CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | | |
|---|--|--|---|--|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | OFFICEHOLDER DANS | | | | | | |
| NAME | NICKNAME LAST | SUFFIX, | Date Received | | | | |
| | archambaut | | FEB 05 2019 | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; 11542 La Cantera Tra Frisca TX: 75033 | CITY: STATE: ZIP CODE | mil mil | | | | |
| Change of Address | | A CONTRACTOR OF THE PROPERTY O | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (214) 354-8252 | EXTENSION | Date Hand-delivered or Date Postmarked | | | | |
| 6 CAMPAIGN TREASURER | MS MRS MR FIRST | МІ | Receipt # Amount \$ | | | | |
| NAME | Michelle LAST | SUFFIX | Date Processed | | | | |
| | Wilkins | | Date Imaged | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SI 14731 High land Dir Montgomery, TX | | ZIP CODE | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (214) 693-5072 | EXTENSION | | | | | |
| 9 REPORT TYPE | January 15 30th day before e | lection Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | | | |
| | July 15 8th day before ele | ection Exceeded \$500 limit | Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 7 / 1 / 2018 THROUGH 12 / 31 / 2018 | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary | ELECTION TYPE | | | | | |
| | Month Day Year Primary General | Runoff Other Description Special | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known |) | | | | |
| | FISD Board of Tristees Place 7 | >(| | | | | |
| GO TO PAGE 2 | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME René | archant | pault | 15 Filer ID (Ethics Commission Filers) | | | |
|--|--|---|--|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR 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 | | | | |
| | GENERAL | | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| Additional Pages | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| | (±) | | —————————————————————————————————————— | | | |
| 17 CONTRIBUTION TOTALS | AN SED \$ | | | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | | | |
| EXPENDITURE TOTALS | 3. TOTAL F | \$ 0 | | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 0 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL F OF REP | DAY \$312, 25 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL F LAST DA | *6000.00 | | | | |
| 18 AFFIDAVIT | | | | | | |
| MICHELE L. CRUTCHER 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. | | | | | | |
| Notary ID 333320 | | | | | | |
| | | Signature of Car | ndidate or Officeholder | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | |
| Sworn to and subscribed before me, by the said Rene archambault, this the | | | | | | |
| day of Forwary, 2019, to certify which, witness my hand and seal of office. | | | | | | |
| Shirlet & | Sether | MICHELERONTCHER | NO TARY | | | |
| Signature of officer a | dministering oath | Printed name of officer administering oath | Title of officer administering oath | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME 20 Filer ID (Ethics Cor | | | mmission Filers) | |
|---|---|--|--------------------|-------------|
| Rene archambaut NA | | | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT | |
| 1. | | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. | | \$ | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | |
| 4. | X | SCHEDULE E: LOANS | | \$ 6,000000 |
| 5. | | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | \$ | |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI | NDS | \$ |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | \$ | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER | \$ | |

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) NA 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender out-of-state PAC (ID#:_ 9 Loan Amount (\$) Rene Ofchambautt 8 Lender address; City; State; Zip Code \$5,000. 1/7/2018 10 Interest rate 6 Is lender a financial 11.542 La Contera Trail Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:_ Interest rate Lender address; a financial 11542 La Cartera Trail Institution? Maturity date Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Amount Guaranteed (\$) Name of guarantor INFORMATION Guarantor address: City; State; Zip Code not applicable 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.