

# 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     |                | 2 Total pages filed:<br>5                                            |                                                                                                       |        |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                                      |                | FIRST<br>Renee | MI                                                                   | OFFICE USE ONLY<br><br>Date Received                                                                  |        |
|                                                                                                       | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                           |                | LAST<br>Bottom | SUFFIX                                                               |                                                                                                       |        |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>1002 Pine Meadow Court<br><br>Southlake, TX 76092                                                                                                                                                                                                                                                                                                                                        |                |                | ZIP CODE                                                             | Date Hand-delivered or Date Postmarked                                                                |        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                |                                                                      | Receipt #                                                                                             | Amount |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                |                                                                      | Date Processed                                                                                        |        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                |                                                                      | Date Imaged                                                                                           |        |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                                      |                | FIRST<br>Renee | MI                                                                   |                                                                                                       |        |
|                                                                                                       | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                           |                | LAST<br>Thomas | SUFFIX                                                               |                                                                                                       |        |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br>2113 Vail Rd., Southlake, TX 76092                                                                                                                                                                                                                                                                                                                  |                |                |                                                                      |                                                                                                       |        |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE NUMBER   | EXTENSION      |                                                                      |                                                                                                       |        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    | (713) 320-7477 |                |                                                                      |                                                                                                       |        |
| 8 REPORT<br>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)<br><input checked="" 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) |                |                |                                                                      |                                                                                                       |        |
| 9 PERIOD<br>COVERED                                                                                   | Month                                                                                                                                                                                                                                                                                                                                                                                                                              | Day            | Year           | THROUGH                                                              | Month Day Year                                                                                        |        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | 01/01/2026     |                                                                      | 06/30/2026                                                                                            |        |
| 10 ELECTION                                                                                           | ELECTION DATE                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                | ELECTION TYPE                                                        |                                                                                                       |        |
|                                                                                                       | Month                                                                                                                                                                                                                                                                                                                                                                                                                              | Day            | Year           | <input type="checkbox"/> Primary<br><input type="checkbox"/> General | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Special<br><input type="checkbox"/> Other |        |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)<br>Carroll School District Trustee Place 5                                                                                                                                                                                                                                                                                                                                                                    |                |                | 12 OFFICE SOUGHT (if known)                                          |                                                                                                       |        |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME Bottom, Renee

14 Filer ID

15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

☐ Additional Pages

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 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)

\$ 0.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 377.02

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7,077.90

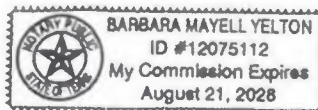
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 AFFIDAVIT

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.



*Renee Bottom*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RENEE BOTTOM, this the 13<sup>th</sup> day of JULY, 2026, to certify which, witness my hand and seal of office.

*Barbara Mayell Yelton*  
Signature of officer administering

Barbara Mayell Yelton  
Printed name of officer administering

*Notary Public*  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

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|                                           |                                                                                                             |                 |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------|
| 18 FILER NAME<br>Bottom, Renee            |                                                                                                             | 19 Filer ID     |
| 20 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL AMOUNT |
| 1.                                        | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$              |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 377.02       |
| 6.                                        | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$              |
| 7.                                        | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$              |
| 8.                                        | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$              |
| 9.                                        | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$              |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                 |                                                                                                                                                                                                            |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 1/2 Rpt: 4/5       | 2 FILER NAME<br>Bottom, Renee                                                                                                   | 3 Filer ID                                                                                                                                                                                                 |
| 4 Date<br>02/05/2026                                  | 5 Payee name<br>CFO Shield, LLC dba Red Elephant Reports                                                                        |                                                                                                                                                                                                            |
| 6 Amount (\$)<br>\$150.00                             | 7 Payee address; City; State; Zip Code<br>959 W. Glade Rd.<br><br>Hurst, TX 76054                                               |                                                                                                                                                                                                            |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                                          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bookkeeping & Reporting |
| 9 Complete ONLY if direct expenditure to benefit C/OH |                                                                                                                                 |                                                                                                                                                                                                            |
| Date<br>03/30/2026                                    | Candidate/Officeholder name<br>Office sought<br>Office held                                                                     |                                                                                                                                                                                                            |
| Amount (\$)<br>\$32.20                                | Payee name<br>Dumont Creamery & Cafe<br><br>Payee address; City; State; Zip Code<br>8400 Preston Rd #150<br><br>Plano, TX 75024 |                                                                                                                                                                                                            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Office         |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                                 |                                                                                                                                                                                                            |
| Date<br>02/26/2026                                    | Candidate/Officeholder name<br>Office sought<br>Office held                                                                     |                                                                                                                                                                                                            |
| Amount (\$)<br>\$108.23                               | Payee name<br>Microsoft, Inc.<br><br>Payee address; City; State; Zip Code<br>1 Microsoft Way<br><br>Redmond, WA 98052           |                                                                                                                                                                                                            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Software         |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                                 |                                                                                                                                                                                                            |

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Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                    |                                                                                                                                                                                                 |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 2/2 Rpt: 5/5              | 2 FILER NAME<br>Bottom, Renee                                                                      | 3 Filer ID                                                                                                                                                                                      |
| 4 Date<br>01/20/2026                                         | 5 Payee name<br>NFHS Network                                                                       |                                                                                                                                                                                                 |
| 6 Amount (\$)<br>\$86.59                                     | 7 Payee address; City; State; Zip Code<br>2990 Brandywine Road #300<br><br>Atlanta, GA 30341       |                                                                                                                                                                                                 |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                        | Office sought      Office held                                                                                                                                                                  |