

# 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) <b>LOCAL ELEC</b>	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MRS</b></div> <div>FIRST <b>RENEE</b></div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>SAMPLE</b></div> <div>SUFFIX</div> </div>		<div style="text-align: center; border: 1px solid black; padding: 2px;"><b>OFFICE USE ONLY</b></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received  <b>4/3/25</b> </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <b>1378 TRAIL VIEW LN FRISCO TX 75034</b></div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>(214 )</b></div> <div>PHONE NUMBER <b>298-3336</b></div> <div>EXTENSION</div> </div>		<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked <b>4/3/25</b> </div>								
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MRS</b></div> <div>FIRST <b>LAXMI</b></div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>TUMMALA</b></div> <div>SUFFIX</div> </div>		<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Receipt #      Amount \$   </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed <b>4/3/25</b> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged <b>4/3/25</b> </div>								
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <b>14708 Harmony Lane, Frisco, TX 75035</b></div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>(972 )</b></div> <div>PHONE NUMBER <b>989-7815</b></div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  <b>01 / 27 / 25</b> </div> <div>THROUGH</div> <div> Month      Day      Year  <b>03 / 24 / 25</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  <b>05 / 03 / 25</b> </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>FRISCO ISD BOARD OF TRUSTEES</b>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

**GO TO PAGE 2**

## SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

RENEE SAMPLE

20 Filer ID (Ethics Commission Filers)

LOCAL ELEC

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20532.61
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10188.24
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	\$

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
RENEE SAMPLE

16 Filer ID (Ethics Commission Filers)  
LOCAL ELEC

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)	\$ 20532.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10188.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10344.37
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.

*Renee Sample*  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Renee Sample this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

Michelle Arellano Michelle Arellano Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(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)

# 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: 27
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/5/2025	5 Full name of contributor out-of-state PAC (ID#: Jonita White 6 Contributor address; City; State; Zip Code 16307 Barton Creek Lane, Frisco, TX, 75033	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/2025	Full name of contributor out-of-state PAC (ID#: James Collins Contributor address; City; State; Zip Code 4320 Arbor Hollow Drive, Frisco, TX, 75033	Amount of contribution (\$) 1041.44
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2025	Full name of contributor out-of-state PAC (ID#: Tina Russell-Brown Contributor address; City; State; Zip Code 204 Pine Grove Court, Baden, PA, 15005	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2025	Full name of contributor out-of-state PAC (ID#: Nikki Mouton Contributor address; City; State; Zip Code 3049 Aberdeen Drive, The Colony, TX, 75056	Amount of contribution (\$) 52.37
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/5/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Cordelia Tullous 6 Contributor address; City; State; Zip Code 704 Murl Drive, Irving, TX, 75062	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/2025	Full name of contributor out-of-state PAC (ID#: _____) Cindy Hons Contributor address; City; State; Zip Code 7145 Yellowstone Drive, Frisco, TX, 75033	Amount of contribution (\$) 520.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2025	Full name of contributor out-of-state PAC (ID#: _____) Sree Majji Contributor address; City; State; Zip Code 7070 Saint Phils Street, Frisco, TX, 75035	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/2025	Full name of contributor out-of-state PAC (ID#: _____) Sadaf Haq Contributor address; City; State; Zip Code 12167 Toscana Way, Frisco, TX, 75035	Amount of contribution (\$) 250.00
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/6/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Chris Eure 6 Contributor address; City; State; Zip Code 7108 Plantation Lane, Rockville, MD, 20852	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/6/2025	Full name of contributor out-of-state PAC (ID#: _____) Monigo Saygbay Hallie Contributor address; City; State; Zip Code 12489 Salt Grass Lane, FRISCO, TX, 75035	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/2025	Full name of contributor out-of-state PAC (ID#: _____) Susan Kaeufer Contributor address; City; State; Zip Code 4503 Munira Dr, Frisco, TX, 75035	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/2025	Full name of contributor out-of-state PAC (ID#: _____) Tuere Williams Contributor address; City; State; Zip Code 11398 Snyder Dr., Frisco, TX, 75035	Amount of contribution (\$) 260.59
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/7/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Cheryl Bass 6 Contributor address; City; State; Zip Code 2711 Sierra Morado Dr, Lewisville, TX, 75067	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/9/2025	Full name of contributor out-of-state PAC (ID#: _____) Shannon McKemie Contributor address; City; State; Zip Code 11005 BLUE BAY DR, FRISCO, TX, 75035-8524	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/2025	Full name of contributor out-of-state PAC (ID#: _____) Lisa James Contributor address; City; State; Zip Code 5547 Brookhill Lane, Frisco, TX, 75034	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Laura Hicks Contributor address; City; State; Zip Code 11409 Foxwoods Drive, Oak Lawn, IL, 60453	Amount of contribution (\$) 104.42
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/11/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Marilee Hayden 6 Contributor address; City; State; Zip Code 8574 Gerbera Daisy Rd, Frisco, TX, 75035	7 Amount of contribution (\$) 520.87
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Sena Naas Contributor address; City; State; Zip Code 7878 Armor Lane, Frisco, TX, 75035	Amount of contribution (\$) 99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Natasha Harris Contributor address; City; State; Zip Code 479 Clearbranch Drive, Lancaster, TX, 75146	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Wendy Alsop Contributor address; City; State; Zip Code 6061 Havenview Dr, Mechanicsville, VA, 23111	Amount of contribution (\$) 250.00
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/14/2025	5 Full name of contributor Melissa Johnson out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 4465 Lake Breeze Drive, McKinney, TX, 75071	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/14/2025	Full name of contributor Betty Williams out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1517 Brewster Drive, Carrollton, TX, 75010	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/2025	Full name of contributor Ericka Daniels out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6213 Rocca Valle Drive, McKinney, TX, 75071	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/2025	Full name of contributor Padmaja Yenugula out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7070 Saint Phils Street, Frisco, TX, 75035	Amount of contribution (\$) 200.00
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jaysson Brooks 6 Contributor address; City; State; Zip Code 6039 Club Oaks Drive, Dallas, TX, 75248	7 Amount of contribution (\$) 260.59
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16/2025	Full name of contributor out-of-state PAC (ID#: _____) CONNIE ZEIGLER Contributor address; City; State; Zip Code 700 Sunbury Lane, Prosper, TX, 75078	Amount of contribution (\$) 208.54
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Oliver Sims III Contributor address; City; State; Zip Code 1440 Carrollton Parkway, Carrollton, TX, 75010	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Krystal Ellis-Kendrick Contributor address; City; State; Zip Code PO Box 1680, Prosper, CA, 75078	Amount of contribution (\$) 75.00
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Ty Beasley 6 Contributor address; City; State; Zip Code 4221 Tranquility Ln, Prosper, TX 75078	7 Amount of contribution (\$) 26.34
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Mark Williams Contributor address; City; State; Zip Code 6873 Massa Lane, Frisco, TX 75034	Amount of contribution (\$) 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Dean Jones Contributor address; City; State; Zip Code 7648 Silverbrook Lane, Frisco, TX 75036	Amount of contribution (\$) 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Robin Bennette Contributor address; City; State; Zip Code 5485 Hidden Creek Lane, Frisco, TX 75036	Amount of contribution (\$) 150.00
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Gwendolyn Wittenbrook 6 Contributor address; City; State; Zip Code 8708 Bluffcreek Lane, Plano, TX, 75024	7 Amount of contribution (\$) 52.37
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Achu Contributor address; City; State; Zip Code 2305 South Custer Road #2805, McKinney, TX, 75072	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Emily Harris Contributor address; City; State; Zip Code 6451 Stallion Ranch Road, Frisco, TX, 75036	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Dewey Minor Contributor address; City; State; Zip Code 3110 Winston Dr., Highland Village, TX, 75077	Amount of contribution (\$) 20.00
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/18/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Katrina Watland 6 Contributor address; City; State; Zip Code 1242 Timber Ln, Frisco, 75036	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Christy Walker Contributor address; City; State; Zip Code 3377 Hartford Lane, Frisco, TX 75033	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Kent & Lisa Montgomery Contributor address; City; State; Zip Code 7808 Secluded Avenue, Plano, TX 75024	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Lynnette Huggard Contributor address; City; State; Zip Code 5015 Twilight Drive, Frisco, TX 75035	Amount of contribution (\$) 104.42
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/20/2025	5 Full name of contributor out-of-state PAC (ID#: Marie Osborne 6 Contributor address; City; State; Zip Code 7136 Saint Augustine Drive, Frisco, TX 75033	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/2025	Full name of contributor out-of-state PAC (ID#: Gwen Sanders Contributor address; City; State; Zip Code 2131 Broken Bend Lane, Frisco, TX 75036	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/2025	Full name of contributor out-of-state PAC (ID#: William Langford Contributor address; City; State; Zip Code 4171 Fairbanks Drive, Frisco, TX 75033	Amount of contribution (\$) 520.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/2025	Full name of contributor out-of-state PAC (ID#: Craig Martin Contributor address; City; State; Zip Code 3208 SPRING GROVE DR, Plano, TX 75025	Amount of contribution (\$) 52.37
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/23/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Tonya Holt 6 Contributor address; City; State; Zip Code 4200 Marshall Ct, Plano, TX 75093	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Lori Smith Contributor address; City; State; Zip Code 8108 Tramore, The Colony, TX 75056	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Dwana Frank Contributor address; City; State; Zip Code 4969 Buena Vista Dr., Frisco, TX 75034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Nikki Sumrow Contributor address; City; State; Zip Code 10880 Cardiff Lane, Frisco, TX 75035	Amount of contribution (\$) 104.42
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Buddy Minett 6 Contributor address; City; State; Zip Code 8548 Scott Circle, Frisco, TX 75034	7 Amount of contribution (\$) 520.87
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Cleveland Contributor address; City; State; Zip Code 14080 Red Wood Circle South, Frisco, TX 75071	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Ivy Sun Contributor address; City; State; Zip Code 11241 Luckenbach Drive, Frisco, TX 75035	Amount of contribution (\$) 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Karen Cunningham Contributor address; City; State; Zip Code 13309 Duesenberg Drive, Frisco, TX 75033	Amount of contribution (\$) 208.54
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/1/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Loretta Calhoun 6 Contributor address; City; State; Zip Code 1255 Whispering Oaks Drive, DeSoto, TX 75115	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor out-of-state PAC (ID#: _____) Erika Calhoun Contributor address; City; State; Zip Code 15644 Appaloosa Drive, Frisco, TX 75035	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2025	Full name of contributor out-of-state PAC (ID#: _____) Marva Barbour Contributor address; City; State; Zip Code 4326 Constitution Dr, Frisco, TX 75034-6300	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2025	Full name of contributor out-of-state PAC (ID#: _____) Cordelia Tullous Contributor address; City; State; Zip Code 704 Murl Drive, Irving, TX 75062	Amount of contribution (\$) 100.00
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/6/2025	5 Full name of contributor Karen Willis out-of-state PAC (ID#: 6 Contributor address; 6001 Hackberry Court, Frisco, TX 75034 City; State; Zip Code	7 Amount of contribution (\$) 52.37
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7/2025	Full name of contributor Angela Chapman out-of-state PAC (ID#: Contributor address; 4313 Indian Creek Lane, Frisco, TX 75033-0146 City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2025	Full name of contributor DeJuan Williams out-of-state PAC (ID#: Contributor address; 1396 Sunland Park Dr., Frisco, TX 75033 City; State; Zip Code	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2025	Full name of contributor Lisa Kirby out-of-state PAC (ID#: Contributor address; 11154 Yorkshire Lane, Frisco, TX 75033 City; State; Zip Code	Amount of contribution (\$) 104.42
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:
2 FILER NAME <b>RENEE SAMPLE</b>		3 Filer ID (Ethics Commission Filers) <b>LOCAL ELEC</b>
4 Date <b>2/5/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Cordelia Tullous</b> ..... 6 Contributor address; City; State; Zip Code <b>704 Murl Drive, Irving, TX, 75062</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/5/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cindy Hons</b> ..... Contributor address; City; State; Zip Code <b>7145 Yellowstone Drive, Frisco, TX, 75033</b>	Amount of contribution (\$)  <b>520.87</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/5/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sree Majji</b> ..... Contributor address; City; State; Zip Code <b>7070 Saint Phils Street, Frisco, TX, 75035</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/6/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sadaf Haq</b> ..... Contributor address; City; State; Zip Code <b>12167 Toscana Way, Frisco, TX, 75035</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/7/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Angela Raybon 6 Contributor address; City; State; Zip Code 11087 Stonewyck Lane, Frisco, TX 75033	7 Amount of contribution (\$) 104.42
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7/2025	Full name of contributor out-of-state PAC (ID#: _____) Keith Wright Contributor address; City; State; Zip Code 2187 Dampton Drive, Frisco, TX 75033	Amount of contribution (\$) 520.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2025	Full name of contributor out-of-state PAC (ID#: _____) Kelly Poarch Contributor address; City; State; Zip Code 2519 BRENTWOOD DR, FRISCO, TX 75034	Amount of contribution (\$) 208.54
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2025	Full name of contributor out-of-state PAC (ID#: _____) Arthur Ballard Jr Contributor address; City; State; Zip Code 7727 Oak Point Drive, Frisco, TX 75034	Amount of contribution (\$) 100.00
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/9/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Misha Dawson 6 Contributor address; City; State; Zip Code 204 City View Ct, Cedar Hill, TX 75104	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Courtney Mapps Contributor address; City; State; Zip Code 15197 Brooks Lane, Frisco, TX 75035	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Tayo Osiyemi Contributor address; City; State; Zip Code 1549 J Place, Plano, TX 75074	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Ken Tysell Contributor address; City; State; Zip Code 1213 Gladewater Drive, Frisco, TX 75033	Amount of contribution (\$) 1000.00
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:
2 FILER NAME <b>RENEE SAMPLE</b>		3 Filer ID (Ethics Commission Filers) <b>LOCAL ELEC</b>
4 Date <b>3/11/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DeJuan Williams</b> 6 Contributor address; City; State; Zip Code <b>1396 Sunland Park Dr., Frisco, TX 75033</b>	7 Amount of contribution (\$)  <b>520.87</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/11/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Delores Laster</b> Contributor address; City; State; Zip Code <b>13507 Clifton Drive, Frisco, TX 75035</b>	Amount of contribution (\$)  <b>100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/12/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Charron Simmons</b> Contributor address; City; State; Zip Code <b>213 Westleigh Court, Wentzville, MO 63385</b>	Amount of contribution (\$)  <b>260.59</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/12/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Pamela Stephens</b> Contributor address; City; State; Zip Code <b>8496 Stone River Drive, Frisco, TX 75034</b>	Amount of contribution (\$)  <b>104.42</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Dawn Johnson 6 Contributor address; City; State; Zip Code 2825 Oak Lawn Avenue, Dallas, TX 75219	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Wendy Coulstock Contributor address; City; State; Zip Code 1353 Trail View Ln, Frisco, TX 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Mark Malveaux Contributor address; City; State; Zip Code 6138 Desco Dr, Dallas, TX 75225-1903	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Kent & Lisa Montgomery Contributor address; City; State; Zip Code 7816 Secluded Avenue, Plano, TX 75024	Amount of contribution (\$) 500.00
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:
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/15/2025	5 Full name of contributor out-of-state PAC (ID#: Naima Laird 6 Contributor address; City; State; Zip Code 5995 Gordon Street, Apt. 1206, Frisco, TX 75034	7 Amount of contribution (\$) 104.42
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/14/2025	Full name of contributor out-of-state PAC (ID#: Mark Williams Contributor address; City; State; Zip Code 6873 Massa Lane, Frisco, TX 75034	Amount of contribution (\$) 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/2025	Full name of contributor out-of-state PAC (ID#: Keith & Tomeka Herod Contributor address; City; State; Zip Code 805 Melinda Drive, Allen, TX 75002	Amount of contribution (\$) 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/2025	Full name of contributor out-of-state PAC (ID#: Erica Thompson Contributor address; City; State; Zip Code 5061 Kiowa Dr, Frisco, TX 75034	Amount of contribution (\$) 250.00
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: 7	2 FILER NAME RENEE SAMPLE	3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/21/2025	5 Payee name Hope Floats Creative	
6 Amount (\$) 610.00	7 Payee address; City; State; Zip Code PO Box 140533, Gainesville, FL 32614 Other	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Graphics
	(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 3/18/2025	Payee name Micropix Media LLC.	
Amount (\$) 545.58	Payee address; City; State; Zip Code 2521 Brown Blvd, Arlington, TX 76006	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description 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
Date 03/11/2025	Payee name Micropix Media LLC.	
Amount (\$) 1,158.28	Payee address; City; State; Zip Code 2521 Brown Blvd, Arlington, TX 76006	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description T-shirts, Badges
	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 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  
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:	2 FILER NAME RENEE SAMPLE	3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/27/2025	5 Payee name First Graphic Services	
6 Amount (\$) 730.69	7 Payee address; City; State; Zip Code 229 Garvon St, Garland, TX 75040	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs, Cards
	(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 2/18/2025	Payee name GoDaddy	
Amount (\$) 80.50	Payee address; City; State; Zip Code 2155 E GoDaddy Way, Tempe, AZ 85284	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description WebHosting
	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 3/24/2025	Payee name JG Media dba Community Impact	
Amount (\$) 300.00	Payee address; City; State; Zip Code PO Box 224423, Dallas, TX 75222-4423	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Advertising
	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 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  
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:	2 FILER NAME RENEE SAMPLE	3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/27/2025	5 Payee name First Graphic Services	
6 Amount (\$) 730.69	7 Payee address; City; State; Zip Code 229 Garvon St, Garland, TX 75040	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Signs, Cards
	(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 3/24/2025	Payee name JG Media dba Community Impact	
Amount (\$) 300.00	Payee address; City; State; Zip Code PO Box 224423, Dallas, TX 75222-4423	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	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 2/18/2025	Payee name GoDaddy.com	
Amount (\$) 80.50	Payee address; City; State; Zip Code 2155 E GoDaddy Way, Tempe, AZ 85284.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Web Hosting
	<input checked="" type="checkbox"/> 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 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  
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:	2 FILER NAME RENEE SAMPLE	3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/3/2025	5 Payee name WIX.com	
6 Amount (\$) 38.97	7 Payee address; City; State; Zip Code 100 Gansevoort Street, New York, NY 10014	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Domain Fee
	(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 2/26/2025	Payee name FEDEX	
Amount (\$) 308.49	Payee address; City; State; Zip Code 8290 State Highway 121, Frisco, TX 75034	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Banners
	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 2/18/2025	Payee name Ground Floor Group	
Amount (\$) 325.00	Payee address; City; State; Zip Code 912 Robin Rd, Celina, TX 75009	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description website
	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



# 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:	2 FILER NAME RENEE SAMPLE	3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/10/2025	5 Payee name FlashBrush Production	
6 Amount (\$) 174.75	7 Payee address; City; State; Zip Code 535 W Airport Fwy, Ste 106, Irving, TX 75062	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Video
	(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 3/17/2025	Payee name FlashBrush Production	
Amount (\$) 424.74	Payee address; City; State; Zip Code 535 W Airport Fwy, Ste 106, Irving, TX 75062	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Booth and Video
	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 2/5/2025	Payee name Ground Floor Group	
Amount (\$) 200.00	Payee address; City; State; Zip Code 912 Robin Rd, Celina, TX 75009	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description website
	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		

# 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:	2 FILER NAME RENEE SAMPLE	3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 2/18/2025	5 Payee name EARNEST MORGAN	
6 Amount (\$) 1400.00	7 Payee address; City; State; Zip Code 6065 Sports Village Rd ste 800, Frisco, TX 75033	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	(b) Description Kickoff Event
	(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 3/11/2025	Payee name EARNEST MORGAN	
Amount (\$) 400.00	Payee address; City; State; Zip Code 6065 Sports Village Rd ste 800, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description Kickoff Event
	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 3/10/2025	Payee name Fred Lusk	
Amount (\$) 426.66	Payee address; City; State; Zip Code 9912 Mallory Dr., Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign Install
	<input checked="" type="checkbox"/> 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

# 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:	2 FILER NAME RENEE SAMPLE	3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 3/3/2025	5 Payee name STAPLES	
6 Amount (\$) 28.15	7 Payee address; City; State; Zip Code 3333 Preston Rd, Frisco, TX 75034	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Display
	(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	Payee name	
Amount (\$)	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 ONLY 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 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED