	TE / OFFICEHOLDE ON FINANCE REPOR		FORM C/O COVER SHEET PG
The C/OH Instruction	Guide explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR FIRST MR James MICKNAME LAST Richard Arrendell	MI R SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change (FAddress	ADDRESS / PO BOX: APT / SUITE #; 900 Hargrove Lilley Lane Cl	city: state; zip cooe eveland, Texas 77328	NALL MOI
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 502-8425	FXTENSION	Data Rand-delivered or Data Posimerko
6 CAMPAIGN TREASURER NAME	MRS MRS FIRST MRS Keri NICKNAME LAST Arrendell	MI L SUFFI)	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE	900 Hargrove Lilley Lane Cle AREA CODE PHONE NUMBER		STATE: ZIP CODE
REPORT TYPE	(281) 622-7493 January 15 30th day before	e election Exceeded Mocified	15th day after campaign treasurer appointment (Officeholder Only) Final Roport (Altach C/OH - FR)
PERIOD COVERED	Month Day Year	Reporting Limit Month THROUGH 2	Day Year 5 24
ELECTION	ELECTION DATE Month Day Year Prima 3 5 / 24 Gene	Description.	
OFFICE	OFITCE HELD (if any)	13 OFFICE SOUGHT (# known) SJC Commission	ner Precinct 3
NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITY. CONSENT. CANDIDATES AND OFFICEHOLDERS ARE RECOMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TO	MES MAY HAVE BEEN MADE WITHOUT THE CAMBID	

	N FINANCE REPORT CO	OVER SHEET PG 2
15 C/OH NAME James Richard Arren		er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 100.00
	4. TOTAL POLITICAL EXPENDITURES	s 100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33.22
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,690.00
	Please complete either option below:	
	Please complete either option below:	
NOTARY STAMP/SEAL		day of
NOTARY STAMP/SEAL		day of
NOTARY STAMP/SEAL worn to and subscribed to	pefore me by this the thich, witness my hand and seal of office.	day of Title of officer administering oath
worn to and subscribed to	pefore me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR	
NOTARY STAMP/SEAL worn to and subscribed to to certify we gnature of officer administerion Unsworn Declaration	pelore me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR	Title of officer administering oath
NOTARY STAMP/SEAL worn to and subscribed to to certify was nature of officer administeric Unsworn Declaration name is James Ric	pefore me by this the thich, witness my hand and seal of office. Printed name of officer administering cath OR Chard Arrendell and my date of birth is 02-06	Title of officer administering oath
worn to and subscribed to the	pefore me by	Title of officer administering oath

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) James Richard Arrendell 21 SCHEDULE SUBTOTAL NAME (F SCHEDULE SUBTOTAL AMOUNT 1,5 SCHEDULE AT: MONETARY POLITICAL CONTRIBUTIONS 100.00 \$ 2. SCHEDULE AZ NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS S 3. SCHEDULE B PLEDGED CONTRIBUTIONS \$ SCHEDULE E LOANS 4. \$ 5. SCHEDULE POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS m 100.00 \$ 5. SCHEDULE F2. UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE 13 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ з. SCHEDULE FILE EXPENDITURES MADE BY CREDIT CARD \$ 9. SCHEDULE & POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11: SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$

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 t	o complete this	form.	1 Total pages Schedule A1:
2 FILER N/ James	^{ME} Richard A	rrendell			3 Filer ID (Ethics Commission Filers)
4 Date 01/22/202	Peter D 4 6 Contrib	ne of contributor Pavies utor address; Hurst Hous	City;	State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal Engineer	ecupation / Joh	title (See Instructions)		9 Employer (See Instruction County)	tions)
Date	Full nar	ne of contributor	out-of-state PAC	(IOu)	Amount of contribution (\$)
	Contrib	utor address;	City;	State; Zip Code	
Principal o	ecupation / Job	ille (See Instructions)		Employer (See Instruct	ions)
Date	Full nam	Full name of contributor out-of-state PAC (IDM		(ID#	Amount of contribution (\$)
	Contrib	itor address;		State; Zip Code	
Principal de	cupation / Job li	lle (See Instructions)		Employer (See Instruct	ions)
Date	Full nam	ne of contributor	oul-of-state PAC	(iD#:)	Amount of contribution (\$)
	Contribu	itor address;	Clly;	State; Zlp Code	
Principal oc	cupation / Job III	lle (See Instructions)		Employer (See Instructi	ons)
i			, l		
	If contribute			F THIS SCHEDULE AS NE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the re	quested inf	formation is not applicable, DO NOT inclu	de this page in the r	eport.
		EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
	king onse onations Made B no holder/Postica	Fex.s Office Food/Boverage Expense Polit GRVAwards/Memorials Expense Polit	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense nes/Wages/Contract Labor / to complete this form.	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages	Schedule F1	2 FILER NAME James Richard Arrendell		3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2	024	5 Payee name Cabney Cattle Company		
6 Amount (\$	2 8	7 Payee address;30 Hwy 150 Coldspring, Texas 77	City; 331	State; Zip Code
8		(iii) Category (See Categories listed at the top of this schedul	e) (b) Description	
PURP OF EXPEND		Gift Expense	Gift Certificate	
		(b) Check if travel outside of Fexes. Complete Schedule	T Check if Austr	n, TX, officeholder living expense
9 Complete <u>Q</u> expenditure	I <u>LY</u> if direct o benefit C/OH	Candidate / Off:ceholder name	Office sought	Office held
Date		Payee name		
Amount (\$)		Payee address;	City;	State; Zip Code
PURPO OF EXPEND	1	Calegory See Calegories listed at the top of this schedule	Description	
		Check if travel outside of Texas. Complete Schedule T	Check if Austin	, TX officeholder living expense
Complete ON expenditure of	Y if direct benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date		Payee name		
Amount (\$)		Payee address;	City;	State; Zip Code
PURPOS OF EXPENDIT		Category (See Categories listed at the lop of this schedule)	Description	
l'		Che-:k il travel outside of Taxas. Complete Schedule T	Check if Austin	TX, officeholder living expense
Complete ONL expenditure to		Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED	DED

		LIVER		I .		IOLDEF EPORT	8			co	FORM VER SHEE	C/OH T PG 1
	The C/OH	Instruction	Guide	explains ho	w to comp	lete this form.	1	Filer ID (F	thirs Commission Filen	s; 2 1	otal pages filed:	
3	OFFICE NAME	HOLDER	MF	/MRS/MR	Ja	FIRST Bmes			R		OFFICE USE C	DNLY
			100	kname hard	Α	LAST . rrendell			SUFFIX	Date	Received	ES
4	MAILING ADDRE	HOLDER		press / PO BO O Hargro		APT / SUITE #: / Lane Clev	спу; velanc		ate: zip code is 77328			
5	CANDID OFFICE PHONE	ATE/ HOLDER	7.540.00	13)		-8425		EX	LENSION	Date I	landsoekered of Dala	Poiltmotzou
6	CAMPAI TREASU NAME		MF	/ MRS / MR RS KNAME		FIRST (eri LAST LAST			MI L SUFFIX		ot s Amau	PAN G
R 8	CAMPAI TREASU ADDRES esidence d CAMPAI TREASU PHONE	RER SS Business)	90) Hargrov	PHONE	Lane Clev		, Texa	S ENSION		STATE ZIP C	ODE
9	REPÓR	TYPE		January 15 July 15		30th day before			Runoff Exceeded Modified Reporting Limit		15th day after campai treasurer appointment (Officeholder Only) Final Report (Attach C/	Ĭ
	PERIOD COVERE	D		Month 9	Day 7	Year 23	T	нкоидн	Month	Day 31	Year 24	
11 1	ELECTIC	N	жоо	ELECTION D	Year	■ Primary General		Runoff Special	ELECTION TYP Other Description			
12 (OFFICE		OFF	E HELD (if any					CE SOUGHT IT KNOW		Precinct 3	
9	NOTICE I POLITICA COMMIT	XL.	CONSE	NUMBER OF STREET	JEHOLDER, 11	HOLDERS ARE REQUI	S MAY HA	D OR POLITH VE BEEN MA	CAL EXPENDITURES I	MADE BY PO	OLITICAL COMMITTEES I R OFFICEHOLDER'S KNO VE NOTICE OF SUCH EXP	MI EDGE OD
	Additlon.	∮ Pages	2800	GENERAL SPECIFIC	COMMITTE	EE ADDRESS EE CAMPAIGN TRE						
_						GO ТО	PAGI	E 2				

	TE / OFFICEHOLDE N FINANCE REPOR		C	OVER	FORM C/OH SHEET PG 2
15 C/OH NAME James Richard Arrend	dell		16 File	r ID (Ethic	s Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		R THAN	\$	0.00
	2, YOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF L	OANS)	\$	0.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITA	CAL EXPENDITURE.		\$	1,645.78
	4. TOTAL POLITICAL EXPEN	NDITURES		\$	1,645.78
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF TI	HE LAST DAY	\$	36.22
OUTSTANDING LOAN FOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS	AS OF THE	\$	1,690.00
1) Affidavit	Please com	plete either option b	elow:		
NOTARY STAMP/SEAL					
Swom to and subscribed to certify w	hich, witness my hand and seal of office.	this	: the	day of	
gnature of ot icer administeri	19 pain Printed name of or	ficer administering oath		Title of off	icer administering oath
		OR			
2) Unsworn Declaration	1				
y name s Jame Rich	ard Arrendell	and my date of bi	th is 02-06	-1969	
	rove Lilley Lane	Cleveland		7328	USA
xecuted in San Jacinto	(street) County, State of Texas	Helia L		zip code) 2024 (ycsh	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER N. B mes l	Richard Ar		Filer ID (Ethics Commission Filers)
21		LE SUBTOTALS SCHEDULE	1	SUBTOTAL AMOUNT
ŗ.		SCHEDULE A1	MONETARY POLITICAL CONTRIBUTIONS	\$
2.		SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS	\$
4.	ш	SCHEDULE E	LOANS	s 1,690.00
5.		SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	UTIONS \$
6.		SCHEDULE F2	UNPAID INCURRED OBLIGATIONS	\$
7.		SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTI	RIBUTIONS \$
8.		SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD	\$
9		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1.645.78
10.		SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	JESS OF C/OH \$
1.		SCHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	utions \$
2			INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$

LOA		12.6			SCHEDULE E
If the f	equeste	ea into	mation is not applicable, DO I	NOT include this page in the re	eport.
	The	e Instru	etion Guide explains how to co	mplete this form.	1 Total pages Schedule E: 2
2 FILER N	f ·	ard A	rrendell		3 Filer ID (Ethics Commission Filers)
4 TOTAL	OF U	NITE	VIZED LOANS		\$ 1,690.00
5 Date of 09/11/.	1		Name of lender out-of-sta	9 Loan Amount (\$) 500.00	
6 Is lender a financia Institut o	a		onder address; City: Hargrove Lilley Lane Cle	State; Zip Code eveland Texas 77328	10 Interest rate 0.00 11 Maturity date
Υ [■	N				TT Maturity date
12 Principal Retired	occupat	lan / Ja	s title (See Instructions)	13 Employer (See Instructions) NA	
14 Descripti		lateral		Check if personal fun account (See Instruct	ds were deposited into political irons)
	AT ON	18 G	nard Arrendell puarantor address; City; Hargrove Lilley Lane Cle		19 Amount Guaranteed (\$) 500.00
Retired	Occupa	uon (St	n Instructions)	21 Employer (See Instructions) NA	
Date of lo 09/18/2	Diameter .		ame of lender 🔲 out-of-sta	te PAC (IDs)	Loan Amount (\$) 500.00
Is lender a financia Institution		***	ander address; City. Hargrove Lilley Lane Clev	State; Zip Code Veland Texas 77328	Interest rate 0.00 Maturity date
Principal Retired		on / Jot	tide (See Instructions)	Employer (See Instructions)	
Descriptio	n of Colla	ateral		Check if persona fund account (See Instruction	ls were deposited into political ons)
GUARAN INFORMA		Rich	me of guarantor nard Arrendell arantor address; City; Hargrove Lilley Lane Clev	State; Zip Code Veland, Texas 77328	Amount Guaranteed (\$) 500.00
- 10			Instructions)	Employer (See Instructions)	
	lf fei	nder is		PIES OF THIS SCHEDULE AS NEE	

LOA	1	ed info	rmation is not applicable, DO I	NOT include this page in the r	SCHEDULE E
	Th	e Instru	ction Guide explains how to co	mplete this form.	1 Total pages Schedule E: 2
2 FILER 1	1	ard A	rendell		3 Filer ID (Ethics Commission Filers)
4 TOTA	L CF U	NITE	MIZED LOANS	\$ 1,690.00	
5 Date of 11/11/	1		vame of lender out-of-str chard Arrendell	9 Loan Amount (\$) 750.00	
6 Is lender a financi Institutio	af		ender address; City; Hargrove Lilley Lane Cle	10 Interest rate 0.00	
Y	N				11 Maturity date
12 Principal Retired	occupa	ion / Jo	t lille (Sae Instructions)	13 Employer (See Instructions) NA	1
14 Descripti		llateral		Check if persona fun account (See Instruc	ds were deposited into political tions)
16 GUARAN INFORM		Ric 18 G	ume of guarantor nard Arrendell uarantor address; City; Hargrove Lilley Lane Cle	State; Zip Code	19 Amount Guaranteed (\$) 750.00
		1	nstructions)	21 Employer (See Instructions)	
Date of to	II		ame of lender 🔲 out-of-sta	tle PAC (IDs)	Loan Amount (\$) 40.00
Is lender a financia Institution	1	1	nder address; City; fargrove Lilley Lane Clev	State; Zip Code veland, Texas	Interest rate 0.00 Maturity date
Principal Retired	occupati	on / Job	title (See Instructions)	Employer (See Instructions)	
Descriptio	n of Coil	ateral		Check it personal fund account (See Instruct	es were deposited into political ons)
GUARAN INFORMA	исп	Rick	me of guarantor NATA Arrendell Arantor address: City; Hargrove Lilley Lane Clev	Slate; Zip Code	Amount Guaranteed (\$) 40.00
	plicable Decupation		instructions)	Employer (See Instructions)	
	lf le	nder Is		PIES OF THIS SCHEDULE AS NEE	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requ	ested info	mation is not applicable, DO NOT include this page in the report.
		EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expension Associating/Bank of Consulting Expension Contributions Contribution Condidate/Officer Credit Card Payment	ig ie illions Made By	Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Or District Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Sc		FLER NAME 3 Filer ID (Ethics Commission Filers)
4 Date 9/15/2	į	Cood Promotions
6 Amount (S) 5.52 4 Reamburser pointed earl	nantfrom d	Physical and Paras 77327 City: State: Zip Code Scott East Houston St Cleveland Texas 77327
B PURPOSE OF EXPENDITUR	RE	Printing Expense Signage Signage
9 Complete <u>ONLY</u> fr expenditure to be m		Check # Faustin TX, officeholder living expense Candidate / Officeholder name Office sought Office held
Date 11/13/2	3	San Jacinto County Elections Administrator
Rembursement (S) Rembursement political contra	estfrom	San Jacinto County Elections Administrator Physicaddress; City: State. Zip Code 51 East Pine Avenue ColdSpring TX 77331
PURPOSE OF EXPENDITURI	E	category (See Calegories listed at the top of this schedule) Description Filing Fee
Complete <u>CN:Y</u> expenditure to be		Candidate / Officeholder name Office sought Office held
Date 12/11/2 2		Vista Print
Reimbursement (S) Reimbursement political contributionided	nt from	Payee address: City, State; Zip Code 21 Ja Print, Com
PURPOSE OF EXPENDITURE		Description Printing EXPENSE Check it in a violation of Texas Complete Schedule T. Check it is a violation of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense
omplete ONLY I cit openditure to be refi	t C/OH	Candidate / Office holder name Office sought Office held amos Richard Arrendell 3-TC Commissioner
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS MRS MR 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER MR James R NAME Date Received MICKNAME LAST Richard Arrendell ODRESS / PO BOX; 4 CANDIDATE/ APT / SUITE #; OFFICE HOLDER 900 Hargrove Lilley Lane Cleveland, TX 77328 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Da'e Hand-dalivered or Date Postenirked OFFICE HOLDER (713)502-8425 PHONE Receipt # 48 / MRS / MR 6 CAMPAIGN FIRST MI TREASURER MRS Keri L NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Arrendell STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE TREASURER 900 Hargrove Lilley Lane Cleveland, TX 77328 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (281)622-7493 9 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointmen (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month Day COVERED 2 6 24 2 24 24 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Runoff Other Description 3 5 24 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) San Jacinto County Commissioner Pct. 3 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

Carlo	/ OFFICEHOLDER FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME James Righard Arrende		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)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 58.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 58.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 74.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	s 1,690.00
(1) Affidavit	Please complete either option below:	
NOTARY STAMP/SEAL Sworn to and subscribed bef 20, to certify whi	ore me by this the ch, witness my hand and seal of office.	day of
Signaturé of officer administering	Finited flame of officer administering dath	Title of officer administering oath
(2) Unsworn Declaration	OR	
_{My name s} James Rich		2-06-1969
My address is Hargrove L	illey Lane Cleveland TX	,77328 USA
executed in San Jacinto	(street) (city) (state County, State of Texas on the 19 day of February (month) Signature of Candidate	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER James	Richard Arrendell	20 Filer ID (Ethics C	ommissio	on Filers)
	DULE SUBTOTALS OF SCHEDULE	1		SUBTOTAL AMOUNT
1: 8	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	100.00
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIE	BUTIONS	\$	
3	SCHEDULE B: PLEDGED CONTRIBUTIONS		s	
4.	SCHEDULE E LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POL	TICAL CONTRIBUTIONS	\$	58.46
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7	SCHEDULE F3; PURCHASE OF INVESTMENTS MADE FROM P	OLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE S: POLITICAL EXPENDITURES MADE FROM PERS	ONAL FUNDS	s	
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	ONS TO A BUSINESS OF C/OH	s	
1.	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POL	ITICAL CONTRIBUTIONS	s	
2.	SCHEDULE K. INTEREST, CREDITS, GAINS, REFUNDS, AND CO	ONTRIBUTIONS RETURNED	\$	

The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1	
FILER NAME James Ri	chard Arrendell		3 Filer ID (Ethics Commission Filers)
Date 2/07/2024	5 Full name of contributor out-of-state PA Donald Casey	contributor out-of-state PAC (ID#) EY ddress; City; State; Zip Code	
Principal occi ngineer	cipa occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired		ions)
Date	Full name of contributor out-of-state PAC (ID#)		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor oul-of-state PAC (ID#:)		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
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) Em		Employer (See Instruction	ons)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested info	mation is not applicable, DO NOT inclu	de this page in the r	eport.
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expenses Contributions/Denaltions Made By Candidde/Criticoholder/Politica Credi Card Paymer)	Food/Boverage Expense Pollin Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages 3chedule F1	2 FILER NAME James Richard Arrendell		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2024	5 Payee name Sign City		
6 Amount (\$)	7 Payee address;	City,	State; Zip Code
58.46	108 N. Campbell St. Willis, Texas 77378		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Wire Stakes	
	(C) Check if travel outside of Texas, Complete Schedule T	Check if Austi	in, TX, officeholder living expense
9 Complete <u>CN-Y</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amoun: (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Calegory (See Calegories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete Q VLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (S)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	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 THE	S SCHEDIII E AS NEEL	OED.