# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G                     | uide explains how               | to complete this form.      | 1 Filer ID (Ethics Commission          | n Filers)  | 2 Total pages filed:  |
|--|---------------------------------|-----------------------------|--|------------|---|
| 3 CANDIDATE /<br>OFFICEHOLDER              | MS/MRS/MR<br>Rene               | FIRST                       | MI                                     |            | OFFICE USE ONLY   |
| NAME                                       | NICKNAME                        | mbault                      | SUFFIX                                 | ix         | Date Received   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS |                                 | La Contera                  |  | ODE        | JUL 1 2 2021  |
| Change of Address  5 CANDIDATE/            | AREA CODE                       | PHONE NUMBER                | EXTENSION                              |            | Date Hand-delivered or Date Postmarked  |
| OFFICEHOLDER<br>PHONE                      | (DI4) 3                         | 334-8252                    |  | L          |   |
| 6 CAMPAIGN<br>TREASURER                    | MS / MRS / MR                   | FIRST                       | МІ                                     |            | Receipt # Amount \$   |
| NAME                                       | NICKNAME                        | LAST                        | SUFFI                                  | x          | Date Processed  |
|  | Sun                             |                             |  |            | Date Imaged   |
| 7 CAMPAIGN<br>TREASURER                    |                                 | NO PO BOX PLEASE); APT / S  |  | -          | STATE; ZIP CODE   |
| ADDRESS                                    | 11341                           | -vokenbarch R               | 1. Frisco                              | , –        | TX 75035  |
| (Residence or Business)                    | AREA CODE                       | PHONE NUMBER                | EVIENCION                              |            |   |
| 8 CAMPAIGN<br>TREASURER                    | No. No. Cont. of Section Server | 100 (100 (100))             | EXTENSION                              |            |   |
| PHONE                                      | (410g) 8                        | 388-1259                    |  |            |   |
| 9 REPORT TYPE                              | January 15                      | 30th day before e           | election Runoff                        |            | 15th day after campaign treasurer appointment (Officeholder Only)   |
|  | July 15                         | 8th day before ele          | Exceeded Mor<br>Reporting Lim          |            | Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED                       | Month                           | Day Year                    |  | Month      | Day Year  |
| COVERED                                    | 4 /                             | /22/2021                    | THROUGH                                | 6/         | 30/2021   |
| 11 ELECTION                                | ELECTION DA                     | TE Primary                  | Runoff Othe                            | ON TYPE    |   |
|  | Month Day                       | rear                        |  | cription   |   |
|  | 5/1/                            | 1011 Decircian              |  |            |   |
| 12 OFFICE                                  | OFFICE HELD (if any)            | (                           | 13 OFFICE SOUGHT                       |            |   |
| 44 NOTICE EDOM                             | FISD SOM                        | dot Trustes,                | ACCEPTED OF DOLLEGAL EXPENSE           | Sai        |   |
| 14 NOTICE FROM<br>POLITICAL                | THE CANDIDATE / OFFICE          | EHOLDER. THESE EXPENDITURES | S MAY HAVE BEEN MADE WITHOUT           | THE CANDIE | DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S)                               | COMMITTEE TYPE                  | COMMITTEE NAME              |  |            |   |
| Additional Pages                           | GENERAL                         | COMMITTEE ADDRESS           | ************************************** |            |   |
|  | SPECIFIC                        | COMMITTEE CAMPAIGN TRE      | ASURER NAME                            |            |   |
| i<br>A                                     |                                 | COMMITTEE CAMPAIGN TR       | EASURER ADDRESS                        |            |   |
|  | l                               |                             |  |            |   |
|  |                                 | GO TO                       | PAGE 2                                 |            |   |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME   |  | 16 Filer II        | D (Ethics Commission Filers)        |
|--|--|--------------------|-------------------------------------|
| 17 CONTRIBUTION<br>TOTALS  | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | AN                 | \$                                  |
|  | TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | 5)                 | \$ 35 25. =                         |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   |                    | \$ 1124.19                          |
|  | 4. TOTAL POLITICAL EXPENDITURES  |                    | \$ 6601. 44                         |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA<br>OF REPORTING PERIOD  | AST DAY            | \$ 301. 36                          |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD   | OF THE             | \$ 7000, <u>ov</u>                  |
| AND PARTY OF THE PROPERTY OF T | wear, or affirm, under penalty of perjury, that the accompanying report is tr  | ue and corr        | ect and includes all information    |
| red  | quired to be reported by me under Title 15, Election Code.  Signature of C   | Ma<br>Candidate of | Sawt<br>Officeholder                |
|  |  |                    |                                     |
|  |  |                    |                                     |
|  | Please complete either option belo   | w:                 |                                     |
|  |  |                    |                                     |
| (1) Affidavit  | MICHELE L CRUTCHER  My Notary ID # 333320  Expires June 14, 2024   |                    |                                     |
|  |  |                    |                                     |
| NOTARY STAMP/SEA   |  |                    |                                     |
| Sworn to and subscribed  | before me by RENE ARCHAMBAULT this the   | 12 TH              | day of JUW,                         |
| 20 2) to certify   | which, witness my hand and seal of office.   |                    | /                                   |
| Shupat Ca  | inthe MICHELE L. CRUTCHER  |                    | NOTARY                              |
| Signature of officer administr   | ring oath Printed name of officer administering oath   |                    | Title of officer administering oath |
|  | OR   |                    |                                     |
| (2) Unsworn Declarati  | on   |                    |                                     |
| My name is   | , and my date of birth   | is                 |                                     |
|  |  |                    |                                     |
|  | (street) (city)  | (state) (          | zip code) (country)                 |
| Executed in  | County, State of, on the day of  | nth)               | _, 20<br>(year)                     |
|  | Signature of Cano  | didate/Office      | holder (Declarant)                  |

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

| 19  | 19 FILER NAME 20 Filer ID (Ethics Con  |                    |  |  |  |
|-----|--|--------------------|--|--|--|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |  |  |  |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                 |  |  |  |
| 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                        | \$                 |  |  |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |  |  |  |
| 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:   |  |  |  |
| 2 FILER NAME  | René Orchambaut   | 3 Filer ID (Ethics Commission Filers)                                  |  |  |  |
| 4 Date  | 5 Full name of contributor out-of-state PAC (ID#:  Dr. Mand Nostamizadeh  6 Contributor address; City; State; Zip Code  1   SOD TX-121 Frsco TX 75035   | 7 Amount of contribution (\$) \$ 500 -00                               |  |  |  |
| 8 Principal occu  | pation / Job title (See Instructions)  9 Employer (See Instructions)  | tions)   |  |  |  |
| Date 4/25   | Full name of contributor  | Amount of contribution (\$)  \$\frac{1}{2000}.                         |  |  |  |
| Principal occup   | SOSZ Monterey Dr. Frisco, X 75034 Dation / Job title (See Instructions)  Employer (See Instructions)  | tions)   |  |  |  |
| Date 4   2   2   5  | Full name of contributor out-of-state PAC (ID#)  Bryan Dodson  Contributor address: City; State; Zip Code  3554 Navwich Ln. Frico x 7503  |  |  |  |  |
| Principal occup   | pation / Job title (See Instructions) Employer (See Instruct  | tions)   |  |  |  |
| Date  5/2  Principal occup  | Full name of contributor out-of-state PAC (ID#)  Buddy Minett  Contributor address; City; State; Zip Code  8548 Scott Circle FnScotx 75034  pation / Job title (See Instructions) Employer (See Instructions) | Amount of contribution (\$)  \$\frac{4}{500}\$. \$\text{ID}\$  etions) |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N  |  |  |  |  |
|   | 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   | Rene archansanit   |                          | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date   |  | (ID#:)                   | 7 Amount of contribution (\$)         |  |  |
| 514  | Shana Me kemit<br>6 Contributor address; City;               | State; Zip Code          | 925                                   |  |  |
|  | 1100 S Blue Bay DV. To pation / Job title (See Instructions) | risco, TX 750            | 55                                    |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)                        | 9 Employer (See Instruct | tions)                                |  |  |
| Date   | Full name of contributor                                     | (ID#:)                   | Amount of contribution (\$)           |  |  |
|  | Contributor address; City;                                   | State; Zip Code          |                                       |  |  |
| Principal occup  | ation / Job title (See Instructions)                         | Employer (See Instruct   | ions)                                 |  |  |
| Date   | Full name of contributor                                     | (ID#:)                   | Amount of contribution (\$)           |  |  |
|  | Contributor address; City;                                   | State; Zip Code          |                                       |  |  |
| Principal occup  | eation / Job title (See Instructions)                        | Employer (See Instruct   | tions)                                |  |  |
| Date   | Full name of contributor                                     | (ID#:)                   | Amount of contribution (\$)           |  |  |
|  | Contributor address; City;                                   | State; Zip Code          |                                       |  |  |
| Principal occup  | pation / Job title (See Instructions)                        | tions)                   |                                       |  |  |
|  |  |                          |                                       |  |  |
|  |  |                          |                                       |  |  |
|  |  |                          |                                       |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |                          |                                       |  |  |

## LOANS

## SCHEDULE E

| If the requested information is not applicable, DO NOT include this page in the report.   |  |   |  |  |  |
|---|--|---|--|--|--|
| The Instruction Guid  | e explains how to compl                      | ete this form.                                | 1 Total pages Schedule E:                |  |  |
| 2 FILER NAME<br>PLACE A CANO  | anbault                                      |   | 3 Filer ID (Ethics Commission Filers)    |  |  |
| 4 TOTAL OF UNITEMIZED LO  | DANS   |   | \$                                       |  |  |
| 117/2018 Rene   | 11717018 Rene address; City; State; Zip Code |   |  |  |  |
| Y (N) Trisci  | V  | 033   | L  |  |  |
| 12 Principal occupation / Job title (See  | Instructions)                                | 13 Employer (See Instructions)                |  |  |  |
| 14 Description of Collateral  |  | 15 Check if personal fun account (See Instruc | ds were deposited into political tions)  |  |  |
| 16 GUARANTOR INFORMATION 17 Name of gua   | rantor                                       |   | 19 Amount Guaranteed (\$)                |  |  |
| 18 Guarantor a  | ddress; City;                                | State; Zip Code                               |  |  |  |
| 20 Principal Occupation (See Instruction  | ons)   | 21 Employer (See Instructions)                |  |  |  |
| Date of Ioan Name of Iene VI21 2018 Pene  | Orchant                                      | aut   | Loan Amount (\$)                         |  |  |
| Is lender a financial Institution?  Y  N  Lender add  11 S 4 2  | La Cante                                     | State; Zip Code                               | Maturity date                            |  |  |
| Principal occupation / Job title (See   |  | Employer (See Instructions)                   |  |  |  |
| Description of Collateral   |  | Check if personal fun<br>account (See Instruc | nds were deposited into political tions) |  |  |
| GUARANTOR Name of gua<br>INFORMATION  | rantor                                       |   | Amount Guaranteed (\$)                   |  |  |
| Guarantor a   | ddress; City;                                | State; Zip Code                               |  |  |  |
| Principal Occupation (See Instructions)  Employer (See Instructions)  |  |   |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |  |  |  |

## LOANS SCHEDULE E

| If the requested information is not applicable, DO NOT include this page in the report.   |                                |                                       |  |  |  |
|---|--------------------------------|---------------------------------------|--|--|--|
| The Instruction Guide explains how to comp  | 1 Total pages Schedule E:      |                                       |  |  |  |
| 2 FILER NAME  |                                | 3 Filer ID (Ethics Commission Filers) |  |  |  |
| Rehe Clachambauit   |                                |                                       |  |  |  |
| 4 TOTAL OF UNITEMIZED LOANS   |                                | \$                                    |  |  |  |
| 5 Date of loan 7 Name of lender out-of-state  | PAC (ID#:)                     | 9 Loan Amount (\$)                    |  |  |  |
| 4/30/21 Rene archamba   | wit                            | <b>41,000.</b> 000                    |  |  |  |
| 6 Is lender a financial 8 Lender address; City;   | State; Zip Code                | 10 Interest rate                      |  |  |  |
| Institution? 11542 La Carttera  | Tail                           |                                       |  |  |  |
| Y N Frisco, TX 75033  |                                | 11 Maturity date                      |  |  |  |
| 12 Principal occupation / Job title (See Instructions)  | 13 Employer (See Instructions) |                                       |  |  |  |
| The first occupation is one time (cost memoritor)   |                                |                                       |  |  |  |
| 14 Description of Collateral  | 15                             |                                       |  |  |  |
| 14 Description of Conateral   |                                | ds were deposited into political      |  |  |  |
| none  | account (See Instruc           | tions)                                |  |  |  |
| 16 GUARANTOR INFORMATION 17 Name of guarantor   |                                | 19 Amount Guaranteed (\$)             |  |  |  |
| 18 Guarantor address; City;   | State; Zip Code                |                                       |  |  |  |
| 16 Guarantor address, City,   | State, Zip Code                |                                       |  |  |  |
| not applicable  |                                |                                       |  |  |  |
| 20 Principal Occupation (See Instructions)  | 21 Employer (See Instructions) |                                       |  |  |  |
| Date of loan Name of lender □ out-of-state  | PAC (ID#:)                     | Loan Amount (\$)                      |  |  |  |
| Nume of lender Sur-of-state   | 3 PAC (IU#)                    |                                       |  |  |  |
|   |                                |                                       |  |  |  |
| Is lender Lender address; City; a financial   | State; Zip Code                | Interest rate                         |  |  |  |
| Institution?  |                                | Maturity date                         |  |  |  |
| Y N   |                                |                                       |  |  |  |
| Principal occupation / Job title (See Instructions)   | Employer (See Instructions)    |                                       |  |  |  |
| Description of Collateral   | Check if personal fun          | ds were deposited into political      |  |  |  |
| none  | account (See Instruc           |                                       |  |  |  |
| GUARANTOR Name of guarantor INFORMATION   |                                | Amount Guaranteed (\$)                |  |  |  |
| Guarantor address; City;  | State; Zip Code                |                                       |  |  |  |
|   |                                |                                       |  |  |  |
| not applicable  |                                |                                       |  |  |  |
| Principal Occupation (See Instructions)   | Employer (See Instructions)    |                                       |  |  |  |
|   |                                |                                       |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                |                                       |  |  |  |

#### 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 Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME acchambault 4 Date 5 Payee name Communications 6 Amount (\$) 4805 Wood New Ave. Austin, TX 78756 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Advertising PURPOSE Advertising Expirse OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 4125 Facebook City; State: Zip Code Amount (\$) Horden way Men lo Park, CA 94025 **PURPOSE** duestiling EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 4/17 Amount (\$) City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** event Expense tend OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |                     |   |  |
|--|---|---------------------|---|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office Ov<br>Food/Beverage Expense Polling E<br>Gift/Awards/Memorials Expense Printing B |                     | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |  |
| ClearCardyment   | The Instruction Guide explains how to   | complete this form. |   |  |
| 1 Total pages Schedule F1:   | 2 FILER NAME<br>Vene archambai  | 11+                 | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date 4/28  | 5 Payee name<br>Premiere Political  | Communica           | ations  |  |
| 6 Amount (\$)  | 7 Payee address;  | City;               | State; Zip Code   |  |
| \$1000   | 4805 Woodnew A  | ie Austi            | n 17x 78756   |  |
| 8  | (a) Category (See Categories listed at the top of this schedule)                              | (b) Description     |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Expense   | Adver-              | からって  |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                                    | Check if Aust       | in, TX, officeholder living expense   |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought       | Office held   |  |
| Date   | Payee name  |                     |   |  |
| 4130   | Aldi  |                     |   |  |
| Amount (\$)  | Payee address;  | City;               | State; Zip Code   |  |
| 4148.75  | 2650 Little Elm P<br>Little Elm, Tx   | 15068               |   |  |
|  | Category (See Categories listed at the top of this schedule)                                  | Description         |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Event Expense   | Frood               |   |  |
|  | Check if travel outside of Texas. Complete Schedule T.  | Check if Aust       | in, TX, officeholder living expense   |  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought       | Office held   |  |
| Date   | Payee name  |                     |   |  |
| 4130   | Facebook  |                     |   |  |
| Amount (\$)  | Payee address;  | City;               | State; Zip Code   |  |
| 4192.51  | 1 Hacker way  | vento fa            | 14, CA 94025  |  |
|  | Category (See Categories listed at the top of this schedule)                                  | Description         |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Expense   | Adver               | hong  |  |
|  | Check if travel outside of Texas. Complete Schedule T.  | Check if Aust       | in, 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  |   |                     |   |  |

#### SCHEDULE F1

| Advertising Europee  | EXPENDITORE CATEG   |  | \$20000000000 YER 37 Nov. Mo?   |  |
|--|---|--|---|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica |   | 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) |  |
| Credit Card Payment  | The Instruction Guide explains                            | how to complete this form.   |   |  |
| 1 Total pages Schedule F1:   | 2 FILER NAME REPE asch                                    | ambault  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date 5/1   | 5 Payee name VT Ad Scrice                                 |  |   |  |
| 6 Amount (\$)  | 7 Payee address;  | City;  | State; Zip Code   |  |
| at 200 50  | Caronto , TX  | 115006   |   |  |
| 8  | (a) Category (See Categories listed at the top of this si |  |   |  |
| PURPOSE<br>OF  | Adertising Expose   | - Advert   | Sin   |  |
| EXPENDITURE  | 0 1   |  | 0   |  |
|  | (c) Check if travel outside of Texas. Complete Sch        | nedule T. Check if Austin  | n, TX, officeholder living expense  |  |
| 9 Complete ONLY if direct expenditure to benefit C/OF  | Candidate / Officeholder name                             | Office sought  | Office held   |  |
| Date   | Payee name  |  |   |  |
| 5/1  | Premere Politie   | al Comm  | unications  |  |
| Amount (\$)  | Payee address;  | City;  | State; Zip Code   |  |
| 9131.38  | 4 gos Woodnew,  | Ave Austin   | n. X 78756  |  |
|  | Category (See Categories listed at the top of this sol    | hedule) Description  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Expen   | u Adver  | 4 sing  |  |
|  | Check if travel outside of Texas. Complete Sch            | nedule T. Check if Austir  | n, TX, officeholder living expense  |  |
| Complete ONLY if direct expenditure to benefit C/Oh  | Candidate / Officeholder name                             | Office sought  | Office held   |  |
| Date   | Payee name  |  |   |  |
| S/   | 000   | real (onn  | nications   |  |
| Amount (\$)  | Payee address:  | City;  | State; Zip Code   |  |
| 41 15  |   | 0  | 2.0 0000  |  |
| 9/59, 12   | 480 S Woodnew   | Ave. Ausi  | 17 78756  |  |
|  | Category (See Categories listed at the top of this sol    | hedule) Description  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Exper   | se Adver-  | hising  |  |
|  | Check if travel outside of Texas. Complete Sch            | nedule T. Check if Austin  | n, 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  |   |  |   |  |

### SCHEDULE F1

|  | EXPENDITURE CATEGORIES   | FOR BOX 8(a)        |   |
|--|--|---------------------|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politics | Fees Office Or Food/Beverage Expense Polling E Printing I        |                     | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| Credit Card Payment  | The Instruction Guide explains how to                            | complete this form. |   |
| 1 Total pages Schedule F1:   | 2 FILER NAME RENE archant  | sault               | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5/1   | 5 Payee name Politica  |                     | wrications  |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State; Zip Code   |
| \$100.00   | 4805 Woodnew A   | ve. Avo             | mg, TX 78756  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Expense  | Adver               | rtising   |
|  | (c) Check if travel outside of Texas, Complete Schedule T.       | Check if Aust       | in, TX, officeholder living expense   |
| 9 Complete ONLY if direct expenditure to benefit C/Oh  | Candidate / Officeholder name                                    | Office sought       | Office held   |
| Date   | Payee name   |                     |   |
| 5/6  | Fred Lusk  |                     |   |
| Amount (\$)  | Payee address;   | City;               | State; Zip Code   |
| 4276.95  | 9912 Malloy D  | . Frise             | 0, TX 75035   |
|  | Category (See Categories listed at the top of this schedule)     | Description         |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Expense  | Syn i               | reladoution   |
|  | Check if travel outside of Texas, Complete Schedule T,           | Check if Aust       | in, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/Oh  | Candidate / Officeholder name                                    | Office sought       | Office held   |
| Date   | Payee name   |                     |   |
| 516  | Valentine Direct   | Marketin            | 4   |
| Amount (\$)  | Payee address;   | City;               | State; Zip Code   |
| \$2,937.77   | 2344 Farrington St.  | Dallas              | TX 75207  |
|  | Category (See Categories listed at the top of this schedule)     | Description         |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Expense  | Adver-              | tising  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust       | in, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate / Officeholder name                                    | Office sought       | Office held   |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | S SCHEDULE AS NE    | EDED  |
|  |  |                     |   |

## SCHEDULE F1

|  |                  | EXPENDITURE CA                              | TEGORIES F   | OR BOX 8(a)   |                          |                       |
|--|------------------|---|--|---|--------------------------|-----------------------|
| Accounting/Banking Fees Office Ove Consulting Expense Food/Beverage Expense Polling Expense Forthbutions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Printi |                  | Office Overl<br>Polling Exp<br>Printing Exp |  | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |                          |                       |
| Credit Card Payment  | т                | he Instruction Guide exp                    | lains how to co  | emplete this form.  |                          |                       |
| 1 Total pages Schedule F1:   | 2 FILER NAME     | Rene a                                      | rchank   | pault   | 3 Filer ID (Ethi         | cs Commission Filers) |
| 4 Date 5/12  | 5 Payee name     | s Johns,                                    | LLC  |   |                          |                       |
| 6 Amount (\$)  | 7 Payee address  | ;<br>;                                      | A THE CONTRACTOR OF THE CONTRA | City;   | State;                   | Zip Code              |
| 4255. 74   | 900              | Parker S                                    | quare  | # 2SOT  | Flover                   | Mandit                |
| 8  | (a) Category (Se | e Categories listed at the top of           | f this schedule)   | (b) Description   | -11.000                  | 12200                 |
| PURPOSE<br>OF<br>EXPENDITURE   | Event            | Expense                                     | _  | Supplies  | >                        |                       |
|  | (c) Chec         | k if travel outside of Texas, Compl         | ete Schedule T.  | Check if Austi  | n, TX, officeholder livi | ng expense            |
| 9 Complete ONLY if direct expenditure to benefit C/OF  |                  | Officeholder name                           |  | Office sought   |                          | Office held           |
| Date   | Payee name       |   |  |   |                          |                       |
| 5/12   | Fuzz             | y's   |  |   |                          |                       |
| Amount (\$)  | Payee addres     | 38;   |  | City;   | State;                   | Zip Code              |
| 4713.75  | 2579             | 5 Main                                      | Street   | + Frisca  | ), TX -                  | 75035                 |
| AND THE RESERVE THE PARTY OF TH | Category (See    | Categories listed at the top of             | this schedule)   | Description   |                          |                       |
| PURPOSE<br>OF<br>EXPENDITURE   | Event            | Experie                                     | e  | 700d  |                          |                       |
|  | Chec             | k if travel outside of Texas. Compl         | ete Schedule T.  | Check if Austi  | n, TX, officeholder livi | ng expense            |
| Complete ONLY if direct expenditure to benefit C/OF  |                  | Officeholder name                           |  | Office sought   |                          | Office held           |
| Date   | Payee name       |   |  |   |                          |                       |
| 5/13   | FUZZ             | 415   |  |   |                          |                       |
| Amount (\$)  | Payee addres     | ss;   |  | City;   | State;                   | Zip Code              |
| 593.45   | 2575             | > Maun                                      | St reet  | Frisch  | XT,6                     | 75035                 |
|  | Category (See    | Categories listed at the top of             | this schedule)   | Description   | 100                      |                       |
| PURPOSE<br>OF<br>EXPENDITURE   | Event            | Expense                                     | -  | 900d  |                          |                       |
|  | Chec             | k if travel outside of Texas. Compl         | ete Schedule T.  | Check if Austi  | n, TX, officeholder livi | ng expense            |
| Complete ONLY if direct expenditure to benefit C/OF  |                  | Officeholder name                           |  | Office sought   |                          | Office held           |
| MULLI VI. H. SAIDS VI  | ΔΤΤΔΟ            | HADDITIONAL COP                             | IES OF THIS S  | CHEDULE AS NEE  | DED                      |                       |

## SCHEDULE F1

|   | EXPENDITURE CATEG  | ORIES FOR BOX 8(a)   |   |
|---|--|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Politica |  | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>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) |
| Credit Card Payment   | The Instruction Guide explains                           | how to complete this form.   |   |
| 1 Total pages Schedule F1:  | 2 FILER NAME RENE and                                    | nambault   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5/14   | 5 Payee name<br>Walmart                                  |  | •   |
| 6 Amount (\$)   | 7 Payee address;   | City;  | State; Zip Code   |
| 4389.16   | 12220 FM 423   | > Frisco, -  | tx 75033  |
| 8   | (a) Category (See Categories listed at the top of this s | chedule) (b) Description   |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Event Expense  | Food/  | Beverage Expense  |
|   | (c) Check if travel outside of Texas. Complete Sci       | hedule T. Check if Aust  | in, TX, officeholder living expense   |
| 9 Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name                            | Office sought  | Office held   |
| Date  | Payee name   |  |   |
| 5/12  | FUZZY'S  |  |   |
| Amount (\$)   | Payee address;   | City;  | State; Zip Code   |
| 99.18   | 2575 Main St   | reet Frisce  | ), TA 75035   |
|   | Category (See Categories listed at the top of this so    | hedule) Description  |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Event Expense  | Food   |   |
|   | Check if travel outside of Texas, Complete Sci           | hedule T. Check if Aust  | in, 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   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this so    | hedule) Description  |   |
|   | Check if travel outside of Texas, Complete Sch           | hedule T. Check if Aust  | in, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name                            | Office sought  | Office held   |
| Anne A Million (IAA) — Caarl III (A—SVIII— 11 IAA) — Steel  | ATTACH ADDITIONAL COPIES                                 | OF THIS SCHEDUL E AS NE  | FDFD  |