

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 (for Commission filers)

2 Total pages filed

12

3 CANDIDATE / OFFICEHOLDER NAME

MR. ALAN J

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

AL RENDL
17535 POWDERDA PINES DR
HOUSTON TX 77090

5 CANDIDATE / OFFICEHOLDER PHONE

(281) 450-0184

6 CAMPAIGN TREASURER NAME

ALAN J. RENDL

7 CAMPAIGN TREASURER ADDRESS

SAME

8 CAMPAIGN TREASURER PHONE

() SAME

9 REPORT TYPE

January 15 30th day before election Recall 15th day after campaign (for state representative or officeholder only)
 July 15 90th day before election Exceeded Modified Remaining Limit Final Report (Attach C/OH-FR)

10 PERIOD COVERED

Month Day Year Month Day Year
08 28 2024 THROUGH 10 01 24

11 ELECTION

ELECTION DATE: Month Day Year 11 05 24
ELECTION TYPE: Primary Recall Office Description Special Special

12 OFFICE

OFFICE HELD (if any)
1

13 OFFICE SOUGHT (if known)

NACRWA DIST. V Director

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Received 10/1/24

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Reopened

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME ALAN RENDL

16 Filer ID (Ethics Commission Filers)

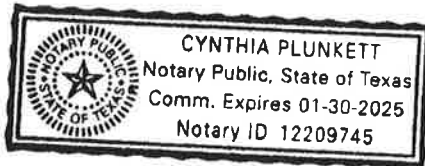
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8925.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6835.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2129.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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.

Alan J. Rendl
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Alan J. Rendl this the 1st day of October 2024, to certify which, witness my hand and seal of office.
Cynthia Plunkett Cynthia Plunkett Finance Director
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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 ALAN J. REUDL		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8965.48
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6835.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 | Office Reimbursement | Self-Insured Fundraising Expense |
| Accounting/Banking | Fees | Office Expense and Rental Expense | Transportation Security & 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) |
| Gift Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4** 2 FILER NAME: **ALAN J. RENDL** 3 Filer ID (E Ethics Commission Filers)

4 Date: **8-29-24** 5 Payee name: **FROST BANK**

6 Amount (\$): **37.40** 7 Payee address: **2715 Cypress Creek Hwy Houston TX 77097**

8 PURPOSE OF EXPENDITURE: **Accounting/Banking**
 (a) Category: **Accounting/Banking** (b) Description: **CANDIDATE CHECKS**
 Check if paid outside of Texas, Complete Schedule G 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: **8-29-24** Payee name: **ALAN RENDL**

Amount (\$): **121.55** Payee address: **17535 POWDERSPINES Houston TX 77090**

PURPOSE OF EXPENDITURE: **ADVERTISING**
 Category: **ADVERTISING** Description: **LETTER TO MYD DIRECTORS**
 Check if paid outside of Texas, Complete Schedule G Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **8-29-24** Payee name: **HENRY DIBYLL ASSOC.**

Amount (\$): **1037.63** Payee address: **4203 GRADE SHADOW CT KATY TX 77494**

PURPOSE OF EXPENDITURE: **CONSULTING EXPENSE**
 Category: **CONSULTING EXPENSE** Description: **CONSULT ON SEN JOSPIN LETTER WRITING**
 Check if paid outside of Texas, Complete Schedule G 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)

Adult Entertainment Expense Advertising/Banking Consulting Fees Contributions/Donations Made By Candidate Official/Political Committee Post Card Expense	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Non-Residential Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salary/Wages/Contract Labor	Educational/Training Expense Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (attach category not listed above)
---	---	---	--

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4** 2 FILER NAME: **ALAN J. REVDL** 3 Filer ID (Ethics Commission Filers)

4 Date: **9/04/24** 5 Payee name: **DIRELL & ASSOC.**

6 Amount (\$): **880.00** 7 Payee address: **4203 LAKE SHADOW CT. KATY TX 77494**

8 PURPOSE OF EXPENDITURE: **ADVERTISING**

(a) Category: **ADVERTISING** (b) Description: **ROAD SIGNS & YARD SIGNS**

(c) Check if travel outside of Texas, Complete Schedule F 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: **9/11/24** Payee name: **DIRELL ASSOC**

Amount (\$): **2820.00** Payee address: **4203 LAKE SHADOW CT KATY TX 77494**

PURPOSE OF EXPENDITURE: **ADVERTISING**

Category: **ADVERTISING** Description: **LETTERS & ROAD SIGN PLACEMENT**

Check if travel outside of Texas, Complete Schedule F Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **8/30/24** Payee name: **AMAZON.COM**

Amount (\$): **7.89** Payee address: **AMAZON.COM**

PURPOSE OF EXPENDITURE: **ACCOUNTING BANKING**

Category: **ACCOUNTING BANKING** Description: **OFFICE SUPPLIES & COMPENSATION**

Check if travel outside of Texas, Complete Schedule F 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 | Selection/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 ALAN J. RENDL	3 Filer ID (Ethics Commission Filers)
4 Date 9/17/24	5 Payee name ALAN RENDL	
6 Amount (\$) 56.80	7 Payee address: 17535 PONDOSA PINES DR City: HOUSTON TX State: Zip Code: 77090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Postcards & Postage to 72 church members
	<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 9/21/24	Payee name HENRY DIBRELL ASSOCIATES	
Amount (\$) 1000.00	Payee address: 4203 LEADSHAW CT. KATY TX City: KATY TX State: Zip Code: 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description DIGITAL AD
	<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 9/23/24	Payee name ALAN RENDL	
Amount (\$) 52.29	Payee address: 17535 PONDOSA PINES DR HOUSTON TX City: HOUSTON TX State: Zip Code: 77090	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 63 letter MAIL OUT TO Church Friends.
	<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 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 Expenses |
| 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: 4	2 FILER NAME Alan Rendle	3 Filer ID (Ethics Commission Filers)
4 Date 9/25/24	5 Payee name Alan Rendle	
6 Amount (\$) 101.24	7 Payee address: City: State: Zip Code 17535 Ponderosa Pkwy Houston TX 77090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP	(b) Description STRATEGY SESSION LUNCH TO CREATE NEWS AD.
	(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 9/27/24	Payee name HENRY D. STELL ASSOC.	
Amount (\$) \$600.00	Payee address: City: State: Zip Code 4203 CLADE SHADOWS CT. KATY TX 77454	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description (letters print) FOLD, STICK MAIL
	(c) <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 9/30/24	Payee name ALAN RENDLE	
Amount (\$) 120.35	Payee address: City: State: Zip Code 17535 Ponderosa Pkwy Houston TX 77090	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description BUSH CARD MAILING TO Church friends +
	(c) <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

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 5
2 FILER NAME ALAN RENDL		3 Filer ID (Ethics Commission Filers)
4 Date 8/28/24	5 Full name of contributor ALAN RENDL CAMPAIGN 2022 Transfer	7 Amount of contribution (\$) \$ 665.48
6 Contributor address [Redacted] Houston TX 77090		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 8/28/24	Full name of contributor SHOUTING HU	Amount of contribution (\$) 500.00
Contributor address [Redacted] Bellaire TX 77418		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions)
Date 8/28/24	Full name of contributor RON CHAPMAN	Amount of contribution (\$) 50.00
Contributor address [Redacted] HOUSTON TX 77269		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions)
Date 8/29/24	Full name of contributor Jerry F Homan	Amount of contribution (\$) 500.00
Contributor address [Redacted] Brenham TX 77834		
Principal occupation / Job title (See Instructions) Business manager		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 under Schedule A
5

2 FILER NAME

ALAN RENDL

3 Filer ID: PAC or Committee ID: _____

4 Date

8/28/24

5 Full name of contributor

RAYMOND A. RAHMAN

7 Amount of contribution (\$) **250.00**

6 Contributor address

City State Zip Code

HOUSTON TX 77019

8 Principal occupation / Job title (See Instructions)

ENGINEER

9 Employer (See Instructions)

WESTERN LAND CONSULTANTS

Date

8/28/24

Full name of contributor

RAVIKAT YANA MANDALA

Amount of contribution (\$) **1000.00**

Contributor address

City State Zip Code

PEARLAND, TX 77984

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

GEOTECH ENGINEERING

Date

8/29/24

Full name of contributor

RAFAEL ORTACA

Amount of contribution (\$) **1000.00**

Contributor address

City State Zip Code

Spring TX 77373

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

Date

8/29/24

Full name of contributor

PAUL P. KUAN

Amount of contribution (\$) **1000.00**

Contributor address

City State Zip Code

HOUSTON TX 77041

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

LAND TECH

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.

2 FILER NAME ALAN J. RENDL	7 Total Contributions 5
4 Date 8/28/24	3 Filer ID: [Redacted]
5 Full name of contributor MARK W. HEDAKER	7 Amount of contribution (\$) 500.00
6 Contributor address [Redacted] KATY TX 77494	
8 Principal occupation / job title (See Instructions) ENGINEER	9 Employer (See Instructions)

4 Date 8/28/24	5 Full name of contributor SAHEEN CHAUDHURY	7 Amount of contribution (\$) 500.00
	6 Contributor address [Redacted] KATY TX 77450	
	8 Principal occupation / job title (See Instructions) ENGINEER	9 Employer (See Instructions)

4 Date 8/28/24	5 Full name of contributor JAWED MOHEET	7 Amount of contribution (\$) 500.00
	6 Contributor address [Redacted] The Woodlands TX 77393	
	8 Principal occupation / job title (See Instructions) ENGINEER	9 Employer (See Instructions)

4 Date 9/5/24	5 Full name of contributor QUIDITY PAC	7 Amount of contribution (\$) 250.00
	6 Contributor address [Redacted] Houston TX 77401	
	8 Principal occupation / job title (See Instructions)	9 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 number of contributions **5**

2 Name of contributor **ALAN J. REUDL**

3 Date **9/10/24**

4 Full name of contributor **RICHARD CARL MURPHY**

5 Contributor address **[REDACTED]**

6 City, State, Zip Code **HOUSTON TX 77090**

7 Amount of contribution (\$) **100.00**

8 Principal occupation and title (See Instructions) **Retired**

9 Employer (See Instructions)

10 Date **9/12/24**

11 Full name of contributor **LAWRENCE D GOLDBERG**

12 Contributor address **[REDACTED]**

13 City, State, Zip Code **HOUSTON TX 77007**

14 Amount of contribution (\$) **100.00**

15 Principal occupation and title (See Instructions) **ENGINEER**

16 Employer (See Instructions)

17 Date **9/17/24**

18 Full name of contributor **JOHN M. HARPER**

19 Contributor address **[REDACTED]**

20 City, State, Zip Code **HOUSTON TX 77099**

21 Amount of contribution (\$) **1066.00**

22 Principal occupation and title (See Instructions) **ENGINEER/CONSTRUCTION**

23 Employer (See Instructions) **HARPER BARNES CONSTRUCTION**

24 Date **9/17/24**

25 Full name of contributor **BRENT F. BOWEN**

26 Contributor address **[REDACTED]**

27 City, State, Zip Code **Spring TX 77380**

28 Amount of contribution (\$) **250.00**

29 Principal occupation and title (See Instructions) **ENGINEER**

30 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.

2 FILER NAME: **ALAN RENDL**

4 Date: **9/24/24** 5 Full name of contributor: **TAYLOR WELCH**

6 Contributor address: [Redacted] City: **HOUSTON TX** State: **TX** Zip Code: **77354**

1 Total pages: **5** (Schedule A)

3 Filer ID: (Ethics Commission Filers)

7 Amount of contribution: (\$)

300⁰⁰

8 Principal occupation / Job title (See Instructions):

ENGINEER

9 Employer (See Instructions)

Date: **9/24** Full name of contributor: **HARPE ASSOCIATES STATE PAC**

Contributor address: [Redacted] City: **RICHMOND TX** State: **TX** Zip Code: **75041**

Amount of contribution: (\$)

500⁰⁰

Principal occupation / Job title (See Instructions):

Employer (See Instructions)

Date: Full name of contributor: out-of-state PAC (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 (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.