CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM C/OH COVER SHEET PG 1	
The C/OH Instruction	Gulde explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers) LOCAL	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST RENEE	MI	OFFICE USE ONLY
NAME	NICKNAME	SAMPLE	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO	L VIEW LANE, FRIS	SITY; STATE; ZIP CODE	7115/25
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 298-3336	EXTENSION	Date Hand-delivered or Pate Postmarred
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS NICKNAME	LAXMI LAST TUMMALA	MI	Date Processed 6 25 Date Imaged 16 25
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	990115000-02000-0000-0000-000	(NO PO BOX PLEASE); APT / SU MONY LANE, FRIS		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(972)	PHONE NUMBER 989-7815	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year / 24 / 25	THROUGH 6	25 Day Year
11 ELECTION	ELECTION D. Month Day 5 / 3	Year Primary 25 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (# any Frisco ISD E	Board of Trustees	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFE	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL	COMMITTEE ADDRESS		
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME RENEE SAMPLE		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	IAN	\$ 4926.81
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	IS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 7903.65
	4. TOTAL POLITICAL EXPENDITURES		\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	AST DAY	\$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is to quired to be reported by me under Title 15, Election Code.	rue and corr	rect and includes all information
MILLE A STE OF 13131	Please complete either option belo		Officeholder
(1) Affidavit			
NOTARY STAMP/SEAL Sworn to and subscribed 20 25, to certify WWW.Am	before me by Renee Sample this the which, witness my hand and seal of office. Allego Wichelle Avellano	. <u>15th</u>	day of July . Notary Title of officer administering oath
	OR		
(2) Unsworn Declaration	on		
My name is	, and my date of birth	is	
My address is		,	· · · · · · · · · · · · · · · · · · ·
•	(street) (city)	(state) (z	ip code) (country)
Executed in	County, State of, on the day of	ith)	, 20
	Signature of Cano	lidate/Officel	nolder (Declarant)
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co RENEE SAMPLE LOCAL ELE			on Filers)	
	CHEDULE SUBTOTALS AME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s	4427.81
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	ions	s	499.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s	
4.	S. SCHEDULE E: LOANS		s	a-75-64L
5.	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		s		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s	
9.	3. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		s	
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT in	nclude this page in the	report.	
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 5		
2 FILER NAME RENEE SA	MPLE		3 Filer ID (Ethics Commission Filers) LOCAL ELEC	
4 Date	5 Full name of contributor out-of-state PA	7 Amount of contribution (\$)		
4/25/25	6 Contributor address; City;	State; Zip Code	100.00	
	3570 N Hwy 67, Midlothian, TX 760	65		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
4/25/25	Contributor address; City;	State; Zip Code	100.00	
	6734 Talmadge Lane, Dallas, TX 75	5230		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		C (ID#:)	Amount of contribution (\$)	
4/25/25	Charles D Henderson Jr		***	
	Contributor address; City; State; Zip Code		250.00	
	6554 Silver Stream Ln, Frisco, TX 7	5036		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAI	C (ID#:)	Amount of contribution (\$)	
4/00/05	Joanna Hiraldo		sendantan dari dalah Telephia Padan dalah Kabupaten Pari ya 1860 M	
4/26/25	Contributor address; City;	State; Zip Code	50.00	
	1994 Countryside Dr, Frisco, TX 75	036		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
		1		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr			
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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	lude 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	5 Full name of contributor out-of-state PAC (7 Amount of contribution (\$)		
4/27/25	6 Contributor address; City; 11323 Lenox Lane, Frisco, TX 75033	200.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Dan Jones	#:)	Amount of contribution (\$)	
4/28/25	Contributor address; City; 4446 Laren Lane, Dallas, TX 75244	State; Zip Code	150.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	dions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
4/30/25 Contributor address; City; State; Zip Code 10106 Summit Run Drive, Frisco, TX 75035			1000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
5/1/25	Contributor address; City; P.O.Box 703736, Dallas, TX 75370	State; Zip Code	100.00	
Principal occup	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 requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this	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 Randy Bowman	(ID#:)	7 Amount of contribution (\$)	
5/2/25	6 Contributor address; City; 6637 Northaven Road, Dallas, TX 75	State; Zip Code	250.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)	
Date	Stacey Jackson	(ID#:)	Amount of contribution (\$)	
5/2/25	Contributor address; City; 2724 Cowboy Trail, Little Elm, TX 75	State; Zip Code	25.00	
		Employer (See Instructi	ons)	
Date	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 (\$)	
5/2/25			522.23	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
5/2/25	Contributor address; City; 6613 White Oaks Ln, Frisco, TX 750	State; Zip Code	104.70	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)	
	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 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 SA	MPLE	3 Filer ID (Ethics Commission Filers) LOCAL ELEC
4 Date	Full name of contributor out-of-state PAC (ID#:) Anitra Warthon	7 Amount of contribution (\$)
5/3/25	6 Contributor address; City; State; Zip Code 7514 Yellowstone Drive, Frisco, TX 75033	1044.15
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Anitra Warthon	Amount of contribution (\$)
5/4/25	Contributor address; City; State; Zip Code 7514 Yellowstone Drive, Frisco, TX 75033	81.73
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Cordelia Tullous	Amount of contribution (\$)
5/6/25	Contributor address; City; State; Zip Code 704 Murl Drive, Irving, TX 75062	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Peronia Davis	Amount of contribution (\$)
6/20/25	Contributor address; City; State; Zip Code 962 White River Drive, Allen, TX 75013	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete th	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#:) Dana Burns		7 Amount of contribution (\$)		
6/22/25	6 Contributor address; City;		250.00		
	6018 Wallis Drive, Frisco, TX 7503	3			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	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 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

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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)

Revised 1/1/2025

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) RENEE SAMPLE LOCAL ELEC 4 Date 5 Payee name 4/25/2025 AWARITY 6 Amount (\$) 7 Payee address; City; State: Zip Code 2600 NETWORK BLVD SUITE 270, FRISCO, TX 75035 1000.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE ADVERTISING DIGITAL ADVERTISING OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date WIX.COM 4/29/25 Amount (\$) Payee address: City; State: Zip Code 100 Gansevoort Street, New York, NY 10014 38.97 Category (See Categories listed at the top of this schedule) Description OTHER **PURPOSE** DOMAIN FEE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 5/1/25 GROUND FLOOR GROUP Amount (\$) Payee address; City; State: Zip Code 325.00 912 ROBIN RD, CELINA, TX 75009 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OTHER WEBSITE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Boverage Expense Git/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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) RENEE SAMPLE LOCAL ELEC 4 Date 5 Payee name 5/1/25 SURESH MANDUVA 6 Amount (\$) 7 Payee address; City: State: Zip Code 400.00 11871 BARRYMORE DR FRISCO, TX 75035 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE **EVENT EXPENSES** MEET & GREET OF 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 Date Pavee name SANDY CARLISLE 5/1/25 Amount (\$) Payee address; City; State: Zip Code 8661 Santa Rosa Drive, Frisco TX 75033 200.00 Category (See Categories listed at the top of this schedule) Description OTHER **PURPOSE** BLOCK WALKING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 5/2/25 MICROPIX CREATIONS Amount (\$) Payee address; City; State; Zip Code 4003 Jasmine Fox Ln, Arlington, TX 76005 550.99 Category (See Categories listed at the top of this schedule) Description **PURPOSE** PRINTING EXPENSES DOOR HANGERS OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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)

Advortising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhoad/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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) RENEE SAMPLE LOCAL ELEC 4 Date 5 Payee name 5/5/25 INFINITY CONSULTING 6 Amount (\$) 7 Payee address; City; State: Zip Code P.O. BOX 5291, FRISCO, TX 75035 1000.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **DATA ANALYTICS** CONSULTING EXPENSES OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Pavee name JAKE'S BURGERS 5/5/2025 Amount (\$) Payee address: City: State: Zip Code 6195 Main St, Frisco, TX 75034 1076.33 Category (See Categories listed at the top of this schedule) Description PURPOSE EVENT EXPENSES WATCH PARTY OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 5/5/2025 HOWARD JOSEPH Amount (\$) Payee address; City; State: Zip Code 500 Cunningham Dr, Arlington, TX 76002 250.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE EVENT EXPENSES** WATCH PARTY OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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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)

Revised 1/1/2025

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) RENEE SAMPLE LOCAL ELEC 4 Date 5 Payee name 5/7/2025 VIJI PONANGI 6 Amount (\$) 7 Payee address; City; State: Zip Code 300.00 14937 BEGONIA DR FRISCO, TX 75035 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EVENT EXPENSES MEET & GREET EXPENDITURE 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 RENEE SAMPLE 5/8/2025 Amount (\$) Payee address; City; State: Zip Code 1378 TRAIL VIEW LANE, FRISCO, TX 75034 220.00 Category (See Categories listed at the top of this schedule) Description **EVENT EXPENSES PURPOSE** MEET & GREET OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 5/12/2025 FRED LUSK Amount (\$) Payee address; City; State; Zip Code 9912 MALLORY DR, FRISCO, TX 75035 443.13 Category (See Categories listed at the top of this schedule) Description PURPOSE OTHER SIGN INSTALL OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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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)

Revised 1/1/2025

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) RENEE SAMPLE LOCAL ELEC 4 Date 5 Payee name 5/29/2025 WIX.COM 6 Amount (\$) 7 Payee address; City; State; Zip Code 100 Gansevoort Street, New York, NY 10014 38.97 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** OTHER DOMAIN FEE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date WIX.COM 5/30/2025 Amount (\$) Payee address; City; State; Zip Code 100 Gansevoort Street, New York, NY 10014 340.26 Category (See Categories listed at the top of this schedule) Description OTHER **PURPOSE** PREMIUM MEMBERSHIP DOMAIN FEE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 6/2/2025 DANIEL HUDSON Amount (\$) Payee address; City; State; Zip Code 352 Montana Trail, Murphy, TX 75094 500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE EVENT EXPENSES** THANK YOU PARTY EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District

Revised 1/1/2025

Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) RENEE SAMPLE LOCAL ELEC 4 Date 5 Payee name 6/6/2025 RAY SHARPE 6 Amount (\$) 7 Payee address; City; State; Zip Code 1003 Honey Maple St Princeton tx 75407 300.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EVENT EXPENSES WATCH PARTY OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Office 9 Complete ONLY if direct **yght** Office held expenditure to benefit C/OH Date Payee name DANIEL HUDS 6/6/2025 Amount (\$) Payee address; State; Zip Code 352 Montana 0.00 Category (See Catego **EVENT EXPENSES** THANK YOU PARTY **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 6/18/2025 GROUND FLOOR GROUP Amount (\$) Payee address; City: State: Zip Code 912 ROBIN RD, CELINA, TX 75009 325.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OTHER WEBSITE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 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 compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
□ Y □ N			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (S)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal functional (See Instruction	ds were deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable	on (See Instructions)	Employer (9-1		
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.			
	Secretary and the second secretary and the second s			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

Forms provided by Texas Ethics Comm

SCHEDULE A2

Revised 1/1/2025

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

The second secon					
Th	ne Instruction Guide explains how to complete this form	m.	1 Total pages Schedu	le A2: 1	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
RENEE SA	AMPLE		LOCA	AL ELEC	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 499		
5 _{Date}	THARA & ADITYA VARANASI		Contribution \$	In-kind contribution description Fee Discount	
1/20/2020	7 Contributor address; City; State; 2600 NETWORK BLVD SUITE 270, FRISCO, TX	Zip Code 75035	Check if travel outsid	e of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL)(See Instructions) dvertising		er (FOR NON-JUDICIA		
	principal occupation (FOR JUDICIAL)		SINESS OWNER ontributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	e of Texas. Complete Schedule T. L)(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)				
1	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction	HIS SCHEDU on guide for	LEAS NEEDED additional reporting	requirements.	

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