



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

Page - 2

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

GO TO 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 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)

\$ 7,838.36

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,591.43

CONTRIBUTION
BALANCE

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

\$ 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 Candidate or Officeholder

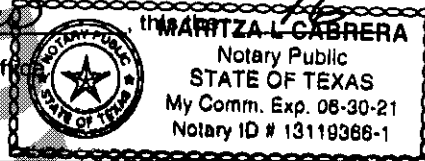
AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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.

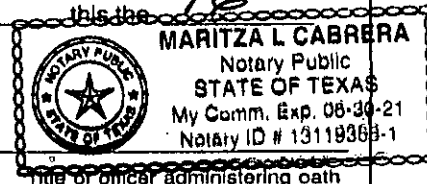
Penny Shaw
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Penny Shaw 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



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 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

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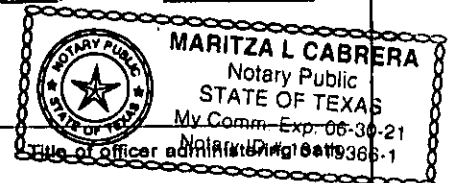
Signature of Candidate or Officeholder

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 NAME OF SCHEDULE	SUBTOTAL 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 Shaw, Penny		3 Filer ID (Ethics Commission Filers)
4 Date 5-30-18	5 Full name of contributor IBEW PAC Voluntary Fund 6 Contributor address; City; State; Zip Code 900 Seventh Ave. St. NW Washington 20001	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions) PAC
Date 5-25-18	Full name of contributor CY Fair Area Democratic Club Contributor address; City; State; Zip Code 14119 Hillvale Dr. Houston TX 77077	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) PAC
Date 4-24-18	Full name of contributor Southwest Laborers District Council Contributor address; City; State; Zip Code 11720 East 21 St. SE Tulsa, OK 74129	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) PAC
Date	Full name of contributor 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 <i>Shaw, Penny</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/12/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mark, Robert</i> 6 Contributor address; City; State; Zip Code <i>10111 Heather Hill Dr. Houston, TX 77086</i>	7 Amount of contribution (\$) <i>\$ 25.00</i>
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>3/11/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pendland, Grace</i> Contributor address; City; State; Zip Code <i>5915 Lattimer Dr. Houston, TX 77035</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>3/7/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Vargas, Edward</i> Contributor address; City; State; Zip Code <i>3006 Attridge Rd Houston, TX 77018</i>	Amount of contribution (\$) <i>\$ 30.00</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>3/1/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leininger, Katie</i> Contributor address; City; State; Zip Code <i>2710 N Sabine St. #104 Houston, TX 77009</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>City of Pearla</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

6 Contributor address;

City; State; Zip Code

77009

802 Ave of Oaks St Houston, TX

7 Amount of contribution (\$)

100.00

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

Contributor address;

City; State; Zip Code

3716 Farber St Houston, TX 77005

Amount of contribution (\$)

500.00

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

Contributor address;

City; State; Zip Code

5712 Irvington Blvd Houston, TX, 77009

Amount of contribution (\$)

150.00

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

Contributor address;

City; State; Zip Code

5823 Doliver Hoost, TX 77057

Amount of contribution (\$)

100.00

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 Shaw, Penny		3 Filer ID (Ethics Commission Filers)
4 Date 5-14-18	5 Full name of contributor Aaron Azios 6 Contributor address; 6227 Wynnwood Lane Houston TX City: State: Zip Code 77008 <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Package Handler		9 Employer (See Instructions) Federal Express
Date 5-11-18	Full name of contributor Gina Calanni Contributor address; 1203 Silver Morning Dr. Katy, TX 77450 City: State: Zip Code <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Real time Power
Date 6-4-18	Full name of contributor Alvaro Rodriguez Contributor address; 4403 Prince Pine trail Houston, TX 77059 City: State: Zip Code <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) N/A
Date 6-8-18	Full name of contributor Mary Paulette Contributor address; 1701 Herman Dr. Unit 2705 Houston, TX 77004 City: State: Zip Code <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 5/8/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Handel, Donna 6 Contributor address; City; State; Zip Code 7 Quick Stream Pl Spring, TX 77381	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Geologist		9 Employer (See Instructions) GWSCI.
Date 5/8/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keon, Jennifer Contributor address; City; State; Zip Code 5242 Preserve Park Dr. Spring, TX 77381	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 5/8/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sloan, Glenn Contributor address; City; State; Zip Code 218 Shenandoah Dr. Shenandoah, TX 77381	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired - insurance agent		Employer (See Instructions) retired
Date 5/8/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kirk, Kathryn Contributor address; City; State; Zip Code 39 E Trillium Cir Spring, TX 77381	Amount of contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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

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

5-11-18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Paul McDonald

6 Contributor address;

City; State; Zip Code

803 Longview dr. Sugar land, TX 77478

7 Amount of contribution (\$)

75.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2-27-18

Full name of contributor

☐ out-of-state PAC (ID#:

William Rucker

Contributor address;

City; State; Zip Code

10022 Bayou Glen Houston 77042

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Rucker Law

Date

5-15-18

Full name of contributor

☐ out-of-state PAC (ID#:

Mary Ann Bass

Contributor address;

City; State; Zip Code

4011 Leeshire Dr. Houston 77025

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

5-6-18

Full name of contributor

☐ out-of-state PAC (ID#:

Felicia Dickens

Contributor address;

City; State; Zip Code

2231 Primwood Ct. Pearland 77584

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

Centramark

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Shaw, Penny		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Morrison, Mary 6 Contributor address: City: State: Zip Code 5823 Doliver Houston, TX 77057	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Manager Ber		9 Employer (See Instructions) ABS
Date 2/25/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Puig, Louis Contributor address: City: State: Zip Code 11903 Wink Rd Houston, TX 77024	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Occupational Medical Care
Date 4/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Ross Taylor Contributor address: City: State: Zip Code PO BOX 667398 Houston, TX 77266	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 5-11-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deborah Milner Contributor address: City: State: Zip Code 532 W 23rd St Houston, TX 77008	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Vinson & Elkins LLP
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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2 FILER NAME Shaw, Penny		3 Filer ID (Ethics Commission Filers)
4 Date 6-18-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aaron Azios 6 Contributor address; City; State; Zip Code 6227 Wynnwood Lane Houston, TX 77008	7 Amount of contribution (\$) \$0.00
8 Principal occupation / Job title (See Instructions) Package Handler		9 Employer (See Instructions) Federal Express
Date 6-20-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alvaro Rodriguez Contributor address; City; State; Zip Code 4403 Prince Pine Trail Houston, TX 77059	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) N/A
Date 5-10-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Janine Abmayr Contributor address; City; State; Zip Code 5219 Charwick St Houston, TX 77069	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Market Researcher		Employer (See Instructions) Exxon Mobil
Date 5-10-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandra Abmayr Contributor address; City; State; Zip Code 18211 Fern Bluff Dr. Spring, TX 77379	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <input type="checkbox"/> out-of-state PAC (ID#: Patricia Gayle Fallon 6 Contributor address; City; State; Zip Code 2901 Bammel Ln. Apt 9 Houston 77098	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 4-18-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Alice Fisher Contributor address; City; State; Zip Code 1140 Allston Houston, TX 77008	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) O'Connor		Employer (See Instructions) R.E.M.G.R.
Date 4-18-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Mahan Contributor address; City; State; Zip Code 16215 Diamond Rock Dr. Cypress, TX 77429	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Real Estate Broker
Date 4-18-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mauri Lucas Contributor address; City; State; Zip Code 1409 Patterson ST. Houston, TX 77007	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 Citi card			
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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. Frwy. Stafford, TX 77477			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: <u>10</u>		2 FILER NAME: <u>Shaw, Penny</u>		3 Filer ID (Ethics Commission Filers)	
4 Date: <u>4-17-18</u>		5 Payee name: <u>OFFICE DEPOT</u>			
6 Amount (\$): <u>7.56</u>		7 Payee address: City: State: Zip Code <u>1401 N. Loop W, Houston, TX 77008</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>OTHER / OFFICE SUPPLY</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: <u>5-7-18</u>		Payee name: <u>COH METER</u>			
Amount (\$): <u>7.00</u>		Payee address: City: State: Zip Code <u>611 Walker Houston, TX 77002</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>EVENT</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: <u>5-9-18</u>		Payee name: <u>Penny Shaw</u>			
Amount (\$): <u>100.00</u>		Payee address: City: State: Zip Code <u>P.O. Box 925652 Houston TX 77292</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Reimbursement</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: 16	2 FILER NAME SHAW, PENNY	3 Filer ID (Ethics Commission Filers)
4 Date 6-26-18	5 Payee name KROGER	
6 Amount (\$) 101.89	7 Payee address: City: State: Zip Code 1035 SHEPHERD Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 6-12-18	Payee name Print - n - Sign	
Amount (\$) 350.00	Payee address: City: State: Zip Code 7350 HARWIN Houston, TX 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Print Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3-12-18	Payee name American Express	
Amount (\$) 207.26	Payee address: City: State: Zip Code P.O. Box 650448 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) credit card payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: 16		2 FILER NAME Shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 Date 2-28-18		5 Payee name Allan Jamail			
6 Amount (\$) 181.86		7 Payee address: City: State: Zip Code 10710 Flaxman, Houston, TX 77029			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 5-8-18		Payee name K M Design			
Amount (\$) 200.00		Payee address: City: State: Zip Code 2127 Campus Drive, Durham NC 27708			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 5-16-18		Payee name Capital One			
Amount (\$) 298.70		Payee address: City: State: Zip Code P.O. Box 30285 Salt Lake City UT 84130			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: <u>1p</u>		2 FILER NAME <u>Shaw, Penny</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>6-20-18</u>		5 Payee name <u>Capital One</u>			
6 Amount (\$) <u>640.00</u>		7 Payee address: City: State: Zip Code <u>P.O. Box 30285 Salt Lake City UT 84130</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Credit Card Payment</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <u>4-19-18</u>		Payee name <u>Bison Signs</u>			
Amount (\$) <u>400.00</u>		Payee address: City: State: Zip Code <u>10100 Clay Road HOUSTON, TX 77080</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <u>3-9-18</u>		Payee name <u>Tiffany Smith</u>			
Amount (\$) <u>120.00</u>		Payee address: City: State: Zip Code <u>Unk Pearland, TX</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>CONTRACT</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: 16		2 FILER NAME Shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 Date 5-16-18		5 Payee name Jesse Saldana			
6 Amount (\$) 50.00		7 Payee address: City: State: Zip Code 6645 Avenue J Houston, TX 77011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 5-15-18		Payee name Gathering of Eagles			
Amount (\$) 100.00		Payee address: City: State: Zip Code P.O. Box 891312 Houston, TX 77289			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 5-7-18		Payee name Hanging Tough			
Amount (\$) 50.00		Payee address: City: State: Zip Code Unk Houston, TX 77004			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 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 shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 Date 6-12-18	5 Payee name ARNE'S	
6 Amount (\$) 74.79	7 Payee address: City: State: Zip Code 2830 Hicks ST Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 6-3-18	Payee name Walgreens	
Amount (\$) 13.29	Payee address: City: State: Zip Code 215 W 43rd St Houston, TX 77018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 5-4-18	Payee name Walmart	
Amount (\$) 51.27	Payee address: City: State: Zip Code 111 Yale St Houston, TX 77007	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 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 shaw Penny	3 Filer ID (Ethics Commission Filers)
4 Date 6-4-18	5 Payee name Woodlands Democratic club	
6 Amount (\$) 50.00	7 Payee address; City: State: Zip Code 1712 N. Frazier St, ste 117 Conroe TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER / MEMBERSHIP	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 5/18/18	Payee name Texas Organizing Project	
Amount (\$) 60.00	Payee address; City: State: Zip Code 2404 Caroline St, Houston TX 77004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other / Membership	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 5-16-18	Payee name Print-n-Sign	
Amount (\$) 50.00	Payee address; City: State: Zip Code 7350 Harwin Dr, Houston TX 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 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 6-12-18		5 Payee name Kroger			
6 Amount (\$) 26.75		7 Payee address; City: State: Zip Code 1440 Stud emont St. Houston, TX 77007			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 5-29-18		Payee name H-E-B			
Amount (\$) 50.92		Payee address; City: State: Zip Code 14900 S.W. Freeway Sugarland, TX 77479			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 6-16-18		Payee name Atlan Jamaal			
Amount (\$) 175.37		Payee address; City: State: Zip Code 10710 Flaxman, Houston, TX 77029			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: 16	2 FILER NAME Shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 Date 3-3-18	5 Payee name Whole Foods Market	
6 Amount (\$) 18.38	7 Payee address; City; State; Zip Code 701 Waugh Dr. Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 2-28-18	Payee name Starbucks Coffee	
Amount (\$) 18.35	Payee address; City; State; Zip Code 3017 N. Durham Dr. Houston, TX 77018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date 3-3-18	Payee name ROSS (BIOGRAPHIC)	
Amount (\$) 38.58	Payee address; City; State; Zip Code 1345 W 43rd St Houston, TX 77018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense/ VOLUNTEER SUPPLIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: 16	2 FILER NAME Shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 Date 3-5-18	5 Payee name Costco	
6 Amount (\$) 59.59	7 Payee address: City: State: Zip Code 1150 Bunker Hill Rd. Houston, TX 77055	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 3-15-18	Payee name Office Depot	
Amount (\$) 77.62	Payee address: City: State: Zip Code 1401 N Loop W, Houston, TX 77008	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN Other / OFFICE SUPPLIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date 3-4-18	Payee name Kroger	
Amount (\$) 11.05	Payee address: City: State: Zip Code 1352 W 43rd St, Houston, TX 77018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 Shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 Date 3-4-18		5 Payee name Starbucks			
6 Amount (\$) 4.22		7 Payee address: City: State: Zip Code 1206 W 43rd St Houston, TX 77018			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3-13-18		Payee name Kroger			
Amount (\$) 15.48		Payee address: City: State: Zip Code 1352 W. 43rd St. Houston, TX 77018			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 2-26-18		Payee name Nathaji Metivier			
Amount (\$) 700.00		Payee address: City: State: Zip Code 704 N. Shepherd Dr. Houston, TX 77007			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other/IT		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: 16		2 FILER NAME Shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 Date 2-27-18		5 Payee name Nisha Randle / Black Women's March			
6 Amount (\$) 200.00		7 Payee address: City: State: Zip Code Unk Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3-7-18		Payee name Lisa Stanley			
Amount (\$) 180.00		Payee address: City: State: Zip Code 5711 Sugar Hill Drive #97 Houston, TX 77057			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 6-20-18		Payee name Circle K			
Amount (\$) 40.00		Payee address: City: State: Zip Code 4707 Gulf Frwy. Houston TX 77023			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: 16	2 FILER NAME shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 Date 2-26-18	5 Payee name Loonisa Ulysee	
6 Amount (\$) 492.00	7 Payee address: City: State: Zip Code 3701 W. Alabama St Houston, TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other / data entry	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 2-26-18	Payee name Texas Coalition of Black Democrats	
Amount (\$) 250.00	Payee address: City: State: Zip Code P.O. Box 570793 Dallas, TX 75357	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 2-27-18	Payee name GLBT The Caucos	
Amount (\$) 250.00	Payee address: City: State: Zip Code P.O. Box 66624 Houston, TX 77266	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 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 shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 Date 3-1-18		5 Payee name Chipotle			
6 Amount (\$) 32.64		7 Payee address: City: State: Zip Code 1249 N Loop W Houston, TX 77008			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3-1-18		Payee name starbucks			
Amount (\$) 15.80		Payee address: City: State: Zip Code 1206 W 43rd St Houston, TX 77018			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) food/Beverage expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 6-12-18		Payee name NAACP Houston			
Amount (\$) 70.00		Payee address: City: State: Zip Code 2002 Wheeler Ave. Houston, TX 77024			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event fee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 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 6-30-18		5 Payee name Act Blue			
6 Amount (\$) 67.83		7 Payee address: City: State: Zip Code P.O. Box 441146 Somerville MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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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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: 5		2 FILER NAME Shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 4-10-18		6 Payee name Paulie's			
7 Amount (\$) 29.19		8 Payee address; City; State; Zip Code 1834 Westheimer Houston TX 77018			
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)		(b) Description	
		Food / Bev. Expense		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	
		Field of Greens			
Date 4-10-18		Payee name Field of Greens			
Amount (\$) 38.02		Payee address; City; State; Zip Code 2320 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)		Description	
		Food / Bev. Expense		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		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: 5	2 FILER NAME Shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2.28.18	6 Payee name Houston Area Women's Race Against Violence	
7 Amount (\$) 35.00	8 Payee address; City; State; Zip Code 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) Event expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3.5.18	Payee name H. E. B.	
Amount (\$) 249.22	Payee address; City; State; Zip Code 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) Event expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: 5		2 FILER NAME Shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$
5 Date 3-22-18		6 Payee name Greens Bayou Corridor			
7 Amount (\$) 125.00		8 Payee address; City; State; Zip Code 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) Event expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3-22-18		Payee name Rice University			
Amount (\$) 12.00		Payee address; City; State; Zip Code 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) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: 5	2 FILER NAME Shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3-9-18	6 Payee name USPS	
7 Amount (\$) 26.70	8 Payee address; City; State; Zip Code 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) Postage	(b) Description. <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name [Signature]	Office sought Office held
Date 3-19-18	Payee name Road Women	
Amount (\$) 85.00	Payee address; City; State; Zip Code 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) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 5		2 FILER NAME Shaw, Penny		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 4-11-18		6 Payee name Union Kitchen			
7 Amount (\$) 26.51		8 Payee address; City; State; Zip Code 4057 Bellairc 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) Food / Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 4-3-18		Payee name USPS			
Amount (\$) 50.00		Payee address; City; State; Zip Code 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) Postage		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 SHAW, PENNY	3 Filer ID (Ethics Commission Filers)
4 Date 3.2.18	5 Payee name TAG CABANA	
6 Amount (\$) 7.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 700 N. LOOP W. HOUSTON, TX 77018	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT - FOOD/BEV.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3.12.18	Payee name K M Design	
Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2127 Campus Drive, Durham NC 27708	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - GRAPHIC DESIGN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3.12.18	Payee name Loorysa Ulysse	
Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3701 W. Alabama St Houston, TX 77027	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other / data entry	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 Shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 Date 3-6-18	5 Payee name Luigi's	
6 Amount (\$) 78.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3700 ALMEDA Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT - FOOD/BEV	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 5-1-18	Payee name Houston Black American Democrats	
Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5300 Griggs Rd Houston, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3-15-18	Payee name Dollar Tree Stores	
Amount (\$) 18.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1345 West 43rd st., Houston TX 77018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 Shaw, Penny	3 Filer ID (Ethics Commission Filers)
4 Date 2.28.18	5 Payee name Chipotle	
6 Amount (\$) 32.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 1249 North Loop West, Houston, TX 77018	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 2-28-18	Payee name RPC Global	
Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 4110 Majestic St. Houston, TX 77026	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3-12-18	Payee name Bison Signs	
Amount (\$) 422.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 10100 CLAY Rd. Houston 77080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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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
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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 <i>2-27-18</i>		5 Payee name <i>Allied Printing Services</i>			
6 Amount (\$) <i>2,623.41</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>4929 Blalock Houston, TX 77041</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	

RECORDER'S MEMORANDUM:

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.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED