

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: Page 2 1082
2 FILER NAME Mallet, Penny		3 Filer ID (Ethics Commission Filers)
4 Date 5/8/24	5 Full name of contributor out-of-state PAC (ID#: _____) Jonin Doolin	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code St. Michael's Md		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/8/24	Full name of contributor out-of-state PAC (ID#: _____) Buz Mallet	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code Plano, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/8/24	Full name of contributor out-of-state PAC (ID#: _____) Ed Evans	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code Toboomfords NJ		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/24	Full name of contributor out-of-state PAC (ID#: _____) RAWLIN Mallet	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [Redacted] Louisville		
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
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: <i>2-3</i>
2 FILER NAME <i>Mallet, Penny</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/12/24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>CAROL CARTER</i>	7 Amount of contribution (\$) <i>\$ 25.00</i>
6 Contributor address; City; State; Zip Code <i>Lake Dallas TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/20/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Patrick McEneaney</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; City; State; Zip Code <i>Castle Hills, TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>05/23/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Roz Mallet</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>Plano TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>06/4/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Shelia Taylor</i>	Amount of contribution (\$) <i>\$ 40.00</i>
Contributor address; City; State; Zip Code <i>Highland Village TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3
19 FILER NAME <i>Maller, Penny</i>	20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,565.00</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>3,962.56</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	\$	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

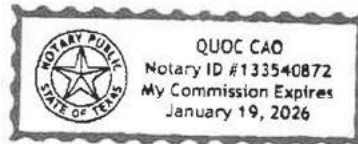
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,565.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,487.50
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Penny Mallet
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Penny Mallet this the 30th day of July, 2024, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath Quoc Cao Printed name of officer administering oath CAO Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Mallet, Penny

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		SCHEDULE A2	
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 A2: <u>1</u>	
2 FILER NAME <u>Mallett</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>549.99</u>	
5 Date <u>6/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Denton County Dems</u>	8 Amount of Contribution \$	9 In-kind contribution description <u>Social Media</u>
7 Contributor address; City; State; Zip Code <u>Denton TX</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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 9(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: Miller, Penny	3 Filer ID (Ethics Commission Filers)	
4 Date: 5/15/24	5 Payee name: Michael Lambert / Youtube Services		
6 Amount (\$): \$200.00	7 Payee address: Online	City: youtube-services.com	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising	(b) Description: digital media youtube	
	(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/OH	Candidate / Officeholder name	Office sought	Office held
Date: 5/14/24	Payee name: Precision Graphics Group		
Amount (\$): \$325.00	Payee address: [redacted]	City: Pearland, TX	State: Zip Code: 77581
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising	Description: Run 2024 stickers	
	(c) 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
Date: 10/00.00	Payee name: Digital Marketing Group		
Amount (\$):	Payee address:	City: Louisville, TX	State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising	Description: Email Blast	
	(c) 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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

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
- 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: 1 of 2	2 FILER NAME MARKET, PENNY	3 Filer ID (Ethics Commission Filers)
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4 Date 5/10/24	5 Payee name Starz Media
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6 Amount (\$) \$95.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code [Redacted] Plano, TX 75074
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description New Paper Ad
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/19/24	Payee name Precision Graphics Group
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Amount (\$) \$15.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code [Redacted] Round Rock, TX 78681
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Pushcards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/21/24	Payee name PRECISION GRAPHIX GROUP
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Amount (\$) 2,265.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code [Redacted] Round Rock, TX 78681
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Markers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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: 242	2 FILER NAME Mallet	3 Filer ID (Ethics Commission Filers)
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4 Date 5/23/24	5 Payee name Videographer Freddie Watkins LLC
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6 Amount (\$) \$1,775.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code Louisville TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Video
	(c) <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
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Date	Payee name
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Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code
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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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Date	Payee name
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Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code
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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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