

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

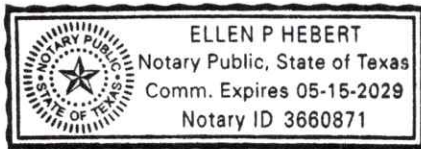
15 C/OH NAME Tiffany S Auzenne		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,339.16
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 40.81
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,986.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 535.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,162.20

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.

Tiffany S Auzenne
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tiffany Auzenne this the 24th day of April, 2020

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

Ellen P. Hebert Ellen Hebert Notary
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 Tiffany S Auzenne		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,339.16
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. ■ SCHEDULE E: LOANS		\$ 1,290.52
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,655.01
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 290.52
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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:
2 FILER NAME Tiffany S Auzenne		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2026	5 Full name of contributor out-of-state PAC (ID# _____) Zonnie Ilonze 6 Contributor address; City; State; Zip Code 2807 Winthrop Meadow Way Katy TX 77494	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Franchisee		9 Employer (See Instructions) Scooter's Coffee
Date 03/24/2026	Full name of contributor out-of-state PAC (ID# _____) Ashlee Shuler Contributor address; City; State; Zip Code 27318 Cheshire Edge Lane Katy, TX 77494	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2026	Full name of contributor out-of-state PAC (ID# _____) Artheria Tuck Contributor address; City; State; Zip Code Tyler, TX 75707	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2026	Full name of contributor out-of-state PAC (ID# _____) Patricia Robinson Contributor address; City; State; Zip Code 2603 Fry Rd Katy, TX 77449	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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:
2 FILER NAME Tiffany S Auzenne		3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2026	5 Full name of contributor out-of-state PAC (ID# _____) Nnenna Ananaba 6 Contributor address; City; State; Zip Code 5119 Red Oak Valley Dr Katy, TX 77494-4016	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Akije Real Estate
Date 04/01/2026	Full name of contributor out-of-state PAC (ID# _____) Jhonnette Smith Contributor address; City; State; Zip Code 27915 Hawkeye Ridge Ln Katy, Texas 77494	Amount of contribution (\$) 50.08
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) KISD
Date 04/03/2026	Full name of contributor out-of-state PAC (ID# _____) Shaneikwa Sanders Contributor address; City; State; Zip Code 204 Bonita Street Jacksonville , TX 75766	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2026	Full name of contributor out-of-state PAC (ID# _____) Onyinyechi Stephen Contributor address; City; State; Zip Code San Antonio, TX	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Tiffany S Auzenne		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2026	5 Full name of contributor out-of-state PAC (ID# _____) Crystal Herndon 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2026	Full name of contributor out-of-state PAC (ID# _____) Patrice Ruffin-Brown Contributor address; City; State; Zip Code 506 Willow Cir Duncanville, TX 75116-4934	Amount of contribution (\$) 19.08
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2026	Full name of contributor out-of-state PAC (ID# _____) Sheree L Smiling Contributor address; City; State; Zip Code	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2026	Full name of contributor out-of-state PAC (ID# _____) Keisha Rice Contributor address; City; State; Zip Code	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Tiffany S Auzenne		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2026	5 Full name of contributor out-of-state PAC (ID# _____) Mona Kalu 6 Contributor address; City; State; Zip Code 4011 Oakwood Rock Ln Katy, TX 77494-2697	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/07/2026	Full name of contributor out-of-state PAC (ID# _____) Victor Abu Contributor address; City; State; Zip Code 3634 Winding Point Ln Katy, TX 77494-3742	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Texas Capital
Date 04/07/2026	Full name of contributor out-of-state PAC (ID# _____) Ify Okereke Contributor address; City; State; Zip Code 2610 McDonough Way 1784 Katy TX 77494	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) NA
Date 04/08/2026	Full name of contributor out-of-state PAC (ID# _____) Anita Hawkins Contributor address; City; State; Zip Code	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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: 5
2 FILER NAME Tiffany S Auzenne		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Belva Jean Hare 6 Contributor address; City; State; Zip Code 1327 Sapphire Bay Ct Houston, TX 77094-2967	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 04/11/2026	Full name of contributor out-of-state PAC (ID#: _____) Shane Copelin Contributor address; City; State; Zip Code 640 Delmar St Houston, TX 77023-1309	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Tolulope Oluwadairo Contributor address; City; State; Zip Code 15619 Sheldon Lake Dr. Cypress, TX 77433	Amount of contribution (\$) 25.00
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.		

LOANS**SCHEDULE E**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 E: 4
2 FILER NAME Tiffany S Auzenne		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/01/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Tiffany Auzenne	9 Loan Amount (\$) 500.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 24907 Bridgeton Meadow Ln Katy, TX 77494	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Banker		13 Employer (See Instructions) American Bank
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$) 0.00
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 04/02/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Tiffany Auzenne	Loan Amount (\$) 500.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 24907 Bridgeton Meadow Ln Katy, TX 77494	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) American Bank
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$) 0.00
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS**SCHEDULE E**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 E: 4
2 FILER NAME Tiffany S Auzenne		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/04/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Tiffany Auzenne	9 Loan Amount (\$) 8.14
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 24907 Bridgeton Meadow Ln Katy, TX 77494	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Banker		13 Employer (See Instructions) American Bank
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$) 0.00
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 04/04/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Tiffany Auzenne	Loan Amount (\$) 11.87
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 24907 Bridgeton Meadow Ln Katy, TX 77494	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) American Bank
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$) 0.00
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS**SCHEDULE E**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 E: 4
2 FILER NAME Tiffany S Auzenne		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/04/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Auzenne	9 Loan Amount (\$) 11.36
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 24907 Bridgeton Meadow Ln Katy, TX 77494	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Banker		13 Employer (See Instructions) American Bank
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$) 0.00
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 04/07/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Tiffany Auzenne	Loan Amount (\$) 25.65
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 24907 Bridgeton Meadow Ln Katy, TX 77494	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) American Bank
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$) 0.00
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS**SCHEDULE E**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 E: 4
2 FILER NAME Tiffany S Auzenne		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/17/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Auzenne	9 Loan Amount (\$) 211.87
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 24907 Bridgeton Meadow Ln Katy, TX 77494	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Banker		13 Employer (See Instructions) American Bank
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$) 0.00
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 04/18/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Auzenne	Loan Amount (\$) 21.63
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 24907 Bridgeton Meadow Ln Katy, TX 77494	Interest rate 0.00
		Maturity date
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) American Bank
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$) 0.00
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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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: 2	2 FILER NAME Tiffany S Auzenne	3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2026	5 Payee name Good Party LLC	
6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 916 SILVER SPUR ROAD 310, ROLLING HILLS ESTATES, CA 90274 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Pro Subscription
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/30/2026	Candidate / Officeholder name Young Technology	
Amount (\$) 266.01	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/06/2026	Candidate / Officeholder name Dibrell & Associates	
Amount (\$) 1,800.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text Messages
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 2	2 FILER NAME Tiffany S Auzenne	3 Filer ID (Ethics Commission Filers)
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4 Date 04/06/2026	5 Payee name Katy American Little League
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6 Amount (\$) 9.00	7 Payee address; City; State; Zip Code 24927 Morton Ranch Rd, Katy, TX 77493 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food
	(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
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Date 04/13/2026	Payee name Dibrell & Associates
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Amount (\$) 570.00	Payee address; City; State; Zip Code 4203 Glade Shadow Ct Katy, TX 77494 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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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
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 2	2 FILER NAME Tiffany S Auzenne	3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2026	5 Payee name Trafee Coffee & Tea	
6 Amount (\$) 8.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1922 Greenhouse Road Ste 250 Houston, TX 77084 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Drink
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/04/2026	Payee name Walmart	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 25108 Market Place Dr Katy, TX 77494 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Ponchos
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/04/2026	Payee name Banh Mi Tea	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 347 S Mason Rd, Unit 1/2 Katy, TX 77450 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Drinks
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 2	2 FILER NAME Tiffany S Auzenne	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2026	5 Payee name Vogs	
6 Amount (\$) 25.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10610 Gaston Road Ste 190 Katy, TX 77494 <small>Check if individual's residence address</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Lunch Meeting
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2026	Payee name Tractor Supply	
Amount (\$) 211.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 445 FM 1463 Rd Katy, TX 77494 <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Hardware for Signage
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/18/2026	Payee name Tractor Supply	
Amount (\$) ✓ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 444 FM 1463 Rd Katy, TX 77494 <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Hardware for Signage
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

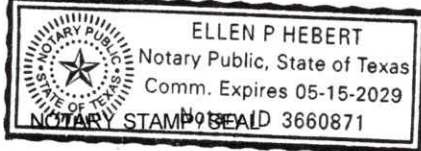
OFFICE USE ONLY	
Date Received	RECEIVED
	APR 24 2026
	BY: <u>9:05am JLF</u>
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>TIFFANY AUZENNE</u>	Filer ID #
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- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 8TH DAY BEFORE ELECTION report due on 4/24/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



[Signature]
Signature of Filer

Sworn to and subscribed before me by Tiffany Auzenne this the 24th day of April, 2026, to certify which, witness my hand and seal of office.

[Signature] Ellen Hebert Notary
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 Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER