

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |  |                                  |
|---|---|--|----------------------------------|
| The C/OH Instruction Guide explains how to complete this form.  |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:<br><b>5</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS <input checked="" type="radio"/> MRS / MR  | FIRST<br><b>René</b>   | MI                               |
|   | NICKNAME  | LAST<br><b>Archambault</b>   | SUFFIX                           |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>11542 La Cantua Trail<br/>Frisco, TX 75033</b> |  |                                  |
|   | <b>5 CANDIDATE / OFFICEHOLDER PHONE</b><br>AREA CODE PHONE NUMBER EXTENSION<br><b>(214) 334-8252</b>        |  |                                  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS <input checked="" type="radio"/> MRS / MR  | FIRST<br><b>Lu</b>   | MI                               |
|   | NICKNAME  | LAST<br><b>Sun</b>   | SUFFIX                           |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)<br>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>11241 Luckenbach Dr. Frisco, TX 75035</b>   |   |  |                                  |
| <b>8 CAMPAIGN TREASURER PHONE</b><br>AREA CODE PHONE NUMBER EXTENSION<br><b>(409) 888-1559</b>  |   |  |                                  |
| <b>9 REPORT TYPE</b>  |   |  |                                  |
| <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input checked="" 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 PERIOD COVERED</b><br>Month Day Year    THROUGH    Month Day Year<br><b>1 / 1 / 23    6 / 30 / 23</b>   |   |  |                                  |
| <b>11 ELECTION</b>  |   |  |                                  |
| ELECTION DATE<br>Month Day Year<br><b>5 / 1 / 21</b>  |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                  |
| <b>12 OFFICE</b><br>OFFICE HELD (if any)<br><b>FISD BOT, Place 7</b>  |   | <b>13 OFFICE SOUGHT</b> (if known)   |                                  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br>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. |   |  |                                  |
| <input type="checkbox"/> Additional Pages   | COMMITTEE TYPE  | COMMITTEE NAME   |                                  |
|   | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS  |                                  |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME  |                                  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                  |
| <b>GO TO PAGE 2</b>   |   |  |                                  |

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

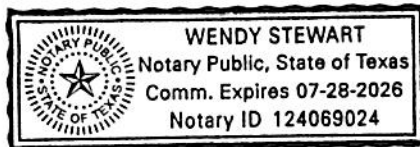
|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u>                                   |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                                   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>0</u>                                   |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>0</u>                                   |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>301.36</u>                              |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>7000.00</u>                             |

**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 10<sup>th</sup> day of July

20 23, to certify which, witness my hand and seal of office.

Wendy Stewart WENDY STEWART Sec. to Rep. Sup.  
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

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT    |
|---|-----------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$                    |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$                    |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                    |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS  | \$ 7000 <sup>02</sup> |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$                    |
| 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 | \$                    |

**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:<br><b>2</b>  |
| 2 FILER NAME<br><b>Rene Archambault</b>                                 |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$   |
| 5 Date of loan<br><b>11/7/18</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Rene Archambault</b> | 9 Loan Amount (\$)<br><b>\$5000.00</b>   |
| 6 Is lender a financial institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code<br><b>11542 La Cantora Trail<br/>Frisco, TX 75033</b>       | 10 Interest rate   |
|   |   | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |   | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |   | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><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<br><b>4/21/18</b>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Rene Archambault</b>   | Loan Amount (\$)<br><b>\$1000.00</b>   |
| Is lender a financial institution?<br><br>Y N                           | Lender address; City; State; Zip Code<br><b>11542 La Cantora Trail<br/>Frisco, TX 75033</b>         | Interest rate  |
|   |   | Maturity date  |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none              |   | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><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.

# 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:<br><b>2</b>  |
| 2 FILER NAME<br><b>Rene Archambault</b>                                 |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$   |
| 5 Date of loan<br><b>4/30/21</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Rene Archambault</b> | 9 Loan Amount (\$)<br><b>\$ 1000.00</b>  |
| 6 Is lender a financial institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code<br><b>11542 La Cantora Trail<br/>Frisco, TX 75033</b>       | 10 Interest rate   |
|   |   | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |   | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |   | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><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   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | Loan Amount (\$)  |
| Is lender a financial institution?<br><br>Y N                        | Lender address; City; State; Zip Code                                  | Interest rate   |
|  |  | Maturity date   |
| Principal occupation / Job title (See Instructions)                  |  | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none           |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION<br><br><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.