



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

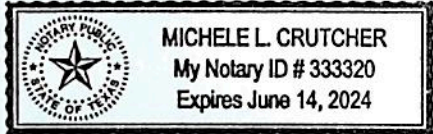
**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <i>René Archambault</i>		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)	\$ <i>2,130.21</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,744.71</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3,501.99</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>6000.00</i>

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.

*René Archambault*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by RENÉ ARCHAMBAULT this the 23RD day of APRIL

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

*Michele L. Crutcher*  
Signature of officer administering oath

MICHELE L. CRUTCHER  
Printed name of officer administering oath

NOTARY  
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 A. Chambault</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	\$ 2130.21
2	<input checked="" type="checkbox"/> <sup>PA</sup> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6000.00
5	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4744.71
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 6
2 FILER NAME Bene Archambault		3 Filer ID (Ethics Commission Filers)
4 Date 3/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tara Yell	7 Amount of contribution (\$) \$ 20
6 Contributor address, City, State, Zip Code 3132 Blue Oak Dr. Frisco, TX 75033		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimberly Church	Amount of contribution (\$) \$ 20
Contributor address, City, State, Zip Code 2630 Stony Brook R. Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Nelson	Amount of contribution (\$) \$ 250
Contributor address, City, State, Zip Code 6624 Waverly Ln. Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Molly Drake	Amount of contribution (\$) \$ 25
Contributor address, City, State, Zip Code 11781 LaCartea Trail 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>6</b>
2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Meghan Green</b>	7 Amount of contribution (\$) <b>\$25</b>
	6 Contributor address, City, State, Zip Code <b>9428 Parolletan Ct. Frisco, TX 75033</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ginni Scott</b>	Amount of contribution (\$) <b>\$50</b>
	Contributor address, City, State, Zip Code <b>2432 West Creek Riv. Frisco, TX 75033</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Antonina Alvarez</b>	Amount of contribution (\$) <b>\$25</b>
	Contributor address, City, State, Zip Code <b>2098 Langston Dr. Frisco, TX 75033</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Classe</b>	Amount of contribution (\$) <b>\$500</b>
	Contributor address, City, State, Zip Code <b>14688 Ballantac Dr. Frisco, TX 75035</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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>10</b>
2 FILER NAME <b>Rene Archambault</b>		3 Filer ID (Ethics Commission Filers) <b>43</b>
4 Date <b>3/28</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nerdy Witterbrook</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address, City, State, Zip Code <b>8708 Bluffcreek Ln. Plano, TX 75024</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/28</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kristan Olfus</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address, City, State, Zip Code <b>2104 Long Branch Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/28</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Martin Thurnhauerte</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address, City, State, Zip Code <b>2749 Marshall Rd. Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cindy Bada</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address, City, State, Zip Code <b>2346 Akpermont Dr. 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 6
2 FILER NAME Gene Archambault		3 Filer ID (Ethics Commission Filers)
4 Date 4/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendy Wil Harbroke	7 Amount of contribution (\$) \$50
	6 Contributor address, City, State, Zip Code 8702 Bluffcreek Ln. Plano, TX 75024	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sean Heatley	Amount of contribution (\$) \$250
	Contributor address, City, State, Zip Code 1395 Horse Creek Dr. Frisco, TX 75034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dan Pail	Amount of contribution (\$) \$100
	Contributor address, City, State, Zip Code 14142 Sorano Dr. Frisco, TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Cleveland	Amount of contribution (\$) \$100
	Contributor address, City, State, Zip Code 14028 Red Wood Cir. S. Frisco, TX 75037	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  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 6
2 FILER NAME Rene Archambault		3 Filer ID (Ethics Commission Filers)
4 Date 4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simon Barnboym	7 Amount of contribution (\$) \$20.21
	6 Contributor address, City, State, Zip Code 9821 Pieter Vanoyard Dr. Frisco TX 75035	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sador Hag	Amount of contribution (\$) \$100
	Contributor address, City, State, Zip Code 12167 Toscana Way Frisco, TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Jacobs	Amount of contribution (\$) \$200
	Contributor address, City, State, Zip Code 14834 Holly Leaf Frisco, TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cindy Horns	Amount of contribution (\$) \$20
	Contributor address, City, State, Zip Code 7145 Yellowstone 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.

2 FILER NAME

M/17/18 Richardson Schultz

4 Date

4/15

5 Full name of contributor  out of state PAC ID#

Martini Schmalke

6 Contributor address City State Zip Code

1361 W. 14th St. in Frisco, TX 75034

1 Total pages (Schedule A1)

1

3 File ID, if the PAC ID# is used

7 Amount of contribution (\$) \$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  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  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  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.

**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 1
2 FILER NAME Rene Archambault		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 1/7/2012	7 Name of lender <input type="checkbox"/> out of state PAC (ID# _____) Rene Archambault	9 Loan Amount (\$) \$9,500.00
6 Is lender a financial institution? Y <input checked="" type="radio"/>	8 Lender address, City, State, Zip Code 11542 La Carrera Trail Frisco, TX 75033	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 4/21/2018	Name of lender <input type="checkbox"/> out of state PAC (ID# _____) Rene Archambault	Loan Amount (\$) \$1,000.00
Is lender a financial institution? Y <input checked="" type="radio"/>	Lender address, City, State, Zip Code 11542 La Carrera Trail Frisco, TX 75033	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/Planning	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Contributors Made By	Gifts/Awards/Memorabilia 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 5	<b>2</b> FILER NAME Kene Auldambault	<b>3</b> Filer ID (Ethics Commission Filer)
<b>4</b> Date 3/23	<b>5</b> Payee name VT ad service	
<b>6</b> Amount (\$) \$500	<b>7</b> Payee address City State Zip Code 2340 S. Trinity Mills Rd, #300 Carrollton, TX 75006	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Advertising
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/23	Payee name Stripe	
Amount (\$) \$642.57	Payee address City State Zip Code 510 Townsend St. San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Fees for CC processing
	<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 3/25	Payee name VT ad service	
Amount (\$) \$500	Payee address City State Zip Code 2340 S. Trinity Mills Rd, #300 Carrollton, TX 75006	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 5	<b>2</b> FILER NAME Rene Archambault	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/29	<b>5</b> Payee name Aldi	
<b>6</b> Amount (\$) \$ 208.07	<b>7</b> Payee address, City, State, Zip Code 2650 Little Elm Pkwy Little Elm, TX 75068	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Food
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
<b>Date</b> 3/31	<b>Payee name</b> Facebook	
<b>Amount (\$)</b> \$ 146.16	<b>Payee address, City, State, Zip Code</b> 1 Hacker Way Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Advertising
	<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
<b>Date</b> 4/1	<b>Payee name</b> Frisco Enterprise	
<b>Amount (\$)</b> \$ 200	<b>Payee address, City, State, Zip Code</b> 3501 E. Plano Pkwy #200 Plano, TX 75074	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertis. Expense	<b>Description</b> Advertising
	<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.

<b>1</b> Total pages Schedule F1 2	<b>2</b> FILER NAME Gene Archambault	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/12	<b>5</b> Payee name First Graphic Services	
<b>6</b> Amount (\$) \$497.95	<b>7</b> Payee address, City, State, Zip Code 229 Garvin Rd. Crawford, TX 75040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Signage
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 4/13	<b>Payee name</b> Hunter Rutledge	
<b>Amount (\$)</b> \$250	<b>Payee address, City, State, Zip Code</b> N/A	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> digital ads
	<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
<b>Date</b> 4/16	<b>Payee name</b> Aldi	
<b>Amount (\$)</b> \$78.53	<b>Payee address, City, State, Zip Code</b> 2650 Little Elm Pkwy Little Elm, TX 75068	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> Food
	<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   | Soliation/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 <u>3</u>	<b>2</b> FILER NAME <u>Rene dechambault</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>4/1/16</u>	<b>5</b> Payee name <u>VT ad service</u>	
<b>6</b> Amount (\$) <u>\$ 500</u>	<b>7</b> Payee address, City, State, Zip Code <u>2340 E. Trinity Milk Rd, #300 Carrollton, TX 75006</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description <u>Advertising</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <u>4/1/8</u>	Payee name <u>Kroger</u>	
Amount (\$) <u>\$ 41.12</u>	Payee address, City, State, Zip Code <u>3705 Mann St. Frisco, TX 75034</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>supplies</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <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 <u>4/1/8</u>	Payee name <u>Premier Political Comm.</u>	
Amount (\$) <u>\$ 197.07</u>	Payee address, City, State, Zip Code <u>4205 Woodmen Ave Austin, TX 78756</u>	
<b>PURPOSE OF EXPENDITURE</b>	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 I <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

**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	Contribution/Fundraising Expense
Accounting/Bookkeeping	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Volunteer 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 <u>3</u>	<b>2</b> FILER NAME <u>Rene Archambault</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>4/19</u>	<b>5</b> Payee name <u>Yt ad service</u>	
<b>6</b> Amount (\$) <u>4750</u>	<b>7</b> Payee address, City, State, Zip Code <u>2340 E. Trinity Mills Rd, #300 Carrollton, TX 75606</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description <u>Advertising</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <u>4/19</u>	Payee name <u>Community Impact - Frisco</u>	
Amount (\$) <u>4233.34</u>	Payee address, City, State, Zip Code <u>7460 Weber Pkwy #160 Frisco, TX 75034</u>	
<b>PURPOSE OF EXPENDITURE</b>	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 F. <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	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED