

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) LOCAL	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MRS</div> <div>FIRST RENEE</div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST SAMPLE</div> <div>SUFFIX</div> </div>	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-family: cursive;">11/15/26</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1378 TRAIL VIEW LANE, FRISCO, TX 7505034		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 298-3336		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MRS</div> <div>FIRST LAXM</div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST TUMMALA</div> <div>SUFFIX</div> </div>	Date Hand-delivered or Date Postmarked <div style="font-size: 2em; font-family: cursive;">11/15/26</div>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Receipt # Amount \$ <div style="font-size: 2em; font-family: cursive;">11/20/26</div>	
8 CAMPAIGN TREASURER PHONE		Date Processed <div style="font-size: 2em; font-family: cursive;">11/20/26</div>	
9 REPORT TYPE		Date Imaged <div style="font-size: 2em; font-family: cursive;">11/20/26</div>	
10 PERIOD COVERED		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14708 HARMONY LANE, FRISCO, TX 75035	
11 ELECTION		AREA CODE PHONE NUMBER EXTENSION (972) 989-7815	
12 OFFICE		Month Day Year 7 / 1 / 25	
13 OFFICE SOUGHT (if known)		Month Day Year 12 / 31 / 25	
14 NOTICE FROM POLITICAL COMMITTEE(S)		ELECTION DATE Month Day Year <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>	
15 CAMPAIGN TREASURER ADDRESS		ELECTION TYPE <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div>	
16 CAMPAIGN TREASURER PHONE		OFFICE HELD (if any) Frisco ISD Board of Trustees	
17 CAMPAIGN TREASURER ADDRESS		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.	
18 CAMPAIGN TREASURER ADDRESS		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	
19 CAMPAIGN TREASURER ADDRESS		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
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15 C/OH NAME RENEE SAMPLE		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

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 January, 2026, 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)