			
100.00	P.O. Box 89/312	touston, TX	77289		
	Category (See Categories listed at the top of this so				
PURPOSE OF			etside of Texas, Complete Schedule T.  1. TX. officeholder living expense		
EXPENDITURE	Event expense	Grown in Austr	, i.e., circulated in the cape in a		
Complate <u>ONLY</u> If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5-7-18	Hanging Toug	6			
Amount (\$)	Payee address; City; State; Zip	Code			
50.00	Unk Houston TX	77004			
	Catogory (See Categories listed at the top of this so	hadule) Description			
PURPOSE			uside of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense	Chock it Austir	n, TX. allicaholdor living expanse		
Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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, , , , , , , , , , , , , , , , , , , ,	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Onations Made By Candidate/Officeholder/Politica Crodi Card Payment	al Committee Legal Services	Loan Repayment/Roimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Shaw, Per	ny	3 Filer ID (Ethics Commission Filers)
4 Date 6-12-18	5 Payee name ARNE'S		,
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
74.79	2830 HICKS ST HOW	ston,TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Event expense	Check if travel ou	ntside of Texas, Complete Schedule T. I. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6-3-18	Walgreens		****
Amount (\$)	Payee address; City; State;		
13, 29	215 W 43rd St H	ouston TX TI	1018
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel out	tside of Texas. Comprete Schedule T.  TX. officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-4-18	Walmart		
Amount (\$)	Payee address; City; State;	·	
51.27	111 Yale St Ho	-r XT, noteuc	7007
PURPOSE OF EXPENDITURE	Catogory (See Categories listed at the top of this	Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

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

Advertising	Expense
Accounting/B	
Consulting Ex	eenec
	'Qonations Made By
<b>CRUCICSTON</b>	Miceholder/Political Committee
**** <b>-</b> . <b>- - -</b>	888*

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Printing Expense
Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Crodit Card Paymont The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Show Kenny 5 Payee name 6 Amount (\$) Payee address: 50.00Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, afficeholder living expense OTHER / MEMBERSHIP. EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expanditure to benefit C/OH Payee name Texas Organizing Project 5/18/18 Amount (\$) 60.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Other Membership Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Oate Print - n - Sign
Payee address: City: State: Zip Code 5-16-18 Amount (\$) Horum Br. Houston TX 50.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Toxas. Complete Schedule T. **PURPOSE** Chack if Austin, TX, officeholder living expanse EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# <sup>2</sup>age - 26

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

<del></del>	· · · · · · · · · · · · · · · · · · ·		
	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Shaw, Pen	ny	3 Filer ID (Ethics Commission Filers)
4 Date 6-12-18	5 Payee name Krocter		
6 Amount (\$)	7 Payee address; City; State;		
26.75	1440 studemon	t St. Houston	77007
8	(a) Category (See Categories listed at the top of this		
PURPOSE	Food/One on one exc	<u> </u>	utside of Texas, Complete Schedule T, n, TX, officeholder living expense
EXPENDITURE	Food/Bererage exp	4,80	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5-29-18	H-E-B		
50.92	Payee address; City: State;	ay Sugarland	,TX 77479
PURPOSE	Category (See Categories listed at the top of this	1 —	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage expe	Chock if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6-16-18	Allan Jama	d'en	
Amount (\$)		Zip Code	
175.37)	10710 Flacin	ran, Houston,	Tx 77029
PURPOSE	Catogory (See Categories listed at the top of this		utsido of Toxas. Complete Schedule T.
OF EXPENDITURE	Printing Exper		n, TX, afficeholder living expense -
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Crodt Card Payment	•	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)	
1 Total pages Schedule F1:	2 FILER NAME Shaw, Pen	ny	3 Filter ID (Ethics Commission Filers)	
4 Date 3-3-18	5 Payee name Whole Foods N	ear Ket		
6 Amount (\$)		100360n, TX	77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top at this a	Check if travel ou	atside of Texas, Complete Schedule T.	
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder riame	Office sought	Office held	
Date	Payee name .			
2-28-18	Starbucks Coff	ee		
Amount (\$)	Payee address; City; State; Z		_	
18.35	3017 N. Durham	Dr. Houste	90, TX 77018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		*	
3-3-18	Ross ()	9(35)		
Amount (\$)	Payee address; City; State; Z		•	
38.58	1345 W 43rd 3	st Houston	77018	
PURPOSE OF EXPENDITURE	Event Expense  VOLUMER SUPPL	Check II travel ou	nside of Taxas, Complete Schedule T, 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 NEE	-nen	

# <sup>2</sup>age - 28

## 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
Crodt Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memoriats Expense Logal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanles/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.

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1 Total pages Schedule F1:	2 FILER NAME Show, Penny	3 File	r ID (Ethics Commission Filers)
4 Date 3-5-18	5 Payee name COS+CO		
6 Amount (\$)	7 Payee address: City: State; Zip Code		
59.59	1150 Bunker Hill Rd. +	XT, notecot	77055
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Check if Austin, TX, offic	·
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-15-18	office pero	<b>&gt;</b>	
Amount (\$)	Payee address: City: State; Zip Code		
77.62	1401 N LOOP W HOU:	ston, TX 7	7008
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CHAPAIGN  CHOP LOFFICE SUPPLIES	Description  Check if travel outside of Text  Check if Austin, TX, office	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-4-18	Kroger		
Amount (\$)	Payee address: City: State: Zip Code		
11.05	1352 W 43rd St, 1	Housdo, TX	77018
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check it travel outside of Yex.	as. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expense	Chock if Austin, TX, office	pholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

#### SCHEDULE F1

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

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

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

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

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

ı									
	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Crodi Card Payment	l Committee Legal Services	Exponse morials Expenso	Office Overling Experience Printing Experience Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel in District Travel Out Of District Other (enter a catego	nent & Related Expense		
	1 Total pages Schodule F1:	2 FILER NAME	aw, Pe	Any		3 Filer ID (Ethics	Commission Filers)		
	4 Date 2-27-18	5 Payee name Nisho	a Ran	dle	1 Black V	Uamen's Mi	arch.		
	6 Amount (\$)	7 Payee address:	City: State: 2	lip Code					
	200-00	UNK HOUST	on, Ty	L					
	8	(a) Category (See Categories	listed at the lop of this	schedule)	(b) Description				
	PURPOSE					utside of Texas, Complete Se			
	OF EXPENDITURE	Event F	zxaen 8	e	Check it Austin	, TX, officeholder living	expense		
			<b>G</b>						
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol	der name		Office sought		Office held		
	Date	Payee name							
	3-7-18	Lisa Sta	inley						
	Amount (\$)	Payee address;	City: State: 2	Zip Code					
1,	180.00	5711 50	aper Hill	Bone	#97 Huz	iton itx.	77 <i>0</i> 57		
		Category (See Categories	hated at the top of this	schedule)	Description		•		
	PURPOSE OF	1 0	, 0			tside of Texas, Complete So			
	EXPENDITURE	contract	1060		Check if Austin	, TX, officeholder living (	rxpense		
	Complete ONLY if direct	Candidate / Officehol	der name		Office sought		Office held		
	expenditure to benefit C/OH	1							
	Date	Payee name							
	135 A10	(A) (-) - 7.5.							
	11:42-0:18	"Circle K							
	Amount (\$)	Payee address;	City; State; 2	Zip Code					
	( T(A) (B)	Land 1	(707)	1 1/1	Koma Line	who The o	7/17 2		
	1. 40.00		101,6	1UH /	FRWY. Hu	ISTUNIX 1	1023		
		Category (See Categories	listed at the top of this	schedule)	Description				
	PURPOSE OF				<del></del>	tside of Texas. Complete Sc			
	EXPENDITURE	+ 5	1	**	Check if Austin	, TX, officeholder living	oxpense		
		warisporta	Mess Expa	nse 1					
	Complete ONLY if direct	Candidate / Officeho	ldor name		Office sought		Office held		
	expenditure to benefit C/OF	1							
		ATTACHARDI	IONAL CODICE	OF THIS S	CHEDINE AC NE	nen			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Offcoeholder/Politice Crodi Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explain	s how to complete this form.			
1 Total pages Schedule F1:	2 FILET NAME Shaw, Penr	Υ	3 Filer ID (Ethics Commission Filers)		
2-26-18	5 Payes name Loorysu Ulyst	و			
6 Amount (\$)	7 Payee address: City; State; Zi	p Code			
492.00	Houston, TX	77027			
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description			
PURPOSE OF	other Idata ent	Check if travel o	utside of Texas. Complete Schedule T. n. TX. officeholder fiving expense		
EXPENDITURE					
9 Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		:		
2-26-18	Texas Coalition	of Black De	enocrats		
Amount (\$)	Payee address: City: State. Zi	p Code			
250.00	P.O. Bey 5	0793 Dalla	s, TX 75357		
	Category (See Categories listed at the top of this sa	Chedule) Description			
PURPOSE			riside of Texas, Complete Schedule T.		
EXPENDITURE	EVENT FEE	. Check if Austin	n, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2-27-18	GLBT The Car	ocos			
Amount (\$)	Payee address; City; State; Zi	`			
750.00	P.D. BOD 666	24 Houston	1,1477266		
PURPOSE . OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel or	uside of Texas. Complete Schedule T. n. TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		

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	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Crodi Card Payment	Fees Food/Beverage Expense Gitt/Awards/Mernorlats Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Show, Penn	4	3 Filer ID (Ethics Commission Filers)	
4 Date 3-1-18	5 Payeoname Chipothe			
6 Amount (\$) 32.64	7 Payee address: City; State: Zip	H00240U 17	x 77008	
PURPOSE OF	(a) Category (See Categories listed at the top of this sch Food/Bevortage Expel	Check if travel ou	rside of Toxas. Complete Schedule T. , TX, officeholder living expense	
EXPENDITURE	ran pera ago ziv			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-1-18	starbucks			
Amount (\$)	Payee address; City; State; Zip	Code	_	
15.80	1206 W 43 rd	St Houston	81017 XT, C	
PURPOSE OF EXPENDITURE	category (See Categories listed at the top of this soll food / Beverage expense	Chock if travel out	iside of Texas. Complete Schedule T. . TX. officenoider living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6-12-18	NAACP HOUSTON			
Amount (\$)	Payee address; City; State; Zip	****	<i>✓</i>	
70.00	2002 Wheeler	Ave, thusto	n.TX 77004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	Check if travel ou	iside of Texas. Complete Schedule T. , TX, afficeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

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

Advertising Expense
Accounting Banking
Consulting Expense
Consulting Expense
Consulting Expense
Consulting Con

Everit Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (order a category not islent above)

Contributions/Donations Made By Candidate/Officeholder/Political		nting Expense laries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Crock Card Paymont	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule F1:	snaw, renn	y	3 Filer ID (Ethics Commission Filers)
4 Date 6 - 30-18	Payee name Act 13/UC		
6 Amount (\$)	7 Payee address: City; State: Zip C	ode	
67.83	P.O. Box 441146	Somerville Y	1A 02144
8	(a) Category (See Calagones listed at the top of this schedu		nside of Toxas: Complete Schedule T.
PURPOSE			, TX, officeholder living expense
OF EXPENDITURE	Fees	hanned Vintan it Paddin	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
			and the second s
Amount (\$)	Payee address: City: State: Zip C	ode	
	Category (See Categories listed at the top of this sched	**************************************	iside of Texas, Complote Schodule T.
PURPOSE OF		<del></del>	TX, officenoider living expense
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	ı		
Date	Payee name	lite.	
Amount (\$)	Payee address: City: State: Zip C	ode	
		Ulas Description	
Duppoe	Callagory (See Casepories listed at the top of this school		risido of Toxas: Complete Schools T
PURPOSE		=	, TX, allicaholdar living axpense
BACERDITURE			
Complete ONI Vilidiae	Candidate / Officerolder source	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEI	EDED

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advortising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Office Overhead ense Polling Expense	ie /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME, Shaw,			3 Filer ID (Ethics Commission Filers)		
	ZED EXPENDITURES C	,	IT CARD	\$		
5 Date 4-10-18	6 Payoe name Paulics					
7 Amount (\$) 29, 19	8 Payee address; C	city; state; zlp Gode theimer Houst	fonTX 7	7014		
9 TYPE OF EXPENDITURE.	Political	Non-Politica	ai	,		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories ) of Food   Bev.			orn travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officehold	der name Office	sought	Office held		
Date 4 -10-18	Payee name Field of	Greens				
Amount (\$) 38.02	Payee address;	City: State: Zip Code S. Alabæma	St. Ho	uston TX-77098		
TYPE OF EXPENDITURE	Political	Non-Politic	:al			
PURPOSE OF Expenditure	Food / Bev			on If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehol	lder name Offic	e sought	Office held		
		A CORPTO OF THE COL	, ,	EEDED		
	ATTACH ADDITIONA	L COPIES OF THIS SCH	IEDULE AS N	-cueu		

SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Constitution/Donations Made By
Campibutions/Officebookles/Political Committee

Event Expense Fees Food/Beverage Expense Glt/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

The instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILERNAME Shaw, Penny	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT C	ARD \$					
5 Date 2.28.18	Houston Area Women's Ra	ce Against Violence					
7 Amount (\$) 35,00	8 Payee address; City; State; Zip Code 1010 Waugh Dr. Hou	. 1					
9 TYPE OF EXPENDITURE	Political Non-Political						
10	(a) Category (See Categories listed at the top of this schedule) (b)	Description					
PURPOSE		Check it travel outside of Texas. Complete Schedule T.					
OF Expenditure	Event expinse	Check if Austin, TX, officeholder living expense					
11 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name Office sough	pht Office held					
3.5-18	H, E, B.						
Amount (\$)	Payee address; City; State; Zlp Code						
249.22	1701 W. Alabama S	7. Houston TK 77098					
TYPE OF EXPENDITURE	Political Non-Political						
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check it trayel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	Event expuse	Check if Austin, TX, officeholder living expense					
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sout	ght Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED					

	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Event Expense Foes Food/Beverage Expense Committee Logal Services  Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Polling Expense Rtmiting Expense Rtmiting Expense Salaries/Wages/Contract Labor  Committee  Event Expense Collotation/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:	2 FILERNAME Shaw, Penny 3 Filer ID (Ethics Commission Filers)
4 TOTALOF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 3. 22-18	Greens Bayou Corridor
7 Amount (\$)	8 Payee address; City; State; Zip Code
125.00	16945 North chase Dr. #1900 Howston TX 77060
9, TYPE OF EXPENDITURE	Political Non-Political :
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event expuse
11 Complete <u>QNLY</u> if direct expanditure to banefit C/Ol	Candidate / Officeholder name Office sought Office held
3-22-18	Rice University
Amount (\$)	Payee address; City; State; Zip Code
12.00	6100 mainst Houston Tx 77005
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF Expenditure	Event Expanse
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

•	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seturies/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILERNAME Shaw Penny		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	
5 Date 3-9-18	6 Payee name USPS		
7 Amount (\$)	8 Payee address; City; State;	Zip Gode	
26.70	700 Smith	st. Houston, T	X 7700Z
9, TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	(b) Description	on.
PURPOSE		Checki	I travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Postage	Check	If Austin, TX, officeholder living expense
11 Complete ONLY If direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
3-19-18	Payee name Road Wom	en	·
Amount (\$)	Payee address; City; State;	Zip Code	
85,00	P. U. Box 226	78 Houston	1 TK 77227
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of the	, ,	· ·
PURPOSE OF			if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expanse		If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
expenditore to benefit Co.			
	•		
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	EEDED

	EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)					
	The instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME Shaw, Penny 3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 4-11-18	Opion Kitchen					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
26.51	4057 Bellaire Blud. Houston Tx 77025					
9 TYPE OF EXPENDITURE	Political Non-Political					
10	(a) Category (See Calegories listed at the top of this schedule) (b) Description					
PURPOSE	Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	Food/Beverage Expuse Check it Austin, TX, officeholder living expense					
11 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held					
H-3-18	Payee name USPS					
A	1					
Amount (\$)	Payee address; City; State; Zip Gode					
50.00	Payee address; City; State; Zip Code  700 Strith St. Houston, TX 77002					
50.00	Too Shnith St. Houston, TX 77002  Political Non-Political  Category (See Categories listed at the top of this schedule) Description					
50.00	Mon-Political Non-Political					
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE	Too Stritust Houston, TK 77002    Political   Non-Political     Category (See Categories listed at the top of this schedule)   Description   Check if travel outside of Texas. Complete Schedule T.     Postage   Check if Austin, TX, officeholder living expense     Candidate / Officeholder name   Office sought   Office held					
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete QNLY if direct	Too Strith St. Houston, TX 77002    Political					

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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		EXPENDITURE	CATEGORIE	S FOR BOX 8(a)	
Advertising Expense		Event Expense	Loan Ro	epayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking		Fees		Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made	Rv	Food/Beverage Expense Gift/Awards/Memorials Exp		Expense Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Polit		Legal Services		s/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide	explains how to	o complete this form.	
				<del> </del>	T
1 Total pages Schedule G:	2 FILER N	SHAW, PEI	YNY		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee na				
3.2.18		TAGO CABI	ANA.		
6 Amount (\$)	7 Payee ac	Idress; City; Sta	ite; Zip Code	·····	
707	ļ -	•		·	
121					
Reimbursement from	-10	O N. LO	OBM: -	HOUSTON	TX 77018
political contributions intended	ŀ			,	1. 1 1010
8	(a) Category	(See Categories listed at the top	of this schedule)	(b) Description	
PURPOSE	( , Catogoty	(Dee Outsgames nated at the top			tside of Texas, Complete Schedule T.
OF	T-1/4	-alt Tans	Jarel		,
EXPENDITURE	EVE	INT - FOUL	2/13EV.	Li Check if Austin.	, TX, officeholder living expense
9 Complete ONLY If direct	Candi	date / Officeholder name	• /	Office sought	Office held
expenditure to benefit Co	OH .		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Date	Payee na	me			
, ,	, ayoutil	~			
3.12.18		KM DE	sisn.	*	·
Amount (\$)	Payee ac	dress; City; Sta	ate; Zip Code		10
500.00		2127 Can	ipus 14	ave, Durh	am NC 27708
Aelmbursement from	9.		AND S		
political contributions			$\mathcal{J}$ $\mathcal{I}$ $\mathcal{I}$	S-119	
intended	-			144.5	·
PURPOSE	1	(See Categories listed at the top		(b) Description	
OF	1000	GPAPHI	C	Check if travel ou	itside of Texas. Complete Schedule T.
EXPENDITURE		ter - Besign	4	Check If Austin	, TX, officeholder living expense
Complete ONLY if direct	Candi	date / Officeholder name	<del></del>	Office sought	Office held
expenditure to benefit C				•	
L					
Date	Payee na	eme			
3.12.18	<b>1</b> 7 7		111.10	co	
2.12.12	<u> </u>	-oorysa	Ulys	<u>&gt;e                                      </u>	
Amount (\$)	Payee ad	ddress; City; Sta	ate; Zip Code	• .	•
300,00	277	Ol W. Alak	jamas	<i>i</i> †	
Reimbursomentirom					
political contributions	HO	1ston,1X	770	27	
intended		·		1	
PURPOSE	Category	(See Categories listed at the top	of this schedule)	(b) Description	
OF.	مالم	2 1 1 1	1	Check if travel ou	itside of Texas. Complete Schedule T.
EXPENDITURE	Offi	er Idata -	entry	Check If Austin	, TX, officeholder living expense
Complete ONLY if direct	<del></del>	date / Officeholder name		Office sought	Office held
expenditure to benefit C				<del>-</del>	•
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	AIT	ACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NEI	ENEO
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politicedit Card Payment	By Gift/Award cal Committee Legal Sen	erage Expense is/Memorials Expense vices	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:		enny		3 Filer ID (Ethics Commission Filers)	
3.6.18"	5 Payee name	Luigis			
6 Amount (\$)	7 Payee address;	City; State; Zip	Code		
78.57 Plombursoment from political contributions intended	3700	ALMEDA	Houston	TX 77004	
8 PURPOSE	(a) Category (See Category	ries listed at the top of this sche	~~~   ~~~		
OF EXPENDITURE	EVENT	- FOOD/BEI	/   👼	Texas. Complete Schedule T. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Offici OH	ceholder name	Office sought	Office held	
5-E18;	Payee name	-Blade A	merican Democi	ats	
Amount (\$)  250,00  Dimbursement from political contributions intended	Payee address;	city; state; zip	Code Housthan, TX		
PURPOSE OF EXPENDITURE	Category (See Catego	ries listed at the top of this sche	Check if travel outside o	l Texas. Complete Schedule T. officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Offic OH	ceholder name	Office sought	Office held	
Date	Payee name				
3.15.18	DOH	ar Tre	e stores		
Amount (\$) 19,40	Payee address;	City; State; Zip		11 / TV	
Reimbursement from political contributions intended	1 345	West	- 43 9 St.,	Houston TX	
PURPOSE	Category (See Catego	ries listed at the top of this sche		f Texas. Complete Schedule T.	
OF EXPENDITURE	event	expense	<del> </del> 1	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/		ceholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

İ	EXPENDITURE CATEGORIES FOR BOX 8(8)							
0	Advertising Expenso Accounting/Banking Consulting Expense Contributions/Donations Made i Candidate/Officeholder/Politk Redii Card Payment	By Gift/Awa	overage Expense urda/Memorials Expense	Office Over Polling Exp Printing Ex		pen <b>se</b>	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	mont & Related Expense
		The I	nstruction Guide expla	ins how to co	omplete this f	orm.		
1	Total pages Schedule G:	2 FILER NAME	haw, Per	nny			3 Filer ID (Ethics	Commission Filers)
4	2.28.18	5 Payee name	otle	<b>'</b>				
6	32.64	7 Payee address;	•	Zip Code	1110	<i></i>		
	Felmbursement from political contributions intended		North	144		<u>'</u>	oustor	21 X 77012
8	PURPOSE OF EXPENDITURE		pories listed at the top of this ${}^a$	schedule) (E		travel outside (	of Texas, Complete Sched officeholder living exp	
9	Complete ONLY if direct expenditure to benefit C/C		ficeholder name		Office sough	1		Office held
	Date 2 -28-18	Payee name	c Glob	od				
	Amount. (\$)	Payee address;	City; State; 2	Zip Code				
	Rolmbursement from political contributions intended	4110	majes	tic	St.	HOU.	ston,TX	77026
	PURPOSE OF EXPENDITURE	Category (See Cate	gories ilsted at the top of this s	schedule) (t	<u> </u>	travel outside	of Texas, Complete Scheo officeholder living exp	
	Complete ONLY if direct expenditure to benefit C/4		ficeholder name		Office sough	t		Office held
	Date 3-12-18	Payee name PS i Sc	n Sic	<sub>5</sub> nS				
	Amount (\$) 422.70 Reimbursement from	Payee address;	Clty; State;		Hou	sto	7708	<sub>වි</sub> ව
L	LVI political contributions intended							
	PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of this	schedule) (I	$\overline{}$	travel outside	of Texas. Complete Scheo , officeholder living exp	
	Complete ONLY If direct expenditure to benefit C/		fliceholder namo		Office sough	t		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NAME Shaw, Pe	nny	3 Filer ID (Ethics Commission Filers)				
4 Date 2 +27-18	5 Payee name Allied Priv	nting Service	es .				
6 Amount (\$) 2, 6, 23, 41  Reimbursement from political contributions intended	7 Payee address: City: State: Zip		>>,TX 77041				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check # travel outsk	ie of Texas, Complete Schedule T. X, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name		•				
Amount (\$)	Payee address; City; State, Zip	Code					
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outsit	de of Texas. Complete Schedule T. X. officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held				
Date	Payee name	At the lima	ORDER'S MEMORANDUM:				
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip	reproduction arroto/copy/. additions.sn	nadequate for the best photographic to because of illegibility, carbon or discolored paper, etc. All blockouts, id-changes were present at the time and recorded.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	Check if travel outsi	de at Taxas. Complete Schedule T. 'X. officeholder living exponse				
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED				