CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST RENEE	ML	OFFICE USE ONLY
NAME	NICKNAME	SAMPLE	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #: (VIEW LANE, FRIS	CITY; STATE; ZIP CODE SCO, TX 75034	4125125
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	298-3336	EXTENSION	Date Han I-delivered or Date Postmarked 4 25 25
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST LAXMI	МІ	Date Processed 2
NAME	NICKNAME	LAST	SUFFIX	4125125
		TUMMALA	GGITIX	Date Imaged 28 25
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	14708 HAR	MONY LANE, FRIS	SCO, TX 75035	
2000 3 (10 to 10 t				
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER	070	000 7015		
PHONE	(972)	989-7815		
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	1		TUROUGU 4	/ 23 / 25
	3	/ 25 / 25	THROUGH	20 / 20
11 ELECTION	Month Day 5 / 3	Year Primary 25 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if known	1
12 011102			그리고 있다면 하는 그 이 이 아이를 하는데 되었다면 하는데 되었다면 하는데	ARD OF TRUSTEES
			1111000 100 007	THOSTELS
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
00	COMMITTEE TYPE	COMMITTEE NAME		
	_			
Additional Dage	GENERAL	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TRE	ASTIDED NAME	
	SPECIFIC			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME RENEE SAMPLE			16 Filer ID (Ethics Commission LOCAL ELEC	Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECT			74.04
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$ 760	61.52
	4. TOTAL POLITICAL EXPEND	ITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS C G PERIOD	F THE \$	
	wear, or affirm, under penalty of perjury, uired to be reported by me under Title 15, 8		e and correct and includes all in	formation
,,,,,,,	AREL PUOL TO Please comp	Rense S	Sample	
MILL E	AREITH		andidate or Officeholder	
III. ELL	PUNT		and an emechanic	
2 X X X	1 8/1 2 1			
1 2/9 -	1 C 10 E			
[≥] ```	S E			
= \S	Please comp	lete either option belov	v:	
	OF ASS	note cities option below	••	
The state of the s	313112000			
The state of the s	09-25-2 mill			
***************************************	Military Comments			
(1) Affidavit				
(1) Affidavit				
NOTARY STAMP/SEA	•	2		
0	before me by Rewel Say	100	OSUL Amail	
Sworn to and subscribed	before me by	this the	With day of April	··
20 05 , to certify	which, witness my hand and seal of office.	Avellano	Notam	
Signature of officer administe		icer administering oath	Title of officer administe	ring oath
		OR		
(2) Unsworn Declarati	on			
My name is		, and my date of birth is		•
	200 B 200 A 200 C 200 B 200 A 400 C 200 B 200 C 200 B 20		4	
98 Walliam	(street)	(city)	state) (zip code) (country	/)
Executed in	1990/2010/2019			"
Executed III	County, State of	, on the day of(mont	n) 20 (year)	
		Signature of Candi	date/Officeholder (Declarant)	_
			auto, Omocholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		mmissio	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s	5074.04
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			7661.52
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			

Reset Page

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT includ	le this page in the	report.	
The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1:		
2 FILER NAME RENEE SA	MPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC	
4 Date	Dornechia Carter)	7 Amount of contribution (\$)	
3/25/25	6 Contributor address; City; St	ate; Zip Code	700	
	4721 Star Ridge Lane, Frisco, TX 7503	4		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID#: Tracie Shipman		Amount of contribution (\$)	
3/25/25	Contributor address; City; S	tate; Zip Code	100	
	10141 Calvery Court, Frisco, TX 75035	ð.		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date)	Amount of contribution (\$)	
3/27/25	Letitia Johnson		100	
	Contributor address; City; St 6769 Trailing Oaks Drive, Frisco, TX 75	ate; Zip Code 034	100	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date)	Amount of contribution (\$)	
3/28/25	Adrian Escalante Contributor address; City; S		100	
	4401 Liam Drive, Frisco, TX 75034	tate; Zip Code	100	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	ATTACH ADDITIONAL CODIES OF T	HIS SCHEDINE AS N	EEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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SCHEDULE A1

If the reques	ted information is not applicabl	e, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME RENEE SA	MPLE			3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date	5 Full name of contributor Stacey Jackson		C (ID#:)	7 Amount of contribution (\$)
3/28/25	6 Contributor address; 2724 Cowboy Trail, Little	City;	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	iions)
Date	Full name of contributor Lynnette Huggard		C (ID#:)	Amount of contribution (\$)
3/28/25	Contributor address; 5015 Twilight Drive, Fris	City;	State; Zip Code	150.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Alvin Benton		C (ID#:)	Amount of contribution (\$)
3/29/25	Contributor address; 3074 Briarwood Lane, F	City;	State: Zip Code	208.54
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Nicole Smith	out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/29/25	Contributor address: 2728 Crown Colony Driv	city; /e, Frisco, T	State; Zip Code	52.37
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITION		OF THIS SCHEDULE AS N uction guide for additional r	

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SCHEDULE A1

If the reque	ested information is not applicab	ole, DO NOT in	clude this page in the	report.
The	e Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME RENEE SA				3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date	5 Full name of contributor Kyle Ferguson		C (ID#:)	7 Amount of contribution (\$)
3/30/25 6 Contributor address; City; State; Zip Code 2500 Dallas Parkway, Ste 600, Plano, TX 75093				250.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 3/30/25	Full name of contributor LaKeitha Truehill	out-of-state PAC		Amount of contribution (\$)
3/30/25	Contributor address; 10448 Tobias Lane, Fris	City: sco, TX 7503	State; Zip Code	208.54
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Mari Brunson		Amount of contribution (\$)	
3/30/25	Contributor address; 10113 Waterstone Way,	city;	State; Zip Code	21.13
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date A /4 /05	Full name of contributor Suresh Manduva	out-of-state PAC) (ID#:)	Amount of contribution (\$)
4/1/25	Contributor address; 11871 Barrymore Drive	city; e, Frisco, TX	State; Zip Code	260.59
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITI		OF THIS SCHEDULE AS Note that the second sec	

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SCHEDULE A1

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		to complete th	is form.	1 Total pages Schedule A1:
RENEE S				3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date	Rekha Shenoy			7 Amount of contribution (\$)
4/1/25		City;	State; Zip Code	50.00
	8216 Barrymoore Lane,	Plano, TX	75025	
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruction	ns)
Date	T 84 (0.000.000 SE) 1,000 SE	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
4/2/25	Wand Holmes			
4/2/20	- 19:00年 (19:00年) [19:00年 [19:00年] [19:004] [1		State; Zip Code	100.00
	5100 Lorraine Drive, Fri	sco, TX 750	034	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruction	ns)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
4/6/25	Mattye Jones			
	Contributor address;	City;	State; Zip Code	250.00
	1714 Windmill Hill Lane	, DeSoto, T	X 75115	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruction	ns)
Date	Full name of contributor Yemi Solomon	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
4/7/25	Contributor address;	City;	State; Zip Code	50.00
	7151 Preston Road, Fri	sco, TX 750	034	(55.25.5.
Principal occ	cupation / Job title (See Instructions)	18	Employer (See Instruction	ins)
			OF THIS SCHEDULE AS NE	
	If contributor is out-of-state PAC	, please see Inst	ruction guide for additional re-	porting requirements

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inc	lude this page in the r	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME RENEE SA	MPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date	5 Full name of contributor out-of-state PAC Felicia Layeni	(ID#:)	7 Amount of contribution (\$)
4/7/25	6 Contributor address; City; 236 Zachary Walk, Murphy, TX 7509	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Tonnett Polk	(ID#:)	Amount of contribution (\$)
4/8/25	Contributor address; City: 4109 Sweet Birch Drive, McKinney, 7	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:) Daphne Brazil		Amount of contribution (\$)
4/9/25	Contributor address; City; 21114 Surf Island Dr, Cypress, TX 77	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Carol Pope	(ID#:)	Amount of contribution (\$)
4/12/25	Contributor address; City; 3709 Harrison Street Northwest, Washington	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
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SCHEDULE A1

If the reque	sted information is not applicable, D	O NOT inc	lude this page in the	report.	
The	Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1:	
2 FILER NAME RENEE SA				3 Filer ID (Ethics Commission LOCAL ELEC	Filers)
4 Date	C. (LS) Benton			7 Amount of contribution (\$)	
4/18/25	The state of the s	City;	State; Zip Code	5	0.00
8 Principal occu	upation / Job title (See Instructions)	!	9 Employer (See Instruct	tions)	
Date	Freddie Vinson	ut-of-state PAC (Amount of contribution (\$))
4/18/25		City;	State; Zip Code	2	5.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date 418/25	Tinika Draper		ID#:)	Amount of contribution (\$)
410/25		City;	State; Zip Code 75033	5	0.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor o	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
4/18/25	Contributor address; Contribut	City;	State; Zip Code	10	4.70
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
	ATTACH ADDITIONA If contributor is out-of-state PAC, plea		F THIS SCHEDULE AS N		
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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	e report.		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME RENEE SA	MPLE	3 Filer ID (Ethics Commission Filers) LOCAL ELEC		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
4/18/25	6 Contributor address; City; State; Zip Code 4256 Ireland Dr, The Colony, TX 75056	50.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instr	uctions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
4/18/25	Contributor address; City; State; Zip Code 6213 Rocca Valle Drive, McKinney, TX 75071	50.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
418/25	Contributor address; City; State; Zip Code 2355 Lebanon Road, Frisco, TX 75034	26.41		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
4/18/25	Contributor address; City; State; Zip Code 15252 Camden Ln, Frisco, TX 75035	261.27		
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.				

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SCHEDULE A1

If the reque	ested information is not applicable, DO NOT include t	his page in the repo	ort.
Th	e Instruction Guide explains how to complete this form.	1	Total pages Schedule A1:
2 FILER NAM RENEE S		3	Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date	5 Full name of contributor out-of-state PAC (ID#: Charles Williams		Amount of contribution (\$)
4/18/25	6 Contributor address; City; State;	가 보기 보기되었다. 한번째 보기 및 전에 가게 하게 하게 하게 하다. 	100.00
	3421 Trails End Road, Aubrey, TX 76227		
8 Principal occ	cupation / Job title (See Instructions) 9 Em	ployer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#: Tuere Williams		Amount of contribution (\$)
4/18/25	Contributor address; City; State 11398 Snyder Drive, Frisco, TX 75035		250.00
Principal occ	upation / Job title (See Instructions) Em	ployer (See Instructions))
Date 410/05	Full name of contributor out-of-state PAC (ID#: LaWanna Willis		Amount of contribution (\$)
419/25	Contributor address; City; State;	SHEET STORE SHEET	25.00
	7920 Collin David South Drive, Apt 468, McKinney, TX 7	5070	
Principal occ	supation / Job title (See Instructions) Em	ployer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
4/19/25		Zip Code	250.00
	7920 Collin David South Drive, Apt 468, McKinney, TX 7	5070	
Principal occ	cupation / Job title (See Instructions) Em	ployer (See Instructions))
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see Instruction g		
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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the r	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME RENEE SA	MPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date	5 Full name of contributor out-of-state PAC Troy Johnson		7 Amount of contribution (\$)
4/19/25	6 Contributor address; City; 1729 Flowers Dr, Carrollton, TX 750	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Nico Harrison	(ID#:)	Amount of contribution (\$)
4/20/25	Contributor address; City; 6507 Pemberton Dr, DALLAS, TX 75	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Anthony Kyles	(10#:)	Amount of contribution (\$)
4/20/25	Contributor address; City; 1001 Three Rivers Drive, Prosper, T	State; Zip Code	209.08
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/20/25	Contributor address; City; 1445 Comanche Drive, Allen, TX 75		100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
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SCHEDULE A1

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The	Instruction Guide explains how to co	omplete this fo	rm.	1 Total pages Schedule A1:	
2 FILER NAME RENEE SA	MPLE			3 Filer ID (Ethics Commission LOCAL ELEC	
4 Date	Peronia Davis		#:)	7 Amount of contribution	(\$)
4/20/2025	6 Contributor address; 962 White River Drive, Alle	City;	State; Zip Code		100.00
8 Principal occu	pation / Job title (See Instructions)	9	Employer (See Instruc	l tions)	
Date	Full name of contributor of Bridget PAYNE	out-of-state PAC (ID	#)	Amount of contribution	(\$)
4/22/2025		City;	State; Zip Code	†	100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Carlson Sharpless		# :)	Amount of contribution	(\$)
4/22/2025		City;	State; Zip Code TX 75243		26.41
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	etions)	
Date	Tammie Perry		#)	Amount of contribution	(\$)
4/22/2025		City;	State; Zip Code		20.00
Principal occu	pation / Job title (See Instructions)	1300, 17, 73	Employer (See Instruc	ctions)	
	ATTACH ADDITIONA If contributor is out-of-state PAC, plea		THIS SCHEDULE AS N		
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SCHEDULE F1

Revised 1/1/2025

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

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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.

	The instruction durage explains now to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethic	ELEC
4 Date 3/28/25	5 Payee name FIRST GRAPHIC SERVICES			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
212.17	229 Garvon St, Garland, TX 75040			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	YARD SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	910,411	Office held
Date	Payee name			
3/31/25	FIRST GRAPHIC SERVICES			
Amount (\$)	Payee address;	City;	State;	Zip Code
212.17	229 Garvon St, Garland, TX 75040			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/31/25	WIX.COM			
Amount (\$)	Payee address;	City;	State;	Zip Code
38.97	100 Gansevoort Street, New York, N	Y 10014		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OTHER	DOMAIN FEE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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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.

	The instruction during explains now to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethic	s Commission Filers)
4 Date 4/1/25	5 Payee name FIRST GRAPHIC SERVICES			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
59.54	229 Garvon St, Garland, TX 75040			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	PUSH CARDS	S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder fivin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
4/1/25	JG MEDIA dba Community Impact			
Amount (\$)	Payee address;	City;	State;	Zip Code
720.00	PO Box 224423, Dallas, TX 75222-4	423		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSES	ADS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
4/4/25	FRED LUSK			
Amount (\$)	Payee address;	City;	State;	Zip Code
441.29	9912 Mallory Dr., Frisco, TX 75035			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OTHER	SIGN INSTALI	L	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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Event Expense Fccs Food/Beverage Expense Gift/Awards/Memonals 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)

Revised 1/1/2025

The Instruction Guide explains how to complete this form.

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1 Total pages Schedule F1:	2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC		
4 Date 4/7/25	5 Payee name Micropix Media LLC.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1201.94	4003 Jasmine Fox Ln, Arlington, TX 7	76005 USA			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	DOOR HANGERS & T-SHIRTS			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	eck 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			11113-2414	
4/9/25	Texas Democratic Party				
Amount (\$)	Payee address;	City;	State;	Zip Code	
755.00	314 Highland Blvd, Austin, TX 78752				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	TRANSPORTATION EQUIP	VAN ACCESS	5		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX. officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/9/25	FRISCO PRINTING & GRAPHICS C	ENTER			
Amount (\$)	Payee address;	City;	State;	Zip Code	
2571.45	8585 John Wesley Drive, Suite 200, F	Frisco, TX 7503	34		
100000000000000000000000000000000000000	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	Postcards			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

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)

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) RENEE SAMPLE LOCAL ELEC 4 Date 5 Payee name 4/10/2025 FIRST GRAPHIC SERVICES 6 Amount (\$) 7 Payee address; City; State: Zip Code 983.99 229 Garvon St, Garland TX 75040 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PRINTING EXPENSES **PURPOSE** YARD SIGNS EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date GROUND FLOOR GROUP 4/14/2025 Amount (\$) Payee address; City: State: Zip Code 912 Robin Rd, Celina, Texas 75009 325.00 Category (See Categories listed at the top of this schedule) Description OTHER WEBSITE PURPOSE

	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
4/15/2025	Hispano Hablantes TX			
Amount (\$) 100.00	Payee address; 5400 Preston N Dr, Frisco, TX 75034	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expenses	Description Contribution to F	- ood	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held

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EXPENDITURE

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SCHEDULE F1

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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/Memonals 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

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1 Total pages Schedule F1:	2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Co	
4 Date 4/23/2025	5 Payee name NAOMI ADEYEMI			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
40.00	815 W. MULBERRY STREET, APT 6,	, DENTON, TX	76201	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	CONTRACT LABOR	CONTRACT LABOR		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Off	fice held
Date	Payee name	al al		
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	Off	fice 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 Austi	in, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	O	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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