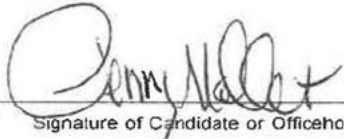
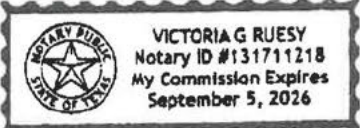


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 1														
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 6														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs FIRST: Penny MI: NICKNAME: LAST: Mallet SUFFIX:	OFFICE USE ONLY Date Received: 4/26/2024 07:05pm 														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE: <div style="background-color: black; width: 100%; height: 20px;"></div>	Date Hand-delivered or Date Postmarked: E-Mailed 4/26/2024														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <div style="background-color: black; width: 100%; height: 20px;"></div>	Receipt #: Amount \$: Date Processed: Date Imaged:														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Rawlin MI: NICKNAME: LAST: Mallet SUFFIX:															
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE: <div style="background-color: black; width: 100%; height: 20px;"></div>															
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <div style="background-color: black; width: 100%; height: 20px;"></div>															
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">January 15</td> <td style="width: 25%;">30th day before election</td> <td style="width: 25%;">Runoff</td> <td style="width: 25%;">15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td>Exceeded Modified Reporting Limit</td> <td>Final Report (Attach C/OH - FR)</td> </tr> </table>		January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	July 15	<input checked="" type="checkbox"/> 8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)						
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July 15	<input checked="" type="checkbox"/> 8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)													
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> <td style="width: 25%; text-align: center;">THROUGH</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> </tr> <tr> <td style="font-size: 1.2em;">4</td> <td style="font-size: 1.2em;">4</td> <td style="font-size: 1.2em;">24</td> <td></td> <td style="font-size: 1.2em;">4</td> <td style="font-size: 1.2em;">26</td> <td style="font-size: 1.2em;">24</td> </tr> </table>		Month	Day	Year	THROUGH	Month	Day	Year	4	4	24		4	26	24
Month	Day	Year	THROUGH	Month	Day	Year										
4	4	24		4	26	24										
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td style="font-size: 1.2em;">5 4 24</td> <td><input checked="" type="checkbox"/> General</td> <td>Special</td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE			Month Day Year	Primary	Runoff	Other Description	5 4 24	<input checked="" type="checkbox"/> General	Special			
ELECTION DATE	ELECTION TYPE															
Month Day Year	Primary	Runoff	Other Description													
5 4 24	<input checked="" type="checkbox"/> General	Special														
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) City Council P/2														
14 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.															
Additional Pages	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS						
COMMITTEE TYPE	COMMITTEE NAME															
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SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME															
	COMMITTEE CAMPAIGN TREASURER ADDRESS															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 2
15 C/OH NAME <u>Mallet, Penny</u>	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>100.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>4,070.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>
<p>18 SIGNATURE 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.</p> <div style="text-align: right; margin-top: 20px;">  Signature of Candidate or Officeholder </div> <p style="text-align: center; margin-top: 20px;">Please complete either option below:</p> <div style="display: flex; align-items: flex-start; margin-top: 20px;"> <div style="width: 20%; padding-right: 10px;"> <p>(1) Affidavit</p> </div> <div style="border: 2px solid black; padding: 5px; text-align: center;">  <p>VICTORIA G RUESY Notary ID #131711218 My Commission Expires September 5, 2026</p> </div> </div> <p style="margin-top: 10px;">NOTARY STAMP / SEAL</p> <p>Sworn to and subscribed before me by <u>Penny Mallet</u> this the <u>26</u> day of <u>April</u>, 20<u>24</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p><u>Victoria Ruesy</u> Signature of officer administering oath</p> </div> <div style="width: 30%;"> <p><u>Victoria G. Ruesy</u> Printed name of officer administering oath</p> </div> <div style="width: 30%;"> <p><u>Notary Public</u> Title of officer administering oath</p> </div> </div> <p style="text-align: center; margin-top: 10px;">OR</p> <p>(2) Unsworn Declaration</p> <p>My name is _____, and my date of birth is _____</p> <p>My address is _____ <small>(street) (city) (state) (zip code) (country)</small></p> <p>Executed in _____ County, State of _____ on the _____ day of _____, 20____. <small>(month) (year)</small></p> <p style="text-align: right; margin-top: 10px;">_____ Signature of Candidate/Officeholder (Declarant)</p>		

SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3
19 FILER NAME <i>Mallet, Penny</i>	20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>100.00</i>	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>469.75</i>	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

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
2 FILER NAME Mallet, Penny		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/24	5 Full name of contributor Ifeani Ekechukwu out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City: State: Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		SCHEDULE F1	
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 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: 1	2 FILER NAME Mallet, Penny		3 Filer ID (Ethics Commission Filers)
4 Date 4.17.24	5 Payee name First + Steps STRATEGIES		
6 Amount (\$) 2,185.00	7 Payee address: [REDACTED] City: State: Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description CONSULTING Fee / POST CARDS
	(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			
Date 4/22/24	Payee name Michael Lambert / YouTub Services		
Amount (\$) 1,000	Payee address: [REDACTED] City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description digital ads for youtube
	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/OH			
Date 04/15/24	Payee name STAR Media LLC		
Amount (\$)	Payee address: [REDACTED] City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description Ads
	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/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

1 Total pages Schedule G: 1	2 FILER NAME Maletk Penny	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/24	5 Payee name Michael Lambert VP of Marketing	
6 Amount (\$) 469.75 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Youtube Ads
	(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 1
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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 expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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 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