

# 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS  MRS / MR FIRST **Karen** MI **S**  
NICKNAME LAST SUFFIX  
**Shaw**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
**P.O. Box 1844 Kingsland TX 78639**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS  MRS / MR FIRST **Dakotah** MI **W**  
NICKNAME LAST SUFFIX  
**Flannery**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
**207 E Luce Llano TX 78643**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**01 / 16 / 2024 THROUGH 02 / 12 / 2024**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**03 / 05 / 2024**  General  Special

12 OFFICE

OFFICE HELD (if any)  
**N/A**

13 OFFICE BOUGHT (if known)  
**City Commissioner Post 3**

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.

COMMITTEE TYPE  GENERAL  SPECIFIC  
COMMITTEE NAME **The Middle of Texas PAC**  
COMMITTEE ADDRESS **P.O. Box 274 Llano, TX 78643**  
COMMITTEE CAMPAIGN TREASURER NAME **Denise Kennedy**  
COMMITTEE CAMPAIGN TREASURER ADDRESS **19327 W Ranch Rd 152, Castell, TX 78643**

OFFICE USE ONLY

Date Received  
**RECEIVED**  
**FEB 26 2024**  
LLANO CO. ELECTIONS ADMINISTRATOR **B.M.**  
Date Hand-delivered or Date Postmarked  
Receipt # Amount \$  
Date Processed  
Date Imaged

Additional Pages

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <i>Karen S. Shaw Campaign</i>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>  <i>\$ 1,790</i>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	<b>\$</b> <i>8000</i>
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	<b>\$</b> <i>1,710</i>
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</b>	<b>\$</b> <i>0</i>
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	<b>\$</b> <i>1,660</i>
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	<b>\$</b> <i>927.99</i>
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	<b>\$</b> <i>0</i>

**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.

*Karen S Shaw*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

**(2) Unsworn Declaration**

My name is *Karen S. Shaw*, and my date of birth is *08/29/1951*.  
 My address is *#8 PO Box 1844*, *Kingsland*, *TX*, *78639*, *USA*.  
(street) (city) (state) (zip code) (country)  
 Executed in *Llano* County, State of *TX*, on the *12<sup>th</sup>* day of *Feb*, 20 *24*.  
(month) (year)  
*Karen S Shaw*

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> <i>Karen S. Shaw</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
--	---

<b>21 SCHEDULE SUBTOTALS</b> <b>NAME OF SCHEDULE</b>	<b>SUBTOTAL</b> <b>AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,790
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 80
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,660
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**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 <i>Karen S. Shaw Campaign</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/01/2024</i>	5 Full name of contributor <i>The Middle of Texas PAC</i> out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code <i>Llano TX 78643</i>	7 Amount of contribution (\$) <i>\$640-</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/14/2024</i>	Full name of contributor <i>The Middle of Texas Pac</i> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code <i>Llano TX 78643</i>	Amount of contribution (\$) <del><i>\$300-DAN</i></del> <i>350.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/16/2024</i>	Full name of contributor <i>Ashley Korth-Juricek</i> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code <i>Austin TX 78752</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>2/22/2024</i>	Full name of contributor <i>Ashley Korth-Juricek</i> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code <i>Austin TX 78752</i>	Amount of contribution (\$) <i>\$220.00</i>
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 <i>Karen S. Shaw Campaign</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>80.00</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Contributor address:                      City:                      State:                      Zip Code	8 Amount of Contribution \$	9 In-kind contribution description  <input type="checkbox"/> 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  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Page 1 of 2

1 Total pages Schedule F1:		2 FILER NAME <i>Karen S. Shaw Campaign</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>02/01/2024</i>		5 Payee name <i>Kari's Print, Party &amp; Parcel</i>			
6 Amount (\$) <i>\$640.00</i>		7 Payee address: <i>409 E Young St</i>		City: <i>Llano</i>	State: <i>Tx</i> Zip Code: <i>78643</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<i>Printing expense</i>		<i>Flyers</i>		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Karen S. Shaw</i>		Office sought <i>Ct Commissioner Pot 3</i>	Office held <i>N/A</i>
Date <i>02/07/2024</i>		Payee name <i>Kari's Print, Party &amp; Parcel</i>			
Amount (\$) <i>\$350.00</i> <del><i>\$300</i></del>		Payee address: <i>409 E Young St</i>		City: <i>Llano</i>	State: <i>Tx</i> Zip Code: <i>78643</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>printing expense</i>		<i>fillers to Flyer</i>		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Karen S. Shaw</i>		Office sought <i>Ct Commissioner Pot 3</i>	Office held <i>N/A</i>
Date <i>2/20/2024</i>		Payee name <i>Hill Country Scanner</i>			
Amount (\$) <i>\$200.00</i>		Payee address: <i>9010m Suarez Photography</i> <i>507 Bessemer</i>		City: <i>Llano</i>	State: <i>Tx</i> Zip Code: <i>78643</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Advertising expense</i>		<i>Social media advertisement</i>		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Karen S. Shaw</i>		Office sought <i>Cty Commissioner Pot 3</i>	Office held <i>N/A</i>

# 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                        | 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.

<b>1</b> Total pages Schedule F1: <i>page 2 of 2</i>	<b>2</b> FILER NAME <i>Karen S. Shaw Campaign</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/19/2024</i>	<b>5</b> Payee name <i>Daily Trib</i>	
<b>6</b> Amount (\$) <i>\$ 300<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>1007 Ave K Marble Falls, TX 78654</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	<b>(b)</b> Description <i>newspaper ads</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Karen S. Shaw</i>	Office sought <i>Ct Commissioner Pot 3</i>
		Office held <i>NA</i>
<b>Date</b> <i>2/19/2024</i>	<b>Payee name</b> <i>Highland Lakes Weekly</i>	
<b>Amount (\$)</b> <i>\$ 170<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>2158 Cedar Vly Kingsland TX 78639</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising expense</i>	<b>Description</b> <i>newspaper ads</i>
	<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
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<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 F AS NEEDED