

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 2em; font-family: cursive;">29</span>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; margin-top: 10px;">MAR 31 2021</div>	
	NICKNAME LAST SUFFIX		
ARCHAMBBAULT			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	11542 La Cantera Trail Frisco, TX 75033		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
	( 214 ) 334-8252		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt #	Amount \$
	NICKNAME LAST SUFFIX	Date Processed	
	SUN	Date Imaged	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	11241 Luckenbach Dr. , Frisco, TX 75035		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	469-888-1559		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year     THROUGH     Month Day Year		
	1/1/2021     THROUGH     3/22/2021		
<b>11</b> ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	5/1/2021		
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)	
	FISD Board of Trustees, Place 7	FISD Board of Trustees, Place 7	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

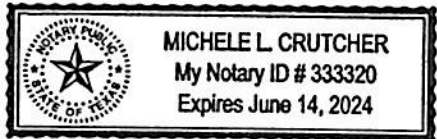
15 C/OH NAME Rene Archambault 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,215. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,410. <sup>76</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,116. <sup>49</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,000. <sup>00</sup>

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.

Rene Archambault  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by RENE ARCHAMBAULT this the 31ST day of MARCH.

20 21 to certify which, witness my hand and seal of office.

Michele L. Crutcher MICHELE L. CRUTCHER 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 <i>Rene Archambault</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,215. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 185. <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,500. <sup>00</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,410. <sup>76</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: <b>19</b>
2 FILER NAME <b>René Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William Short</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>3979 Guadalupe Ln Frisco, TX 75034</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Luisa del Rosal</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>11220 Hampstead Ln Dallas, TX 75230</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hugh Coleman</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>506 Ridgcrest Circle Denton, TX 76205</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Debra Nelson</b>	Amount of contribution (\$) <b>\$200</b>
Contributor address; City; State; Zip Code <b>8514 Emerald Glen Ln Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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# SCHEDULE A1

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2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Katrina Watland</b>	7 Amount of contribution (\$) <b>\$ 200</b>
6 Contributor address; City; State; Zip Code <b>1242 Timber Ln Frisco, TX 75036</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tammi Tyrell</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>1213 Gladdenwater Trail Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindy Hans</b>	Amount of contribution (\$) <b>\$ 20</b>
Contributor address; City; State; Zip Code <b>7145 Yellowstone Frisco TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lynda Clark</b>	Amount of contribution (\$) <b>\$ 25</b>
Contributor address; City; State; Zip Code <b>3277 Crossbow Pr. Frisco TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>Bene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chad Rudy</b>	7 Amount of contribution (\$) <b>\$250</b>
6 Contributor address; City; State; Zip Code <b>12186 Kennedale Dr. Frisco, TX 75033</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melissa Cameron</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>5179 Shoreline Dr. Frisco, TX 75034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ron Archambault</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>2654 Shaw Road Marietta, GA 30066</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mindy Summers</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>12666 Riverhill Rd. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JC Konetzny</b>	7 Amount of contribution (\$) <b>\$ 50</b>
6 Contributor address; City; State; Zip Code <b>15621 Cherry Blossom Rd Frisco, TX 75034</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wendy Wittenbrock</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>8708 Bluffcreek Ln, Plano, TX 75024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Kelso</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <b>11003 Walden Ct. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brett Sumrow</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>10880 Ardoff Ln. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deborah Pasha</b>	7 Amount of contribution (\$) <b>\$ 100</b>
6 Contributor address; City; State; Zip Code <b>1449 Trailview Lane Frisco, TX 75034</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deborah Eskband</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>11541 Penick Way Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Natalie Hebert</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>15272 Vbvrnum Rd. Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sriram Cheruvu</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>14780 Harmony Lane Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>2/3</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rob Cox</b>	7 Amount of contribution (\$) <b>\$150</b>
6 Contributor address; City; State; Zip Code <b>7112 Silverbrook Ln Frisco, TX 75036</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/7</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindy Badas</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>2346 Aspermont Drive Frisco TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/7</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marian Schulte</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>1361 Wildfire Ln. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Peril</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>14142 Sorano Dr. Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Bene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Summer Simmons</b>	7 Amount of contribution (\$) <b>\$ 150</b>
6 Contributor address; City; State; Zip Code <b>10214 Brandenburg Dr. Frisco, TX 75035</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JC Konetzny</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>15621 Cherry Blossom Rd. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ben Tyrell</b>	Amount of contribution (\$) <b>\$ 200</b>
Contributor address; City; State; Zip Code <b>1213 Gladenwater Drive Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindy Hans</b>	Amount of contribution (\$) <b>\$ 20</b>
Contributor address; City; State; Zip Code <b>7145 Yellowstone Dr. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James and Nancy Jacobs</b>	7 Amount of contribution (\$) <b>\$2,500.00</b>
6 Contributor address; City; State; Zip Code <b>2910 Grand Oak Dr. Garland, TX 75044</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim &amp; Anne McCausland</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>2209 Croubridge Dr. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephanie &amp; Bryan Buckman</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>10317 York Dr. Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Crisp</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>14634 Falling Leaf Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anjali Shirvairkar</b>	7 Amount of contribution (\$) <b>\$ 50</b>
6 Contributor address; City; State; Zip Code <b>2912 Hagen Dr. Plano, TX 75025</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2/27</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Moss</b>	Amount of contribution (\$) <b>\$ 1000.00</b>
Contributor address; City; State; Zip Code <b>10341 Casetta Dr. Frisco TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/3</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ashley Miller</b>	Amount of contribution (\$) <b>\$ 25</b>
Contributor address; City; State; Zip Code <b>5943 Bloomdrg Place Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/3</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Geneva Polster</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>7427 Angelicalane Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/4</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Loney</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>6012 Pisa Lane Frisco, TX 75034</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Saad Beytovic</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>6012 Pisa Lane Frisco, TX 75034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ivy Sun &amp; Ted Ju</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>11241 Luckenbach Drive Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JC Konetzny</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>15621 Cherry Blossom Rd Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: **1A**

2 FILER NAME

**Rene Archambault**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/4**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Shana W. Wynn**

7 Amount of contribution (\$)

**\$50**

6 Contributor address; City; State; Zip Code

**591 Amistad Drive Prosper, TX 75078**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/5**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Robert Cox**

Amount of contribution (\$)

**\$100**

Contributor address; City; State; Zip Code

**7112 Silverbrook Ln Frisco, TX 75036**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/7**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Cindy Becken**

Amount of contribution (\$)

**\$100**

Contributor address; City; State; Zip Code

**2346 Aspermont Drive Frisco, TX 75033**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/7**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Cindy Hons**

Amount of contribution (\$)

**\$20**

Contributor address; City; State; Zip Code

**7145 Yellowstone Dr. Frisco, TX 75033**

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: <b>19</b>
2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/7</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fred Lusk</b>	7 Amount of contribution (\$) <b>\$35</b>
6 Contributor address; City; State; Zip Code <b>9912 Malloy Dr Frisco, TX 75035</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>3/7</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Hoxie</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>1879 Darnell Dr. Frisco, TX 75036</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Das &amp; Nipa Nobel</b>	Amount of contribution (\$) <b>\$2,500</b>
Contributor address; City; State; Zip Code <b>9 St. Andrews Ct. Frisco, TX 75034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Simon Paschal</b>	Amount of contribution (\$) <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>5300 Town &amp; Country Blvd, #155 Frisco TX 75034</b>		
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: <b>19</b>
2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jimmy Gaffney</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>13061 Fairhead Ct. Frisco, TX 75033</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mufyn Robinson</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>14200 Frisco Ranch Dr. Little Elm, TX 75041</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindy Hans</b>	Amount of contribution (\$) <b>\$20</b>
Contributor address; City; State; Zip Code <b>7145 Yellowstone Dr. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leanne Rainey</b>	Amount of contribution (\$) <b>\$20</b>
Contributor address; City; State; Zip Code <b>7605 Glenwood Springs Lane McKinney, TX 75070</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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: <b>19</b>
2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dan Peril</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>14142 Sorano Drive Frisco, TX 75035</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Mules</b>	Amount of contribution (\$) <b>\$20</b>
Contributor address; City; State; Zip Code <b>10016 Belfort Dr. Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wendy Witherbrook</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>8702 Bluffcreek Ln Plano, TX 75024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leslie Carlton</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>1295 San Andres Dr. Frisco, TX 75034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>19</b>
2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelly Straub</b>	7 Amount of contribution (\$) <b>\$ 20</b>
6 Contributor address; City; State; Zip Code <b>10381 Promontory Dr. Frisco, TX 75035</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rene Sample</b>	Amount of contribution (\$) <b>\$ 25</b>
Contributor address; City; State; Zip Code <b>1378 Trail View Ln Frisco TX 75034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Annemarie Bohn</b>	Amount of contribution (\$) <b>\$ 25</b>
Contributor address; City; State; Zip Code <b>1530 Buena Park Dr. Frisco, TX 75034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Williams</b>	Amount of contribution (\$) <b>\$ 25</b>
Contributor address; City; State; Zip Code <b>6733 Cortona Ln. Frisco, TX 75034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tasha Colvert</b>	7 Amount of contribution (\$) <b>\$ 40</b>
6 Contributor address; City; State; Zip Code <b>4120 Bear Creek Ln. Frisco, TX 75033</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shannon Hammond</b>	Amount of contribution (\$) <b>\$ 25</b>
Contributor address; City; State; Zip Code <b>10 Lawton Ct. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carol Gallagher</b>	Amount of contribution (\$) <b>\$ 25</b>
Contributor address; City; State; Zip Code <b>7070 Glen Abbey Ct. Frisco, TX 75036</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jordan Carlisle</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>3300 Corral Creek Dr. McKinney, TX 75070</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **19**

2 FILER NAME

**Rene Archambault**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/21**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Dani Fry**

7 Amount of contribution (\$)

**\$ 20**

6 Contributor address; City; State; Zip Code

**15606 BuffaloCreek Drive Frisco, TX 75035**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/21**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Erin Jewell**

Amount of contribution (\$)

**\$ 25**

Contributor address; City; State; Zip Code

**12723 Greenhaven Dr. Frisco, TX 75035**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/21**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Marcus Williams**

Amount of contribution (\$)

**\$ 100**

Contributor address; City; State; Zip Code

**7373 Fiore Lane Frisco, TX 75034**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/21**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Ken Tyrell**

Amount of contribution (\$)

**\$ 200**

Contributor address; City; State; Zip Code

**1213 Gladenwater Dr. Frisco, TX 75037**

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: <b>19</b>
2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Moran</b>	7 Amount of contribution (\$) <b>\$ 30</b>
6 Contributor address; City; State; Zip Code <b>10517 Flat Creek Trail McKinney, TX 75076</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Box</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>3192 White Spruce Dr. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allison Ginn</b>	Amount of contribution (\$) <b>\$ 20</b>
Contributor address; City; State; Zip Code <b>904 March Lane Celina, TX 75009</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ashley Teague</b>	Amount of contribution (\$) <b>\$ 25</b>
Contributor address; City; State; Zip Code <b>4362 Shamrock Drive Frisco, TX 75034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>19</b>
2 FILER NAME <b>Rene Arhambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Wade</b>	7 Amount of contribution (\$) <b>425</b>
6 Contributor address; City; State; Zip Code <b>2922 Woodcroft Dr. Carrollton, TX 75006</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Becker</b>	Amount of contribution (\$) <b>100</b>
Contributor address; City; State; Zip Code <b>10317 Stone falls Ln Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

# 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: <span style="float: right;">1</span>	
2 FILER NAME <i>Rene Archambault</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>\$80.00</i>	
5 Date <i>3/4</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Simon Paschal</i>	8 Amount of Contribution \$ <i>\$105</i>	9 In-kind contribution description <i>food for event</i>
7 Contributor address; City; State; Zip Code <i>5300 Town &amp; Country, #155 Frisco, TX 75034</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# 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: <u>1</u>
2 FILER NAME <u>Rene Archambault</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>1/7/2018</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <u>Rene Archambault</u>	9 Loan Amount (\$) <u>\$ 5000.00</u>
6 Is lender a financial Institution? <u>Y</u> <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>11542 La Cantosa Trail Frisco, TX 75033</u>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> 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 <u>4/21/2018</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <u>Rene Archambault</u>	Loan Amount (\$) <u>\$ 1000.00</u>
Is lender a financial Institution? <u>Y</u> <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <u>11542 La Cantosa Trail Frisco, TX 75033</u>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> 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.



# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Rene Archambault</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1/1/21</i>	<b>5</b> Payee name <i>Go Paddy</i>	
<b>6</b> Amount (\$) <i>\$18.17</i>	<b>7</b> Payee address; City; State; Zip Code <i>1455 N. Hayden Rd Scottsdale, AZ 85260</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	<b>(b)</b> Description <i>Domain Name</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>1/17/21</i>	<b>Payee name</b> <i>Kelly's Restaurant</i>	
<b>Amount (\$)</b> <i>\$177.72</i>	<b>Payee address; City; State; Zip Code</b> <i>3191 Prector Rd Frisco, TX 75034</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Event Expense</i>	<b>Description</b> <i>Food</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>2/1/21</i>	<b>Payee name</b> <i>QR Code Generator</i>	
<b>Amount (\$)</b> <i>\$72.27</i>	<b>Payee address; City; State; Zip Code</b> <i>https://app.qr-code-generator.com (no physical address given)</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>Description</b> <i>QR code</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 <i>Rene Archambault</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12</i>	5 Payee name <i>Grotprint.com</i>	
6 Amount (\$) <i>\$40.49</i>	7 Payee address; City; State; Zip Code <i>7651 N. San Fernando Rd. Burbank, CA 91505</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>flyers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/12/21</i>	Payee name <i>YT ad service</i>	
Amount (\$) <i>\$750.00</i>	Payee address; City; State; Zip Code <i>2340 E. Trinity Mills Rd, #300 Carrollton, TX 75006</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>digital ads</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/12/21</i>	Payee name <i>First Graphics</i>	
Amount (\$) <i>\$1,907.91</i>	Payee address; City; State; Zip Code <i>229 Garvan Rd. Garland, TX 75040</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>signage</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | 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 <i>Rene Archambault</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/14/21</i>	5 Payee name <i>Vistaprint</i>	
6 Amount (\$) <i>\$706.00</i>	7 Payee address; City; State; Zip Code <i>45 Victoria St Lexington, MA 02472</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>printed literature</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/15/21</i>	Payee name <i>Mallory Trumpfeller</i>	
Amount (\$) <i>\$175.00</i>	Payee address; City; State; Zip Code <i>104 Village Blvd, #613 Santa Rosa, FL 32459</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>graphic design</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/20/21</i>	Payee name <i>Amazon.com</i>	
Amount (\$) <i>\$66.38</i>	Payee address; City; State; Zip Code <i>410 Terry Ave N. Seattle, WA 98109</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>materials for mail piece</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 <b>Rene Archambault</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/23/21</b>	5 Payee name <b>Fred Lusk</b>
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6 Amount (\$) <b>\$295.25</b>	7 Payee address: <b>9912 McElroy Dr. Frisco, TX 75035</b>	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>sign installation</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/1/21</b>	Payee name <b>Wix</b>
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Amount (\$) <b>\$95.24</b>	Payee address: <b>2601 Mission St. San Francisco, CA 94110</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>website</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/1/21</b>	Payee name <b>Wal Mart</b>
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Amount (\$) <b>\$27.93</b>	Payee address: <b>12220 FM 423 Frisco, TX 75033</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>envelopes for mail</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Rene Archambault</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/4/21</i>	5 Payee name <i>Party City</i>	
6 Amount (\$) <i>\$ 30.26</i>	7 Payee address; City; State; Zip Code <i>3333 Preston Frisco, TX 75034</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(b) Description <i>paper goods</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/4/21</i>	Payee name <i>Aldi</i>	
Amount (\$) <i>\$142.10</i>	Payee address; City; State; Zip Code <i>2650 Little Elm Pkwy Little Elm TX 75068</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>food</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/13/21</i>	Payee name <i>Community Impact</i>	
Amount (\$) <i>\$ 500.00</i>	Payee address; City; State; Zip Code <i>7160 Warren Pkwy, #160 Frisco, TX 75034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | 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 <u>Rene Archambault</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>3/15/21</u>	5 Payee name <u>USPS</u>
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6 Amount (\$) <u>\$605.00</u>	7 Payee address: <u>8811 Teel Pkwy, # 100</u> <u>Frisco, TX 75036</u>	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	(b) Description <u>stamps</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>3/15/21</u>	Payee name <u>Best Value Copy</u>
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Amount (\$) <u>4193.50</u>	Payee address: <u>52-02 Grand Ave.</u> <u>Macpeth, NY 11378</u>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <u>advertising</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>3/15/21</u>	Payee name <u>Premiere Political</u>
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Amount (\$) <u>\$2641.20</u>	Payee address: <u>4805 Woodrow Ave</u> <u>Austin, TX 78756</u>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <u>advertising</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Kene Archambault</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/17/21</i>	<b>5</b> Payee name <i>RMG Apparel</i>	
<b>6</b> Amount (\$) <i>4875.12</i>	<b>7</b> Payee address; City; State; Zip Code <i>110 Rye Ln, suite 101 Frisco, TX 75036</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	<b>(b)</b> Description <i>t-shirts</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>3/22/21</i>	<b>Payee name</b> <i>Donor Box</i>	
<b>Amount (\$)</b> <i>166.25</i>	<b>Payee address; City; State; Zip Code</b> <i>S 3rd St, suite 900 San Francisco, CA 94103</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>fees</i>	<b>Description</b> <i>credit card processing app. for donations</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>3/22/21</i>	<b>Payee name</b> <i>make stickers</i>	
<b>Amount (\$)</b> <i>241.06</i>	<b>Payee address; City; State; Zip Code</b> <i>8061 186th Street Tinley Park, IL 60487</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>advertising</i>	<b>Description</b> <i>stickers for sign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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