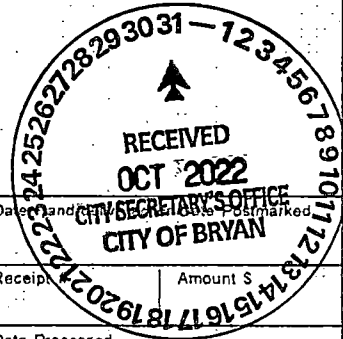


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST Anjuli	MI D	<div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; margin: 0 auto; width: 80%;">  </div> <p style="font-size: small; margin-top: 5px;">Date Received:</p> <p style="font-size: x-small; margin-top: 5px;">Date and time of Receipt Postmarked:</p> <p style="font-size: x-small; margin-top: 5px;">Receipt Amount \$</p> <p style="font-size: x-small; margin-top: 5px;">Date Processed</p> <p style="font-size: x-small; margin-top: 5px;">Date Imaged</p>
	NICKNAME AJ	LAST Renold	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 3007. Hummingbird Circle.	APT / SUITE #: Bryan.	CITY: TX.	
Change of Address	STATE: TX.	ZIP CODE 77807		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER 219-5132	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST Melora	MI A	
	NICKNAME	LAST Reese	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): 1716 Briarcrest Drive, Suite. 100.	APT / SUITE #: Bryan	CITY: TX	
(Residence or Business)	STATE: TX	ZIP CODE 77802		
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 575-8784	EXTENSION	
9 REPORT TYPE	<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) <input type="checkbox"/> July 15 <input checked="" 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 09	Day 30	Year 22	
	THROUGH	Month 10	Day 29	
	Year 22			
11 ELECTION	ELECTION DATE Month Day Year 11 08 22	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) 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 GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

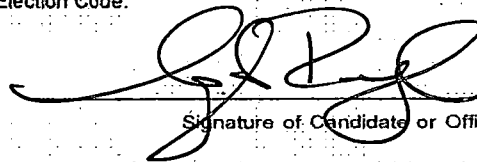
FORM C/OH
COVER SHEET PG 2

16 C/OH NAME
Anjuli "AJ" Renold

16 Filer ID (Ethics Commission Filers)

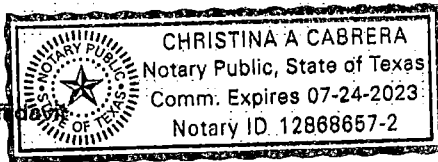
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2355.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1950.00
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 AJ Renold this the 31st day of October

2022 to certify which, witness my hand and seal of office.

Christina A. Cabrera Christina A. Cabrera Notary Public
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 Anjuli "AJ" Renold		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1950.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2355.40
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	\$ 0.00
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: 3

2 FILER NAME

Anjuli "AJ" Renold

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/2022

5 Full name of contributor

Todd Riemenschneider

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address:

1511 Texas Ave. South College Station TX. 77840

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4/2022

Full name of contributor

Ben Speer

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50.00

Contributor address:

303 West Brookside Dr. Bryan. TX. 77801

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/2022

Full name of contributor

Brent & Krissie Hairston

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500.00

Contributor address:

[REDACTED]

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/2022

Full name of contributor

Charles Hermann

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50.00

Contributor address:

1019 Muirfield Village College Station. TX. 77845

City: State: Zip Code

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: 3
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2022	5 Full name of contributor out-of-state PAC (ID# _____) Claude Bernard Lynch III 6 Contributor address; City; State; Zip Code 3008 Hickory Ridge Circle Bryan TX 77807	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2022	Full name of contributor out-of-state PAC (ID# _____) Amos McDonald Contributor address; City; State; Zip Code 122 West Hobbit Glen Dr The Woodlands TX 77384	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2022	Full name of contributor out-of-state PAC (ID# _____) Matthew Faulkner Contributor address; City; State; Zip Code 209 South Main St Bryan TX 77803	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2022	Full name of contributor out-of-state PAC (ID# _____) Laura Becker Contributor address; City; State; Zip Code 5307 Draycott Court Bryan TX 77802	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

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: 3
2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2022	5 Full name of contributor out-of-state PAC (ID# _____) Pierre Renold	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 5931 Victor St. Dallas TX 75214		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/25/2022	Full name of contributor out-of-state PAC (ID# _____) Angelita Garcia Alonzo	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2311 Carter Creek Pkwy. Bryan TX 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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)		Employer (See Instructions)
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)		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.		

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	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages - Schedule F1: 4		2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)	
4 Date 10/2/2022		5 Payee name Anedot Inc.			
6 Amount (\$) \$10.30		7 Payee address: 1340 Poydras St., Suite # 1770.		City: New Orleans.	State: LA.
				Zip Code 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Credit Card Merchant Fees		
	(c) Check if travel outside of Texas. Complete Schedule T		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 10/4/2022		Payee name Anedot Inc.			
Amount (\$) \$2.30		Payee address: 1340 Poydras St., Suite # 1770.		City: New Orleans	State: LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Merchant Fees		
	Check if travel outside of Texas. Complete Schedule T		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 10/6/2022		Payee name Anedot Inc.			
Amount (\$) \$2.30		Payee address: 1340 Poydras St., Suite # 1770		City: New Orleans	State: LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Merchant Fees		
	Check if travel outside of Texas. Complete Schedule T		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

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	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: 4		2 FILER NAME Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)	
4 Date 10/6/2022		5 Payee name Farrell Gjesdal Strategy Group			
6 Amount (\$) 992.50		7 Payee address: 4040 Hwy 6, Suite 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 10/23/2022		Payee name Anedot Inc.			
Amount (\$) \$4.30		Payee address: 1340 Poydras St., Suite # 1770		City: New Orleans	State: LA Zip Code: 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Merchant Fees		
	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 10/23/2022		Payee name Anedot Inc.			
Amount (\$) \$4.30		Payee address: 1340 Poydras St., Suite # 1770		City: New Orleans	State: LA Zip Code: 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Merchant Fees		
	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 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 F1: 4		2 FILER NAME Anjuli "AJ" Renold			3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/2022		5 Payee name Anedot Inc.				
6 Amount (\$) \$4.30		7 Payee address; 1340 Poydras St., Suite # 1770			City: New Orleans	State: LA
					Zip Code 70112	
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 10/24/2022		Payee name Anedot Inc.				
Amount (\$) \$20.30		Payee address; 1340 Poydras St., Suite # 1770			City: New Orleans	State: LA
					Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description Credit Card Merchant Fees		
	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 10/25/2022		Payee name Anedot Inc.				
Amount (\$) \$2.30		Payee address; 1340 Poydras St., Suite # 1770			City: New Orleans	State: LA
					Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description Credit Card Merchant Fees		
	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 Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Anjuli "AJ" Renold	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2022	5 Payee name Farrell Gjesdal Strategy Group	
6 Amount (\$) \$1312.50	7 Payee address: 4040 Hwy 6, Suite 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	Payee name	
Amount (\$)	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
Date	Payee name	
Amount (\$)	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 THIS SCHEDULE AS NEEDED