# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	v to complete this form.	1 Filer ID	(Ethics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr	FIRST Penny		м.	OFFICE	USEONLY
TV-WVIL	NICKNAME	LAST Mallet		SUFFIX	Date Received	10-1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O.Box 1568 Suite 208 PM	5 West Main St.		Texas 75067	68 1 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2021,
Change of Address					18	TOTAL STATE
5 CANDIDATE/ OFFICEHOLDER PHONE	( 972)	768-7162	E	EXTENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Mr.	Rawli	in	™ В	Date Processed	
	NICKNAME	LAST		SUFFIX	Date Imaged	
		Mallet			Date	
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	1144 Kelly L	_ane		Lewisville	Texa	as 75077
8 CAMPAIGN	AREA CODE	PHONE NUMBER	E	XTENSION		
TREASURER PHONE	(214 ) 930-3235					
9 REPORT TYPE	January 15	30th day before	election	Runoff		fter campaign appointment er Only)
	July 15	8th day before el	lection	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	r
	02 /	/ 10 / 2021	THROUG	GH 03 /	/ 22 / 202	21
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary		Description		
	05 / 01 /	2021 General	Specia	al		7.5
12 OFFICE	OFFICE HELD (if any)	)	1	OFFICE SOUGHT (if known	,	F
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDR	ESS		
		GO ТО	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Mallet, Penny	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 475.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,585.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	<sup>\$</sup> 1,665.06
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	
	Signature of da	Malate or Officeholder
	Please complete either option below	v:
(1) Affidavit		Julie Worster My Commission Expires 07/24/2024 ID No. 10573694
NOTARY STAMP/SEA	L. Para Mallat	18h N- 1
Sworn to and subscribed 20 21, to certify	before me by Penny Mallet this the	day of WPVII.
20 2 to centil	which, witness my hand and seal of office. ONSTELL JULY WONSTELL	Notary Public
Signature of officer administ	Timed hame of officer definitioning outs	Title of officer administering oath
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
My address is	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Executed in	(street) (city) ( County, State of , on the day of (month	state) (zip code) (country)  , 20 (year)
14	Signature of Candi	date/Officeholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

SUBTOTAL AMOUNT
,000.00
2,789.99
1,764.49

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 of 3
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mallet, Penny				
4 Date 02/23/2021	Wallace Doolin			
02/23/2021	6 Contributor address;	City;	State; Zip Code	\$500.00
	6 Contributor address,			
	604 Cove Rd	St, Micha	ales, MD 21663	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc				uctions)
Date	Full name of contributor	out-of-state PAC	(ID#:	Amount of contribution (\$)
02/23/2021	Rosalyn Mallet			
02/20/2021	Contributor address;	City;	State; Zip Code	\$500.00
	6141 Palomino	Plano	Texas 75024	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PAC	(ID#:	Amount of contribution (\$)
02/23/2021	Edgar Evans			
	Contributor address;	City;	State; Zip Code	\$250.00
	102 Spruce St.	Bloomfield	NJ 07003	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	Amount of contribution (\$)
02/24/2021	Mathan Mallett			
02/27/2021	Contributor address;		State; Zip Code	\$100.00
	6928 Yellowstone Way Dr	Houston T	exas 77054	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	uctions)

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 of 3
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Mallet, Penny					
4 Date 02/24/2021	5 Full name of contributor			)	7 Amount of contribution (\$)
02/24/2021	6 Contributor address;	City;		Zip Code	\$100.00
	6 Contributor address,			Zip Code	
	1040 Gunter Court	Alpheret	ta GA		
8 Principal occi	upation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
03/03/2021	Cheryl Barrett				
00/00/2021	Contributor address;	City;	State;		\$200.00
	705 Grove Rd	Richards	on Tex	as 75081	
Principal occu	pation / Job title (See Instructions)			oyer (See Instruc	ctions)
Date			C (ID#:)		Amount of contribution (\$)
03/05/2021	Shonique Imig				
	Contributor address;	City;	State;	Zip Code	\$100.00
	102 Peregine Dr.	McKinney	TX	75072	
Principal occu	apation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
03/06/2021	Ramona Kopcher	nko			
03/00/2021	Contributor address;	City;	State;	Zip Code	\$150.00
	508 Specturm Dr	Addison,Te	exas	75001	
Principal occu	upation / Job title (See Instructions)			loyer (See Instruc	ctions)
9					
	ATTACH ADDIT	TONAL COPIES			

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1: 3 of 3
2	FILER NAME					3 Filer ID (Ethics Commission Filers)
Ma	allet, Penny					
4	Date	5 Full name of contributor	out-of-state PAC	(ID#:	)	7 Amount of contribution (\$)
03	/10/2021	Beverly Iglehart				
	10/2021	6 Contributor address;	City;		Zip Code	\$100.00
		3806 Willwowoood Blvd	San A		exas 78291	
8	Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	; (ID#:	)	Amount of contribution (\$)
		Contributor address;	City;			
	Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
		Contributor address;	City;			
	Principal occu	pation / Job title (See Instructions)		Emp	oyer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
		Contributor address;	City;	State;	Zip Code	
	Principal occu	pation / Job title (See Instructions)		Emp	oyer (See Instruc	ctions)
		ATTACH ADDIT	IONAL COPIES	OE THIS	SCHEDIII E AS I	NEEDED
		If contributor is out-of-state PAC				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Gift/Awards/Memorials Expense P	Travel Out Of District  Other (enter a category not listed above)  ow to complete this form.
1 Total pages Schedule G:		3 Filer ID (Ethics Commission Filers)
1 of 6	Mallet, Penny	Filer 1D (Ethics Commission Filers)
4 Date	5 Payee name	
02/05/2021	Vistaprint a Cimpress Co	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
12.99	275 Wyman St.	Waltham MA 02451
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description
OF EXPENDITURE	advertising expense	Domain Name for Campgain
	(c) Check if travel outside of Texas. Complete Schedu	le T. 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	
02/08/2021	Send my Parcels	
Amount (\$) \$100.00  Reimbursement from political contributions intended	Payee address; P.O.Box 1565 West Main St. Suite 208 PMB199	City; State; Zip Code Lewisville Texas 75067
,	Category (See Categories listed at the top of this sched	lule) Description
PURPOSE OF EXPENDITURE	office overhead	P.O. Box
	Check if travel outside of Texas. Complete Schedu	leT. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
02/19/2021	Vistaprint a Cimpress Co	
Amount (\$)	Payee address;	City; State; Zip Code
\$154.08 Reimbursement from political contributions intended	275 Wyman St.	Waltham MA 02451
PURPOSE	Category (See Categories listed at the top of this sched	ule) Description
OF EXPENDITURE	advertising expense	car decal,yard signs, pens, thank you cards
	Check if travel outside of Texas. Complete Schedu	le T. 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 T	HIS SCHEDULE AS NEEDED

### SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic		Wages/Contract Labor Oth	er (enter a category not listed above)		
1 Total pages Schedule G: 2 of 6	2 FILER NAME Mallet, Penny	3 F	Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/20/2021	Vistaprint a Cimpress Co				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
10.59  Reimbursement from political contributions intended	275 Wyman St.	Waltham	MA 02451		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	advertising expense	Domain Name for Ca	ampgain		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/24/2021	Vistaprint a Cimpress Co				
Amount (\$) \$180.88	Payee address; 275 Wyman St.	City; Waltham	State; Zip Code MA 02451		
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	advertising expense Large door hangers, yard signs				
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/25/2021	Sticker Mule				
Amount (\$) \$31.32 Reimbursement from political contributions intended	Payee address; 336 Forest Ave	City; Amsterdam	State; Zip Code NY 12010		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	advertising expense	Pins			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED			

#### SCHEDULE G

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

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

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

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

Candidate/Officeholder/Politi Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,	Wages/Contract Labor Oth	iver Out Of District ner (enter a category not listed above)		
1 Total pages Schedule G: 3 of 6	2 FILER NAME Mallet, Penny	3 1	Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/26/2021	Vistaprint a Cimpress Co				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$147.91	275 Wyman St.	Waltham	MA 02451		
Reimbursement from political contributions intended		vvalaram	32101		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	advertising expense	Large door hangers			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	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				
03/03/2021	Vistaprint a Cimpress Co				
Amount (\$) \$361.65	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	275 Wyman St.	Waltham	MA 02451		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	advertising expense	Large door hangers	, yard signs		
	Check if travel outside of Texas. Complete Schedule T.	e Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
03/04/2021	Sticker Mule				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$9.72 Reimbursement from political contributions intended	336 Forest Ave	Amsterdam	NY 12010		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	advertising expense	Key Chains			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
e - 7	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED			

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

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

Candidate/Officeholder/Politic	, and the state of	Wages/Contract Labor Othe	el Out Of District or (enter a category not listed above)	
1 Total pages Schedule G: 4 of 6	2 FILER NAME Mallet, Penny	3 Fi	ler ID (Ethics Commission Filers)	
4 Date	5 Payee name			
03/04/2021	Vistaprint a Cimpress Co			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$177.29  Reimbursement from political contributions intended	275 Wyman St.	Waltham	MA 02451	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	advertising expense	Large door hangers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/05/2021	Vistaprint a Cimpress Co			
Amount (\$) \$19.99	Payee address; 275 Wyman St.	<sup>City;</sup> <b>Waltham</b>	State; Zip Code MA 02451	
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	advertising expense	Website		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	fficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/07/2021	DFW Small Business Expo			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 54.67  Reimbursement from political contributions intended	2401 S Stemmons Freeway	Lewisville	TX 75067	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	advertising expense	Candidate Table at Expo		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED		

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	,	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)  complete this form.			
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
5 of 6	Mallet, Penny				
4 Date	5 Payee name				
03/09/2021	Vistaprint a Cimpress Co				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$198.87  Reimbursement from political contributions intended	275 Wyman St.	Waltham MA 02451			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	advertising expense	Thank you cards, pens, yard signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	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				
03/12/2021	Rideshare2Vote				
Amount (\$) \$50.00	Payee address;	City; State; Zip Code			
Reimbursement from political contributions intended	12100 Ford Rd	Dallas Tx 75234			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Consulting Expense	Voter Access to Vote			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
03/13/2021	Vistaprint a Cimpress Co				
Amount (\$)	Payee address;	City; State; Zip Code			
\$ 1,225.92 Reimbursement from political contributions intended	275 Wyman St.	Waltham MA 02451			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	printing expense	Yard Signs			
	Check if travel outside of Texas. Complete Schedule T.	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 S	SCHEDULE AS NEEDED			

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

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

Candidate/Officeholder/Politic Credit Card Payment	ical Committee Legal Services Salaries/ The Instruction Guide explains how to		ther (enter a category r	not listed above)
1 Total pages Schedule G:	2 FILER NAME		Filer ID (Ethics C	ommission Filers)
6 of 6	Mallet, Penny			
4 Date	5 Payee name			
03/21/2021	Amazon Corporate			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$54.11  Reimbursement from political contributions intended	410 Terry Ave	North Sea	attle WA	98109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	advertising expense	metal Stakes for y	ard signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice 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 schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/		Office sought	O	office held
Date	Payee name			
Amount (\$)  \$ Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED		

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

		EXPENDITURE CATE	ORIES	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 The Instruction Guide explain	Office Over Polling E Printing I Salaries/	Expense 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 H: 1 of 4					3 Filer I	D (Ethics	Commission Filers)	
4 Date 02/18/2021	5 Business JPMorga							
6 Amount (\$) \$20.00	7 Business	address;		City;		State;	Zip Code	
	925 W. Main St			Lewisvil	le Texas	s 75067		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Description					
EXPENDITURE	accounting/banking			check book for e	xpense	S		
	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin,	TX, officeho	Ider living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought			Office held	
Date	Business	name						
02/20/2021	Donor Box	(						
Amount (\$)	Business	address;		City;		State;	Zip Code	
\$30.38	5 3rd St, S	Suite 900	***************************************	San Fra	ncisco	CA	91403	
PURPOSE	Category	(See Categories listed at the top of this scl	nedule)	Description				
OF EXPENDITURE	accountin/banking online donation account							
	Check if travel outside of Texas. Complete Schedule T. Check			Check if Austin,	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		(	Office held	
Date	Business	name						
02/23/2021	JPMorgar	Chase						
Amount (\$)	Business	address;		City;		State;	Zip Code	
\$10.09	925 W. Main St						37	
	Category	(See Categories listed at the top of this so	hedule)	Description				
PURPOSE OF EXPENDITURE		accountin/banking		bank tranfer fee				
		Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeho	lder living exp	pense	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		(	Office held	
	ATT	ACH ADDITIONAL COPIES O	F THIS	SCHEDULE AS NEE!	DED			

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Cod/Beverage Expense P By Gift/Awards/Memorials Expense P	can Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow 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 H: 2 of 4	2 FILER NAME Mallet, Penny		3 Filer ID (Ethics Commission Filers)			
4 Date 02/25/2021	5 Business name JPMorgan Chase					
6 Amount (\$) \$12.00	7 Business address;	City;	State; Zip Code			
	925 W. Main St Lewisville Texas 75067					
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description				
OF EXPENDITURE	accounting/banking	service fee				
	(c) Check if travel outside of Texas. Complete Schedu	e T. Check if Austin	, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Business name					
03/02/2021	Custom Ink Retail					
Amount (\$)	Business address;	City;	State; Zip Code			
\$164.43	5959 Royal Ln Suite 633	Dallas	Texas 75230			
\$164.43 PURPOSE	5959 Royal Ln Suite 633 Category (See Categories listed at the top of this sched		Texas 75230			
			Texas 75230			
PURPOSE OF	Category (See Categories listed at the top of this sched	Description Tee Shrits	Texas 75230			
PURPOSE OF	Category (See Categories listed at the top of this sched  advertising expense  Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name	Description Tee Shrits				
PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See Categories listed at the top of this sched  advertising expense  Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name	Tee Shrits  To Check if Austin,	. TX, officeholder living expense			
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top of this sched advertising expense  Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name	Tee Shrits  To Check if Austin,	. TX, officeholder living expense			
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top of this sched  advertising expense  Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name  Business name	Tee Shrits  To Check if Austin,	. TX, officeholder living expense			
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O Date  03/15/2021	Category (See Categories listed at the top of this sched advertising expense  Check if travel outside of Texas. Complete Schedu Candidate / Officeholder name Business name Star Local Media	Description  Tee Shrits  eT. Check if Austin,  Office sought  City;	TX, officeholder living expense Office held			
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  03/15/2021  Amount (\$)	Category (See Categories listed at the top of this sched  advertising expense  Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name  Business name  Star Local Media  Business address;	Description Tee Shrits  e.T. Check if Austin, Office sought  City; Plano	TX, officeholder living expense Office held State; Zip Code			
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  03/15/2021  Amount (\$) \$1,338.00  PURPOSE OF	Category (See Categories listed at the top of this sched advertising expense  Check if travel outside of Texas. Complete Schedu Candidate / Officeholder name Business name Star Local Media Business address;  3501 E. Plano Parkway Suite 200	Description Tee Shrits  e.T. Check if Austin, Office sought  City; Plano	TX, officeholder living expense Office held State; Zip Code Texas 75074			
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  03/15/2021  Amount (\$)  \$1,338.00	Category (See Categories listed at the top of this sched  advertising expense  Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name  Business name  Star Local Media  Business address;  3501 E. Plano Parkway Suite 200  Category (See Categories listed at the top of this schedu	Description Tee Shrits  eT. Check if Austin, Office sought  City; Plano  Lewisville Leade	TX, officeholder living expense Office held State; Zip Code Texas 75074			
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  03/15/2021  Amount (\$)  \$1,338.00  PURPOSE OF	Category (See Categories listed at the top of this sched  advertising expense  Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name  Business name  Star Local Media  Business address;  3501 E. Plano Parkway Suite 200  Category (See Categories listed at the top of this schedu  advertising expense  Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name	Description Tee Shrits  eT. Check if Austin, Office sought  City; Plano  Lewisville Leade	Office held  State; Zip Code  Texas 75074			

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

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  The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule H: 3 of 4	2 FILER NA Mallet, Per	AME			3 Filer II	D (Ethics	Commission Filers)
4 Date 03/17/2021	5 Business JPMorgar				I		
6 Amount (\$) \$12.00	7 Business			City;		State;	Zip Code
	925 W. Ma	nin St		Lewisvil	le Texas	75067	
8 PURPOSE	(a) Category	(See Categories listed at the top of this sch	edule)	(b) Description			
OF EXPENDITURE	а	ccounting/banking		service fee			
	(c) c	heck if travel outside of Texas. Complete Sche	dule T.	Check if Austin	, TX, officehol	lder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		(	Office held
Date	Business	name					
03/20/2021	Donor Box						
Amount (\$)	Business	address;		City;		State;	Zip Code
\$39.33	5 3rd S	t, Suite 900		San Fra	ancisco	CA	91403
\$39.33 PURPOSE		t, Suite 900 (See Categories listed at the top of this sch	edule)	San Fra	ncisco	CA	91403
		(See Categories listed at the top of this sch	edule)			CA	91403
PURPOSE OF	Category	(See Categories listed at the top of this sch		Description	account		
PURPOSE OF	accounting  Candida	(See Categories listed at the top of this sch		Description  online donation	account	der living ex	
PURPOSE OF EXPENDITURE  Complete ONLY if direct	accounting  Candida	(See Categories listed at the top of this sch I/banking heck if travel outside of Texas. Complete Sche tte / Officeholder name		Description  online donation  Check if Austin	account	der living ex	pense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Category  accounting  Candida	(See Categories listed at the top of this sch  I/banking  heck if travel outside of Texas. Complete Sche  tte / Officeholder name		Description  online donation  Check if Austin	account	der living ex	pense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Category  accounting  Candida	(See Categories listed at the top of this sch  I/banking  heck if travel outside of Texas. Complete Sche  tte / Officeholder name  name  rvice		Description  online donation  Check if Austin	account	der living ex	pense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O Date  03/22/2021	Category  accounting  Candida  H  Business  Paypal Se	(See Categories listed at the top of this sch  I/banking  heck if travel outside of Texas. Complete Sche  ite / Officeholder name  name  rvice  address;		Online donation  Check if Austin  Office sought	account , TX, officehol	ider living ex	pense Office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  03/22/2021  Amount (\$)	Category  accounting  Candida  Business  Paypal Se  Business  2211 North	(See Categories listed at the top of this sch  I/banking  heck if travel outside of Texas. Complete Sche  ite / Officeholder name  name  rvice  address;	dule T.	Description  online donation  Check if Austin  Office sought  City;	account , TX, officehol	der living ex	pense Office held Zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  03/22/2021  Amount (\$)	Category  accounting  Candida  Business  Paypal Se  Business  2211 North	(See Categories listed at the top of this sch  I/banking  heck if travel outside of Texas. Complete Sche  tte / Officeholder name  name  rvice  address;  n First St	dule T.	Online donation  Check if Austin  Office sought  City;  San J	account , TX, officehol	der living ex	pense Office held Zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  03/22/2021  Amount (\$)  \$68.18	Category  accounting  Candida  Business  Paypal Se  Business  2211 North  Category	(See Categories listed at the top of this sch  I/banking  heck if travel outside of Texas. Complete Sche  Ite / Officeholder name  name  rvice  address;  h First St  (See Categories listed at the top of this sch	dule T.	Description  online donation  Check if Austin  Office sought  City;  San J	account , TX, officehol	State;	zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  03/22/2021  Amount (\$)  \$68.18	Category  accounting  Candida  H  Business  Paypal Se  Business  2211 North  Category  Candida	(See Categories listed at the top of this sch I/banking heck if travel outside of Texas. Complete Sche tite / Officeholder name name rvice address; h First St (See Categories listed at the top of this sch accountin/banking	dule T.	Online donation  Check if Austin  Office sought  City;  San J  Description  bank tranfer fee	account , TX, officehol	State; CA	zip Code

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor us how to complete this form.	Travel Out Of District Other (enter a categor			
1 Total pages Schedule H:	2 FILER NAME Mallet, Penny		3 Filer ID (Ethics	Commission Filers)		
4 Date 03/22/2021	5 Business name Sticker Mule					
6 Amount (\$) \$79.92	7 Business address;	City;	State;	Zip Code		
	336 Forest Ave	Amste	rdam NY	12010		
8 PURPOSE	(a) Category (See Categories listed at the top of this so	(b) Description				
OF EXPENDITURE	accounting/banking	stickers				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held		
Date	Business name					
Amount (\$)	Business address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule) Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held		
Date	Business name					
Amount (\$)	Business address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description				
LAI LINDITORE	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin,	TX, officeholder living ex	xpense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEED	ED			