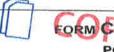
### APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE



S	ee CTA Instruction Guide for detailed instructions.		1 Total pages filed:
2 CANDIDATE NAME	MS/MRS/MR FIRST  Mr. James R Arrendell  NICKNAME LAST  Richard	MI SUFFIX	OFFICE USE ONLY
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STAT 900 Hargrove Lilley Lane Cleveland, Texas 77328	E; ZIP CODE	SEP 0 7 SPOSING CO
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTE	nsion	Record Amounts Du Doubtsond
5 OFFICE HELD (if any)	NA		Date Imaged
OFFICE SOUGHT (if known)	San Jacinto County Precinct 3 Commissioner		
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKN Mrs. Keri L Arrendell	IAME	LAST SUFFIX
CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT/SUITE #; 900 Hargrove Lilley Lane Cleveland, Texas 77328	CITY;	STATE; ZJP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTEN  ( 281 ) 622-7493	SION	
CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 5	73 of the Tex	as Government Code.
	I am aware of my responsibility to file timely the Election Code.  I am aware of the restrictions in title 15 of the from corporations and labor organizations.		
	Janua Rida January Signature of Candidate	9.	7-23 Date Signed



APPOINTM BY A CAN	IENT OF A CAMPAIGN TREASURER DIDATE	FORM CTA PG 1				
Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:				
2 CANDIDATE	MS / MRS (MR) FIRST MI	OFFICE USE ONLY				
NAME	Carson	Filer ID #				
	NICKNAME LAST SUFFIX	Date Resceive				
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	S SIR				
MAILING ADDRESS	341 Ware Cleveland Tx 77328	Date Hand-do unfoo or Postmarked				
4 CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Annakot \$				
PHONE	(022) 211 000					
	(832) 266-8875	Date Processes 4				
5 OFFICE HELD (if any)	N/A	Date Imaged				
6 OFFICE SOUGHT (if known)	County Commissioner Pct.3					
7 CAMPAIGN TREASURER NAME	Carson S Co	mbs suffix				
8 CAMPAIGN TREASURER	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE				
STREET ADDRESS	341 Ware Cleveland,	Tx 77328				
(residence or business)						
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION					
PHONE	(832) 266 8875					
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	cas Government Code.				
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.					
	I am aware of the restrictions in title 15 of the Election Co from corporations and labor organizations.	ode on contributions				
	Signature of Candidate	4-24-23 Date Signed				
GO TO PAGE 2						

COPY

## CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME Larson S. Combs 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING DECLARATION CHOOSING MODIFIED REPORTING •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •• •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.) .. Candidates for the office of state chair of a political party may NOT choose modified reporting, ... I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report. Year of election(s) or election cycle to Signature of Candidate which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to

Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php



MAY 0 6 2024

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

SAN JACINTO COUNTY

Signature of Officeholder

		The instruction Guide explains how to comple	te this form.					
	→ Complete only if "ReportType" on page 1 is marked "Final Report" →							
1		NAME	2 Filer ID (Ethics Commission Filers)					
J	ame	es Richard Arrendell						
3	SIGN	ATURE						
	l do no	ot expect any further political contributions or political expenditures in connect	on with my candidacy. I understand that					
	design	nating a report as a final report terminates my campaign treasurer appointmen sign contributions or make any campaign expenditures without a campaign,/re	t. I also understand that I may not accept any					
	campe	and contributions of make any campaign experiences without a campaign fre	asurer appointment on nie.					
		La Company	many acht (Mary)					
			Signature of Candidate / Officeholder					
4	CH EC	PUBLICIPALIOFFICEURI DED						
•		RWHOIS NOTAN OFFICEHOLDER  mplete A & B below <i>only</i> if you are not an officeholder						
	A	CAMPAIGN FUNDS						
			-					
	_	ck only one:						
	[4]	I do not have unexpended contributions or unexpended interest or income	earned from political contributions.					
		I have unexpended contributions or unexpended interest or income earned	from political contributions. I understand that I					
	(Accept)	may not convert unexpended political contributions or unexpended interes						
		personal use. I also understand that I must file an annual report of unex unexpended contributions or unexpended interest or income earned on poli						
		filing this final report. Further, I understand that I must dispose of unexpend	led political contributions and unexpended					
		interest or income earned on political contributions in accordance with the n	equirements of Election Code, § 254.204.					
	B.	ASSETS						
	Chec	k only one:						
	~	I do not retain assets purchased with political contributions or interest or other	er income from political contributions.					
	_	I do retain assets purchased with political contributions or interest or other in	seems from a stillant and the Many Landau to					
	]. ]	that I may not convert assets purchased with political contributions or interest						
		personal use. I also understand that I must dispose of assets purchased wi requirements of Election Code, § 254.204.	th political contributions in accordance with the					
		requirements of Election Code, § 234.204.	21.10					
		to place the second sec	Signature of Candidate					
,		EHOLDER						
•	·· Com	plete this section only if you are an officeholder						
		I am aware that I remain subject to filing requirements applicable to an officehold						
		file. I am also aware that I will be required to file reports of unexpended contrib an officeholder, I retain political contributions, interest or other income from po						
		political contributions or interest or other income from political contributions.	nucal contributions, or assets purchased with					
		·						

		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how	w to complete this form.	1 Filter ID (Ethics Commission Filters)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST <b>Arrendell</b>	мі R	OFFICE USE ONLY
	NICKNAME Richard	LAST Arrendell	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO 900 Hargrov	x: APT / SUITE #; ( /e lilley Lane Clevel	city; state; zip code and, TX.77328	5.1 V.1 6.2024 TO COUT
5 CANDIDATE/ OFFICEHOLDER PHONE	(713 )	PHONE NUMBER 502-8425	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	M9 / MRS / MR	FIR8T	MI	Receipt Amount Amount
NAME	MRS	Keri	SUFFIX	Date Protested  Date Imaged
		Arrendell		40,
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE): APT / SI /e Lilley Lane Cleve	· · · · ·	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	( 281 )	PHONE NUMBER 622-7493	EXTENSION	Æ
9 REPORT TYPE	January 15 July 15	30th day before ele		15th day after compalgn treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Manth 2	Day Year / 25 / 24	Month THROUGH 5	Day Year / 6 / 24
11 ELECTION	Month Day	Year Primary	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known) SJC Commissio	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CENOLDER, THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATES OR OFFICEHOLDERS KNOWLEDGE OR NEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME James Richard Arrend	let	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 74.76
	4. TOTAL POLITICAL EXPENDITURES	s 74.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	F DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 1,690.00
(1) Affidavit  NOTARY STAMP/SEAL  Sworn to and subscribed by 20, to certify we	Please complete either option below:	
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
	OR	A LANGE STATE OF THE PARTY OF T
(2) Unsworn Declaration		
My name is James Ric	hard Arrendell and my date of birth is	2-06-1969
My address is 900 Harg		77328 USA
Executed in San Jacinto	Janua Ryalu	te) (zip code) (country)  2024 (year) (country)

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	riler NAME Imes Richard Arren	dell	20 Filer ID (Ethics C	ommission	Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE				BTOTAL MOUNT		
1.7	SCHEDULE A1; MON	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON	N-MONETARY (IN-KIND) POLITICAL CONTRIE	BUTIONS	\$			
3.	SCHEDULE B: PLED	OGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOAN	SCHEDULE E: LOANS					
5.	SCHEDULE F1: PO	LITICAL EXPENDITURES MADE FROM POL	ITICAL CONTRIBUTIONS	\$	74.76		
6,	SCHEDULE F2: UNF	PAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PUI	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	SCHEDULE F4: EXP	PENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POL	ITICAL EXPENDITURES MADE FROM PERS	SONAL FUNDS	\$			
10.	SCHEDULE H: PAYN	MENT MADE FROM POLITICAL CONTRIBUTI	IONS TO A BUSINESS OF C/OH	\$			
11#8	SCHEDULE I: NON-P	POLITICAL EXPENDITURES MADE FROM POL	LITICAL CONTRIBUTIONS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested int	formation i	is not applicable, DO NOT i	include t	this page in the re	eport.	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Constrons Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Boverage Expense Glitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Losn Ropayment/Reimbursoment Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.		Travel In District Travel Out Of Distr	ulpment & Related Expense
1 Total pages Schedule F1:					3 Filer ID (Ethi	ics Commission Filers)
4 Date 03/01/2024	5 Payee n		s			
6 Amount (\$) 74.76	7 Payes a			City;	State; onroe, Texas	Zlp Code 77304
8	1	Ory (See Catagories listed at the top of this e	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Polling	Expense		Portable Cano	ру	
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check If Austi	In, TX, officeholder livin	ng expense
9 Complete QNLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	kdress;	2	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this sol	riedule)	Description		
		Check if travel outside of Taxas. Complete Sch	hedule T.	Check If Austin	n, TX, officeholder living	д ехрепве
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee ne	ите				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	iedula)	Description		
	(	Check if travel outside of Texas. Complete Sche	edula T.	Check if Austin.	. TX, afficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



MAY 0 6 2024

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

SAN JACINTO COUNTY

Signature of Officeholder

	The Instruction Guide explains how to complete this t	
	→ Complete only if "Report Type" on page 1 is marked "Figure 1. The page 1 is marked "Figure 2. The page 2. The page 1 is marked "Figure 2. The page 3. The p	inal Report" ↔
	HNAME	2 Filer ID (Ethics Commission Filers)
Jam	es Richard Arrendell	
3 SIGI	NATURE	
desig		understand that I may not accept any
	ER WHO IS NOT AN OFFICEHOLDER complete A & B below only if you are not an officeholder. ••	
A	CAMPAIGN FUNDS	
Che	eck only one:	
~	I do not have unexpended contributions or unexpended interest or income earned	from political contributions.
	I have unexpended contributions or unexpended interest or income earned from portion may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political confiling this final report. Further, I understand that I must dispose of unexpended politicatest or income earned on political contributions in accordance with the requirement.	come earned on political contributions to i contributions and that I may not retain intributions longer than six years after tical contributions and unexpended
8.	ASSETS	
Che	eck only one:	
~	I do not retain assets purchased with political contributions or interest or other inco	me from political contributions.
	I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	her income from political contributions to
	CEHOLDER omplete this section only if you are an officeholder	
	I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as

CANDIDA	FORM C/OH COVER SHEET PG 1				
The C/OH Instruction	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Arrendell	мі R	OFFICE USE ONLY	
TV-UVILL	NICKNAME Richard	LAST Arrendell	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	k; APT / BUITE #; C /e lilley Lane Clevel	SITY; STATE; ZIP CODE and, TX.77328	IVE 12024 O COUT	
Change of Address				<b>6</b> 6 6	
5 CANDIDATE/ OFFICEHOLDER PHONE	(713 )	PHONE NUMBER 502-8425	EXTENSION	Date Hand delivered or Date Postmärked	
6 CAMPAIGN	M8 / MRS / MR	FIRST	MI	Receipt Amount 3	
TREASURER NAME	MRS	Keri	L	Date Processed	
	NICKNAME	Arrendell	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SL 'e Lilley Lane Cleve		STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	( 281 )	PHONE NUMBER 622-7493	EXTENSION	<u>(</u> 4)	
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign tressurer appointment (Officeholder Only)	
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	2	/ 25 / 24	тнгоизн 5	6 / 24	
11 ELECTION	ELECTION DA	l	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	3 / 5	24 General	Special		
12 OFFICE	OFFICE HELD (# any)		13 OFFICE SOUGHT (If KNOWN) SJC Commission	ner Pct3	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDA	DE BY POLITICAL COMMITTEES TO SUPPORT DATES OR OFFICEHOLDER'S KNOWLEDGE OR BY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
GO TO PAGE 2					

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) James Richard Arrendell 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR 0.00CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 0.00(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 74.76 **TOTAL POLITICAL EXPENDITURES** 74.76 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0.00 BALANCE OF REPORTING PERIOD **OUTSTANDING** 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 1,690.00 \$ **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD **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. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by \_\_\_\_\_ \_\_this the \_\_\_\_\_ day of \_\_ \_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration and my date of birth is 02-06-1969 My name is James Richard Arrendell My address Is 900 Hargrove Lilley Lane Cleveland 77328 USA

(zip code)

20<sup>24</sup> (year)/

day of May

(month)

Signature of Candidate/Officeholder (Declarant)

, on the 6

(country)

(street)

County, State of Texas

Executed in San Jacinto

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	nes	Richard Arrendell	20 Filer ID (Ethics Co	mmission	Filers)			
		ULE SUBTOTALS OF SCHEDULE			JBTOTAL MOUNT			
16		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE E: LOANS						
5.	m	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$				
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						

#### 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 Logn Repayment/Relmburgement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting Banking Consulting Expense Contributions/Donations Made By Fees Food/Boverage Expense Transportation Equipment & Reinled Expense Travel in District Polling Expense Printing Expense Glft/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salarios/Waxon/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 3 Filer ID (Ethice Commission Filers) James Richard Arrendell 4 Date 5 Payee name 03/01/2024 **Academy Sports and Outdoors** 6 Amount (\$) 7 Payee address; City; State; Zip Code 1414 SH-336 Loop W 74.76 Conroe, Texas 77304 (a) Category (See Categories listed at the top of this schedule) (b) Description Polling Expense PURPOSE Portable Canopy **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Amount (\$) City; Payee address; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Clty; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH