

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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Anjuli		D
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX
	AJ	Renold	
ADDRESS / PO BOX:		APT / SUITE #:	CITY:
3007 Hummingbird Circle,		Bryan,	TX 77807
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER
(979)		219-5132	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Melora		A
7 CAMPAIGN TREASURER ADDRESS	NICKNAME	LAST	SUFFIX
		Reese	
STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:
1716 Briarcrest Drive,		Suite # 100,	Bryan,
(Residence or Business)		TX	77802
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER
(979)		575-8784	EXTENSION
9 REPORT TYPE			
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
<input 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)			
10 PERIOD COVERED			
Month Day Year 07 / 01 / 22 THROUGH Month Day Year 09 / 29 / 22			
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month	Day	Year	Primary
11	08	22	Runoff
		Other Description	
		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		Single Member District 5 Council Member	
14 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 / 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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	



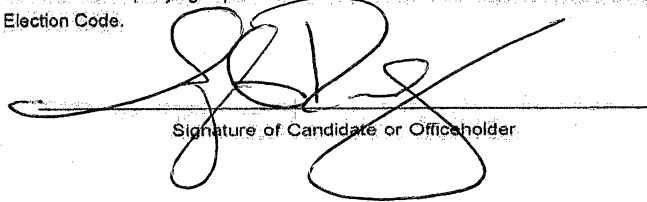
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

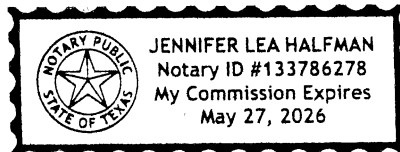
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Anjuli "AJ" Renold		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5920.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 78.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 5919.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5920.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Anjuli "AJ" Renold this the 11th day of October 2022 to certify which, witness my hand and seal of office.

Jennifer Halfman Signature of officer administering oath
Jennifer Halfman Printed name of officer administering oath
Notary Public 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
Anjuli "AJ" Renold

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5647.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 273.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5077.91
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 841.64
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 7
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2022	5 Full name of contributor Leah Renold <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 15804 Wildwood Trail Austin TX 78731		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/08/2022	Full name of contributor Mark & Nancy Browning <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4176 Shoal Creek Dr. College Station TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2022	Full name of contributor Linda Dimick <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6305 Sprucewood Cv. Austin TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2022	Full name of contributor John & Jeanne Delaney <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4313 Birchcrest Ln. Bryan TX 77802		
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: 7
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 07/18/2022	5 Full name of contributor Brad Gause out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2910 Aztec Ct. College Station. TX. 77845	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/18/2022	Full name of contributor Joan Quintana out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1309 E. William J Bryan Pkwy. Bryan. TX. 77803	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2022	Full name of contributor April Hedrick out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4413 Odell Ln. College Station. TX. 77845	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2022	Full name of contributor Ben & Nancy Hardeman out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1820 Gray Stone Dr. Bryan. TX. 77807	Amount of contribution (\$) \$150.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 07/19/2022	5 Full name of contributor out-of-state PAC (ID# _____) Texas Hand Therapy, LLC 6 Contributor address; City; State; Zip Code 3201 University Dr., Ste 365 Bryan. TX. 77802	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/19/2022	Full name of contributor out-of-state PAC (ID# _____) Theodore & Joan Foote Contributor address; City; State; Zip Code 2808 Broadmore Dr. Bryan. TX. 77802	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2022	Full name of contributor out-of-state PAC (ID# _____) Thomas & Susan Marty Contributor address; City; State; Zip Code 4324 Ledgestone Trail. College Station TX. 77845	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/20/2022	Full name of contributor out-of-state PAC (ID# _____) Barbara Patterson Contributor address; City; State; Zip Code 3788 Pate Rd. College Station. TX. 77845	Amount of contribution (\$) \$100.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 08/03/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Walter & Cindy Hinkle 6 Contributor address; City; State; Zip Code 4104 Wimbledon Cir. College Station TX. 77845	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Justin Farrell Contributor address; City; State; Zip Code 1808 Bee Creek Dr. College Station, TX. 77840	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2022	Full name of contributor out-of-state PAC (ID#: _____) Ellen Fuller Contributor address; City; State; Zip Code 2709 Mirkwood Ct. Bryan, TX. 77807	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Jay Cranberry Contributor address; City; State; Zip Code 17245 Eagle Pass Dr. College Station TX. 77845	Amount of contribution (\$) \$250.00
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.		

Reset Form

Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Brent & Krissie Hairston 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2022	Full name of contributor out-of-state PAC (ID#: _____) Jackie Pacha Contributor address; City; State; Zip Code 2207 Dewberry Ln. Bryan. TX. 77807	Amount of contribution (\$) \$47.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2022	Full name of contributor out-of-state PAC (ID#: _____) Patrick Tarwater Contributor address; City; State; Zip Code 203 Lis Ln. Bryan. TX. 77807	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2022	Full name of contributor out-of-state PAC (ID#: _____) Rick & Tilly Flores Contributor address; City; State; Zip Code 2715 Sprucewood St Unit A. Bryan. TX. 77801	Amount of contribution (\$) \$100.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2022	5 Full name of contributor Bill & Sue Stewart <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 2203 Lobo Dr. Bryan TX. 77807		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2022	Full name of contributor David Flint <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1978 Mountain Wind Ct. Bryan. TX. 77807		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2022	Full name of contributor Jason Arseneaux <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 10119 Elmo Weedon Rd Bryan. TX. 77808		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2022	Full name of contributor Oliver Renold <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 10314 Wagon Rd. Austin. TX. 78736		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 7
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2022	5 Full name of contributor out-of-state PAC (ID#: _____) John & Cecilia Anderson	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 200 Fireside Cir. College Station TX. 77840		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/18/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Tilted Pint	8 Amount of Contribution \$ 273.00	9 In-kind contribution description Food & drink for meet & greet
7 Contributor address: City: State: Zip Code 4248 Boonville Rd. Bryan. TX. 77802		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Anjali "AJ" Renold		3 Filer ID (Ethics Commission Filers)	
4 Date 07/14/2022		5 Payee name Farrell Gjesdal Strategy Group			
6 Amount (\$) 1500.00		7 Payee address: 4040 Hwy 6, Ste 200		City: College Station.	State: TX. Zip Code 77845
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule.) Consulting Expense		(b) Description Campaign Management		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 08/04/2022		Payee name Farrell Gjesdal Strategy Group			
Amount (\$) \$500.00		Payee address: 4040 Hwy 6, Ste 200		City: College Station	State: TX Zip Code 77845
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Consulting Expense		Description Campaign Management		
	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
Date 08/14/2022		Payee name The Grand Stafford			
Amount (\$) \$87.86		Payee address: 106 S. Main St.		City: Bryan.	State: TX. Zip Code 77803
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Event Expense		Description Ticket price paid to attend event, gave campaign talk/speech		
	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 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 Expenses	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.

1 Total pages Schedule F1: 3	2 FILER NAME Anjuli "AJ" Renold	3 Filer ID (Ethics Commission Filers)
4 Date 08/16/2022	5 Payee name Carney's Pub and Grill	
6 Amount (\$) \$400.00	7 Payee address; 3410 S. College Ave.	City: Bryan State: TX Zip Code: 77801
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food and beverages for hosting a meet and greet
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/16/2022	Payee name Copy Corner	
Amount (\$) \$259.04	Payee address; 2307 Texas Ave.	City: College Station State: TX Zip Code: 77840
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Stationary
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/02/2022	Payee name H-E-B	
Amount (\$) \$153.00	Payee address; 725 Villa Maria Rd.	City: Bryan State: TX Zip Code: 77802
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food for hosting a meet and greet
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)	
4 Date 09/02/2022		5 Payee name The Grand Stafford			
6 Amount (\$) 258.00		7 Payee address: 106 S. Main St.		City: Bryan	State: TX Zip Code: 77803
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Hosted a meet & greet		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/14/2022		Payee name C.C. Creations			
Amount (\$) \$841.65		Payee address: 1800. Shiloh Ave.		City: Bryan	State: TX. Zip Code: 77803
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign Signs		
	<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 09/19/2022		Payee name Farrell Gjesdal Strategy Group			
Amount (\$) \$1000.00		Payee address: 4040 Hwy 6, Ste 200		City: College Station.	State: TX. Zip Code: 77845
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Management		
	<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 PERSONAL FUNDS

SCHEDULE G

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	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.

1 Total pages Schedule G: 1	2 FILER NAME Anjuli "AJ" Renold	3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2022	5 Payee name C.C. Creations	
6 Amount (\$) \$841.64 <small>Reimbursement from political contributions intended</small>	7 Payee address: 1800 Shiloh Ave.	City: Bryan State: TX Zip Code: 77803
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED