

FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Com

CS. 5

Revised 1/1/2025

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

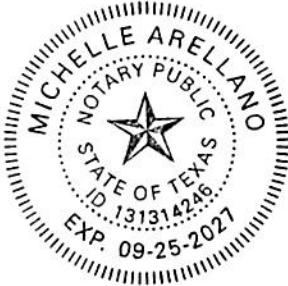
FORM C/OH
COVER SHEET PG 2

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)	\$ 4926.81
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 7903.65
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 15th day of July, 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)

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	\$ 4427.81
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 499.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7903.65
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: 5
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date 4/25/25	5 Full name of contributor out-of-state PAC (ID#: _____) Andrew Leverette 6 Contributor address; City; State; Zip Code 3570 N Hwy 67, Midlothian, TX 76065	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/25/25	Full name of contributor out-of-state PAC (ID#: _____) Winfred Parnell MD Contributor address; City; State; Zip Code 6734 Talmadge Lane, Dallas, TX 75230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/25/25	Full name of contributor out-of-state PAC (ID#: _____) Charles D Henderson Jr Contributor address; City; State; Zip Code 6554 Silver Stream Ln, Frisco, TX 75036	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/25	Full name of contributor out-of-state PAC (ID#: _____) Joanna Hiraldo Contributor address; City; State; Zip Code 1994 Countryside Dr, Frisco, TX 75036	Amount of contribution (\$) 50.00
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 4/27/25	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor Angelia Pelham</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>6 Contributor address; 11323 Lenox Lane, Frisco, TX 75033</div><div>City; State; Zip Code</div></div></div>	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/28/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Dan Jones</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>Contributor address; 4446 Laren Lane, Dallas, TX 75244</div><div>City; State; Zip Code</div></div></div>	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/30/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Keith Britton</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>Contributor address; 10106 Summit Run Drive, Frisco, TX 75035</div><div>City; State; Zip Code</div></div></div>	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/1/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Larry Lundy</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>Contributor address; P.O.Box 703736, Dallas, TX 75370</div><div>City; State; Zip Code</div></div></div>	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

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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 5/2/25	5 Full name of contributor out-of-state PAC (ID#: Randy Bowman 6 Contributor address; City; State; Zip Code 6637 Northaven Road, Dallas, TX 75230	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/2/25	Full name of contributor out-of-state PAC (ID#: Stacey Jackson Contributor address; City; State; Zip Code 2724 Cowboy Trail, Little Elm, TX 75068	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/2/25	Full name of contributor out-of-state PAC (ID#: Chip Johnson Contributor address; City; State; Zip Code P.O. BOX 192127, Dallas, TX 75219	Amount of contribution (\$) 522.23
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/2/25	Full name of contributor out-of-state PAC (ID#: Ann & Thor Anderson Contributor address; City; State; Zip Code 6613 White Oaks Ln, Frisco, TX 75035	Amount of contribution (\$) 104.70
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

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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 5/3/25	5 Full name of contributor out-of-state PAC (ID#: Anitra Warthon 6 Contributor address; City; State; Zip Code 7514 Yellowstone Drive, Frisco, TX 75033	7 Amount of contribution (\$) 1044.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/4/25	Full name of contributor out-of-state PAC (ID#: Anitra Warthon Contributor address; City; State; Zip Code 7514 Yellowstone Drive, Frisco, TX 75033	Amount of contribution (\$) 81.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/6/25	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)
Date 6/20/25	Full name of contributor out-of-state PAC (ID#: Peronia Davis Contributor address; City; State; Zip Code 962 White River Drive, Allen, TX 75013	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 6/22/25	5 Full name of contributor out-of-state PAC (ID#: Dana Burns 6 Contributor address; City; State; Zip Code 6018 Wallis Drive, Frisco, TX 75033	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 4/25/2025	5 Payee name AWARITY	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 2600 NETWORK BLVD SUITE 270, FRISCO, TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description DIGITAL ADVERTISING
	(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 4/29/25	Payee name WIX.COM	
Amount (\$) 38.97	Payee address; City; State; Zip Code 100 Gansevoort Street, New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description DOMAIN FEE
	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 5/1/25	Payee name GROUND FLOOR GROUP	
Amount (\$) 325.00	Payee address; City; State; Zip Code 912 ROBIN RD, CELINA, TX 75009	
PURPOSE OF EXPENDITURE	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 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

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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/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 5/1/25	5 Payee name SURESH MANDUVA	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 11871 BARRYMORE DR FRISCO, TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSES	(b) Description MEET & GREET
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 5/1/25	Payee name SANDY CARLISLE	
Amount (\$) 200.00	Payee address; City; State; Zip Code 8661 Santa Rosa Drive, Frisco TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description BLOCK WALKING
	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 5/2/25	Payee name MICROPIX CREATIONS	
Amount (\$) 550.99	Payee address; City; State; Zip Code 4003 Jasmine Fox Ln, Arlington, TX 76005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	Description DOOR HANGERS
	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 5/5/25	5 Payee name INFINITY CONSULTING	
6 Amount (\$) 1000.00	7 Payee address; P.O. BOX 5291, FRISCO, TX 75035	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSES	(b) Description DATA ANALYTICS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/5/2025	Payee name JAKE'S BURGERS	
Amount (\$) 1076.33	Payee address; 6195 Main St, Frisco, TX 75034	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES	Description WATCH PARTY
	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 5/5/2025	Payee name HOWARD JOSEPH	
Amount (\$) 250.00	Payee address; 500 Cunningham Dr, Arlington, TX 76002	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES	Description WATCH PARTY
	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 5/7/2025	5 Payee name VIJI PONANGI	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 14937 BEGONIA DR FRISCO, TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSES	(b) Description MEET & GREET
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 5/8/2025	Payee name RENEE SAMPLE	
Amount (\$) 220.00	Payee address; City; State; Zip Code 1378 TRAIL VIEW LANE, FRISCO, TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES	Description MEET & GREET
	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 5/12/2025	Payee name FRED LUSK	
Amount (\$) 443.13	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
	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

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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/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 5/29/2025	5 Payee name WIX.COM	
6 Amount (\$) 38.97	7 Payee address; City; State; Zip Code 100 Gansevoort Street, New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/30/2025	Payee name WIX.COM	
Amount (\$) 340.26	Payee address; City; State; Zip Code 100 Gansevoort Street, New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description PREMIUM MEMBERSHIP DOMAIN FEE
	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 6/2/2025	Payee name DANIEL HUDSON	
Amount (\$) 500.00	Payee address; City; State; Zip Code 352 Montana Trail, Murphy, TX 75094	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES	Description THANK YOU PARTY
	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

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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
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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 6/6/2025	5 Payee name RAY SHARPE	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 1003 Honey Maple St Princeton tx 75407	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSES	(b) Description WATCH PARTY
	(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		
Date 6/6/2025	Candidate / Officeholder name DANIEL HUDSON	Office held
Amount (\$) 0.00	Payee name DANIEL HUDSON	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES	Description THANK YOU PARTY
	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		
Date 6/18/2025	Candidate / Officeholder name GROUND FLOOR GROUP	Office held
Amount (\$) 325.00	Payee address; City; State; Zip Code 912 ROBIN RD, CELINA, TX 75009	
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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 E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME RENEE SAMPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 499	
5 Date 4/25/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THARA & ADITYA VARANASI 7 Contributor address; City; State; Zip Code 2600 NETWORK BLVD SUITE 270, FRISCO, TX 75035	8 Amount of Contribution \$ 499	9 In-kind contribution description Fee Discount Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Digital Advertising		11 Employer (FOR NON-JUDICIAL)(See Instructions) BUSINESS OWNER	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.