FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME NICKNAME SUFFIX 4 CANDIDATE/ 2 Harcock Ave #203 CC OFFICEHOLDER MAILING **ADDRESS** Change of Address City Secretary CANDIDATE/ EXTENSION **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR MI 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged ZIP CODE CAMPAIGN TREASURER Conpus Christi, TX 78413 **ADDRESS** (Residence or Business) EXTENSION 8 CAMPAIGN TREASURER 960-3612 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Medified July 15 \$th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 10 THROUGH 11 ELECTION ELECTION TYPE Runoff Other Menth OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES. MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EARPENDITURES INVADE BY POLITICAL COMMITTEES TO SEPTEMENT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Rachel Caballen	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	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)	s 9271.34		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	s 7092.87		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	* 2178.47		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
MARIAH H MANNINO ID# 13368975-7 Notary Public STATE OF TEXAS My Comm. Exp. 04-06-2026 complete either option below:				
(1) Affidavit				
NOTARY STAMP/ SEA				
Sworn to and subscribed	before me by Rachel Caballero this the which with ass my hand and seal of office. Mariah Mannino	11 day of October,		
20, to certify	which, with ass my hand and seal of office.	Nul oldio		
Signature of officer administe	pring oath Printed name of officer administering oath	Title of officer administering path		
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is			
		AMAZINE		
-		ate) (zip code) (country)		
Executed in	County: State of on the day of	(year)		
	Signature of Candida	ite/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Rachel Caballer 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9211.34
2.	SCHEDULEA2. NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 1092.81
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	\$
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 Tetal pages Schedule A1, Z
2 FILER NAME	Rachel Caballers	3 Filer ID (Ethics Commission Filers)
4 Date 8 7 9 8 7 9 18 7	522 Hancrek Pro CC TX	8137134
/	ation / Job title (See Instructions)	Amount of contribution (\$) 2. Zip Code 2. 78401 Apployer (See Instructions)
Set	r-employed	
S/A		Amount of contribution (\$) Type Code Type Code
Principal Scur	F- UMO TVEA	nployer (See Instructions)
Date 8/16	Full name of contributor cultafistate PAC (10#	67-100
Principal occup	Sation (Job title (See Instructions) KWIK SH W	nployer (See Instructions) UIK SET

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 AT

If the requested information is not applicable, DO NOT include this page in the report.

		The state of the s	
The	Instruction Guide explains how to complete this for	m.	1 Tetal pages Schedule A.L. 3
2 FILER NAME	Rachel Caballero		3 Filer (C (Ethics Commission Filers)
4 Date	5 Full name of contributor Cut-of-state PAC (10%) 6 Contributor address; City; S City; S	tale; Zip Code	7 Amount of contribution (S)
	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Sky/V2	Full name of contributor PAC (1881) CC Prof File Righters ASSUC LTC Contributor address; City; S (2014 Ayers St CC		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID= Michael Thomas Contributor address: City; St	zate; Zio Code X 7841 9	Amount of contribution (3)
Princeal occur	pation. Job title (See Instructions)	Employer (See Instruction	ns)
Oate Q\S\NZ	Full name of contributor Equipments PAC (104) Alan Rickertsen Contributor address; City: St. CC	tate; Zip Code	Amount of contribution (\$)
Principal occu	dation / Job title (See Instructions)	Employer (Sae Instructio	ns)
	ATTACH ADDITIONAL COPIES OF T	MIS SCHEDURE AC ME	

If contributor is out of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE AT

The	e Instruction Guide explains how to complete th	is form.	1 Tetal pages Schedule AT. 3
FILER NAME	Rachel Caballers	:	3 Filer (O. (Ethics Commission Filers)
pate r/m	Seuli name of contributor Christine Gilse Christine Gilse 6 Contributor address; City; State; Zip Code 7360 Humming bird Ln Brenham TX 77833		7 Amount of contribution (5)
Principal occu	upation / Job title (See Instructi u ns)	9 Employer (See Instruction Bencer LLC	•
Date Name of the Post of the P	Full name of contributor (1) out-of-state Part (1) Contributor address; City; (1) City	State: Zip Code	Amount of contribution (\$)
Principal occup AHO	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 0 3 22	Full name of contributor Out-el-state PA Antonio Jimenez Contributor address: City; 7002 Ridge Stre Dr	State; Zip Code (CY 7843	Amount of contribution (\$)
Principal occup	pation Job title (See Instructions)	Employer (See Instructi	ons)
Date 122	Emilee Cancino Contributor accress, City: 122 St. Anthony Dr; Sit	State; Zip Code	Amount of contribution (S) $2,000.99$
Self · W	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Principal occu	pation,/ Job title (See Instructions)	Employer (Sae Instructi	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX8(a) eansqx3 gairstach Loan Repayment/Reimburgement Soliciteticn/Fundrasing Expense Accounting/Banking Fees Office @verhead/Rental Expense Transportation Equipment & Related Expense Food/Neverage Expense Consulting Expense Poling Expense Travel in District Contributions/Bonations Made By GlfVAwards/Memonals Expense Printing Expense Travel Out Of District Candidate/Officeholder/Pekticel Committee Salaries/Mages/Contract Laber 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 Fi 2 FILER NAME 3 Filer 10 (Expics Commission Filers) aballen 4 Date 5 Payee name Zip Code 6 Amount (5) Hayden Rd Scotsdale AZ 85260 8 website/email quarterly fees PURPOSE **EXPENDITURE** (c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete QN_Y if direct expenditure to benefit C/OH Zip Code Amount (\$) Ra Scotsdale AZ 85260 **PURPOSE** OF EXPENDITURE Check if travelouside of Texas Complete Schedule T Chack if Auslin, TK, officeholder living expense Office held Candidate / Officeholder name Office sevent Complete ONLY if direct expenditure to benefit C/OH Saints Graphic Design Payee address; State; Zip Code Category (See Categories listed at the top of this sanedale) PURPOSE OF EXPENDITURE Check (travejouts da la Texas Complete Schedule 1 Check (Auste TX officere dor only release Office sought Office Feld Candidate : Officeholder nams Complete ONLY If direct axpenditure is \$eneft C.CH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense Accepting/Banking Consulting Expense Contributions Bonstions Made (Candidate/Officer/Politic Credi Card Paymer)		Loan Repayment/Reimburgement Office five-mean/Rental Expense Pointg Expense Printing Expense Salarien/Mages/Contract Latter	Sciptation/Fundraging Expanse Transpotation Equipment & Related Expanse Travel in Cristica Travel Out Of Cestnot Other (enters calegery notifited above)
1 Total pages Schedule 81	2 FILER NAME RACHEL COM	pallen	3 Filer ID (Ethics Commission Filers)
4 Date 8 172	5 Payee name City of Com	lus Chnisti	^-
6 Amount (s)	7 Payee address: 1201 Leupard S	t CCTX 784	State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categores listed at the two of this si	filingt	ee
9 Complete QN_Y if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	in, TX, officeholder living expense Office held
8 11 12	Payee name Wells Fargo		
Amount (\$) 2.50	Payee address,	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Accounting Banki	0	r
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expenditure to benefit O/CF		Owice Statement	Of its field
8/2/22	Vista Print		
3/9.65	215 Wyman St Wa	iltham MA	State; Zip Code 0245)
PURPOSE OF EXPENDITURE	Printing Expense	Bustiness Cards	+ downgers
Complete <u>ONE</u> Pidzect expondition in FunditiOCI	Cress (traveltouts to a flexe) Comprission Candidate / Officeholder name	Office sought	. TV of candider wire excessor Office Next
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SCHEDULE F1

	EXPENDITURE CATEGORIES	FORBOX8(a)	
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Credit Com Peymon	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedula Fill	2 FILER NAME RACHEL Caball	en	3 Filer ID (Ethics Commission Filers)
4 Date \$ 9/22	5 Payee name T-Mobile	****	*
6 Amount (\$)	PO Box 37380 Albug	uerque NI	State, Zip Code M 87176
8	(a) Category (See Categories listed at the tex of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rontal Exp	Phne	
	(c) Check if travel outside of Texas Complete Schedule T	Check if Aust	in, TX, officeholder living expense
9 Complete ΩN,Y if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
8/11/N	Payee name SE40830		
Amount (\$) 447.28	Payee address,	City;	State; Zip Code
and the second s	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel In District	Fhel	
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Complete <u>ONLY</u> if direct expenditure to benefit G/CF	Candidate / Officeholder name f	Office saught	Office held
Dale	Payee name		
8/13/2022	TX Secretary of State		
Amount (5)	Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Odlegory were determed retail at the tip of the conducted Office Overhead Rental Exp	Other /	Uscarch
	Choos / Vaves Cuts do to Taxas Compicile Symesure T	Check / Augus	- TE of the decision of the second
Domplete <u>ONLY</u> if brect expanditure in various C.Ci	Candidate i Officeholder carse S	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX8(a)

Advertising Expense
Accounting/Banking
Consulting/Banking
Consulting/Expense
Controllers/Bonations Made By
Canaddats/Officeholice//Pefficel Committee

Event Expense Facs Foot/Beverage Expense GIB/Awards/Memonals Expense Least Services

Loan Repayment/Reimbursarnant Office @verneac/Rental Expense Pointing Expense Salaries/Massal Contract Labor

Solicitation/Fundrasing Expanse Transpotation Equipment & Related Expanse Transfund Cetrus Transf Out Of Cetrat

Candidate/Officeholden Pelkie Credit Cam Paymer,	© Committee Legal Services Salaries And The Instruction Guide explains how to c	Vages/Contract Laber Other (enters category not listed above) complete this form.
1 Total pages Schedule Fil	2 FILER NAME RACHEL Caballe	3 Filer ID (Ethics Commission Facts)
4 Date 8 11 22	5 Payee name Party City	
6 Amount (5) 1	7 Payee address: 4101 US-77 CCTX 78	City; State, Zip Gode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the tex of this schedule)	Bay Jammin Event
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense
9 Complete <u>QN_Y</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
8/11/22	Mesquite Pizza	
Amount (\$)	Payee address;	City; State; Zip Code
*50.28	617 N. Misquite St	CE 1X 78401
PURPOSE OF EXPENDITURE	FOTA/ BEVERAGE EXP	Bay Jammin Event
	Chatrificavelouside of Yexas Damplete Schedula T	Chack if Auslin. Tit, officino lder living expansa
Complete <u>ONLY</u> if direct expenditure to herefit 0:04	Candidate / Officeholder name I	Office saught Office held
8\15\22	Offia Depot	
*62.12	Payee address; 1131 S Staples 87 U	City: State; Zip Code 78404
PURPOSE OF EXPENDITURE	Office Overhead / Cental Exp	office supplies paper
	Chast / Vavaticuts dans flexes comprete Symenute 1	That's Chase. TV off candider with a standy
Complete <u>ONIX</u> If avect exponettation reveals C.C.	Candidate : Office-holder name i	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX8(a)	
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1 Total pages Schedule Fil	2 FILER NAME RACHEL Cabo	allen	3 Filer ID (Etnies Commission Filers)
4 Date 8 29 22	5 Payee name Affordable T	Shirts: Gra	phics
6 Amount (5) 6 185.34	7 Payee address: 1170 S. Port Ave. C	C TX 78405	State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed of the two of this sinh		l signs
	(c) Check if travel outside of Texas Complete Sched	ule T Check if Austin	n, TX, officeholder living expense
9 Complete <u>ON Y</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
8/29/N	Hayee name Home Dupot		
4 25.94	4038 SPORTAGE C	EX 78415	State; Zip Code
PURPOSE OF EXPENDITURE	FAVER his interest lated at the top of this school	Description 210 tiles	for signs
ŧ	Chatkifinavelouside of Texas - Zemplete Sched	Je T Chack if Austro	. TX, officeholder living expense
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8/29/22	Payee name MITO		
Amouni (5)	Payee address;	City:	State; Zip Code
	Objectory (See dategories intendit the top of the cored	ue) Description	. 1 / .
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SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX8(a)	
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1 Total pages Schedule F1	2 FILES NAMED	illen	3 Filer ID (Etoice Commission Flars)
4 Date 8/29/22	5 Payee name The Print She	no Edinbura	\
6 Amount (S)	7 Payee address:	City;	State. Zip Code
*1732	3906 Stackson R	a tainburg	TX 18539
8	(a) Category (See Categories listed at the two of this sithed		
PURPOSE OF EXPENDITURE	Printing Expense	Political	signs
	(c) Check if travel outside of Texas Complete Schedul	leT Check if Austi	in, TX, officeholder living expense
9 Complete <u>ON, Y</u> if direct expenditure to benefit C/C	Candidate / Officeholder name)H	Office sought	Office held
Pate 6 22	Vista Print		
Amount (S) 4 196.56	Payee address,	City;	State; Zip Code
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PURPOSE OF EXPENDITURE	Printing Exp	Banner	
	Chack firevaloutide of Texas Amplete School	e T Check if Austr	n. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit OrC	Candidate / Officeholder name H	Office saught	Office held
Oate	Payee name		
4/1/22	Walmart		
Amouni (5) 436.08	6101 Swatzga blo	1 CCTX 784	State; Zip Code
	Gategory (See Categories) step at the top of this conedu	e) Description	1 .
PURPOSE OF EXPENDITURE	tvent expense	candy +	table covers
	Chain / Bavel / Island to Vavor Completion of	The Check (Augus	A TV (Signification with expension
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SCHEDULE F1

	EXPENDITURE CATED	SORIES FOR BOX8(a)	
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Codes Costo Payerno.	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule Ric	2 FILER NAME Rachel Cal	pallen	3 Filer ID (Ethics Commission Filers)
4 Date 9/14/22	5 Payee name SE18569		
6 Amount (s) 441.28	7 Payee address:	City; CL T	State, Zip Code
8	(a) Category (See Categories listed at the two of this s	chadule) (b) Description	
PURPOSE OF EXPENDITURE	Travel in District	Ful	
	(c) Check if travel outside of Texas Complete Sc	Redule T Check if Austr	n, TX, officeholder living expense
9 Complete <u>DNAY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
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Amount (\$) 14.50	Payee address. Heritage Par	City;	State; Zip Code
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	Chack (final/elourside of "expel (Zemplete Sc)	neduk T	s, T.K. officatioliser living expense
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9 15 22	Big Sam's Grill	t Bar	
Armount (5) 479.36	10514 Leopard St	U 1x 78410	State; Zip Code
PURPOSE OF EXPENDITURE	Event Expense		vent
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions Made 8; Candidate/Office-does/Political Credit Card Paymer	Committee Legal Services	Loan Repayment/Reimbursement Office @vertiesd/Rental Expense Pointig Expense Printing Expense Salariesh/Veges/Confract Laber	Soliptation/Fungraging Expense Transpote team Equipment & Related Expense Travel in Gretica Travel Out Of Gestrict Other (enteris category not listed above)	
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4 Date 9/19/22	5 Payee name Home Dupot			
6 Amount (\$)	7 Payee address;	City;	State, Zip Code	
8	(a) Category (See Categories listed at the two of this si	chadule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising Exp	TPOST (
Programme of the control of the cont	(c) Check if travel outside of Texas Complete Sci	edule T Check if Austi	n, 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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Amount (S)	Payee address; 401 8 Water 8t C	CTX78401	State: Zip Code	
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AMOUNI (S)	205 Adams St Co	CTX 78415	State; Zip Code	
	Category (See Categories) sted at the top of this car	Description	2	
PURPOSE OF EXPENDITURE	Event Expanses	Sound (a	2 events	
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Commete <u>ONLY</u> if direct exproditure in bare(b) 0. CB	Candidate : Officeholder nams	Office sought	Office held	
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SCHEDULE F1

	EXPENDITURE CATEG	SORIES FOR BOX8(a)	
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1 Total pages Schedule 83	The Instruction Guide explains 2 FILER NAME RACHE CA	naller	3 Filer ID (Ethics Commission Filers)
4 Date 9/20/22	5 Payee name Circle K		L
6 Amount (S)	7 Payee address;	City;	State, Zip Code
141.34		CCTX	
6	(a) Category (See Categories listed at the tex of this s	ichedule) (b) Description	
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	(c) Check if travel outside of Texas Complete Sc	Redule T Check if Aust	in, TX, officeholder living expense
Complete <u>ON</u> Y if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Pate 9/17/22	Payee name Target		
*40.50	Payee address! 5425 SPID CC	-TX 78411	State; Zip Code
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PURPOSE OF EXPENDITURE	Advertising Exp	Campaig	gn shirts
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	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX8(a)	
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Credit Corri Peyinszi,	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1	2 FILER NAME RACHEL Cabo	allen	3 Filer ID (Ethics Commission Faers)
4 Date 9/30/22	5 Payee name Affordable T-	Shirts + Gra	aghic5
6 Amount (S) 38.97	7 Payee address;	City;	V State, Zip Code
8	(a) Category (See Categories listed of the tex of this sithe	. 1	
PURPOSE OF EXPENDITURE	Advertising Exp	campaign.	shirts embroidery
	(c) Check if travel outside of Texas Complete Scied	uleT Check if Aust	In, TX, officeholder living expense
9 Complete QN_Y if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 0 3 22	Chrystal Moore		
2000 -	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Catagory (See Catagories listed at the top of this school EXPENSE	Description Campaign	koozies bylance Hentage Park
	Chask finavalouside of Texas -Zamplete Sched	LIST Check if Austr	n. TK, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit 2:OH	Candidate / Officeholder name	Office saught	Office held
Dale	Payee name		
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Gamplete <u>ONET</u> if direct suspenditure in passelt CCH	Candidate / Officenolder sams	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX8(a)	
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Cradit Cord Pays (m)	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedwe 81	2 FILER NAME RACHEL CON	pallen	3 Filer ID (Ethics Cerimission Flors)
4 Date 0 5 22	5 Payee name Home Depo) †	
# 39.73	7 Payee address;	City;	State. Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categores listed of the law of this sin	le the top top top	pplies for banner
	(c) Check if travel outside of Texas Complete Scientific	edule T Check if Austi	n, TX, officeholder living expense
9 Complete QN,Y if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
10/5/22	Birds Rubber St	amp	
Amount (\$) 431.39	Fayee address; 5230 Kostonyz	FII CC TX	State; Zip Code
PURPOSE OF EXPENDITURE	Advertising Exp	Description Nature 10	udges
	Chark firevelouside of Texas Camplete Sch	homes of	a. T.K. officeholner living expensa
Complete ONLY if direct expenditure to penefit C/Oi	Candidate / Officeholder name	Office saught	Office held
10/6/22	Affordable T-Shi	irts & Graphic	(5
Ambuni (s) *1054.64	Payee address;	City: ♥	State; Zip Code
PURPOSE OF EXPENDITURE	Printing Expense	Political	signs
Complete <u>ONE</u> if prediction of the Co	Charaf Veneralida or phisos Comprise long Candidate : Officeholder hams (3)	Cities sought	Office Early
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense
Acrounting/Banking
Consulting Expense
Conflibitions Sonations Made By
Candidate/Offices/Ser/Priviles/Committee

Event Expense
Fees
Food/Neverage Expense
Git/Awards/Memonals Expense
Legal Services

Loan Repayment/Reimbursariant Office diversessor/Rental Expense Posing Expense Printing Expense Salaries#//ages/Contract Labor

Solicitation/Function of Expense
Transpostation Equipment & Related Expense
Travel in Cristics
Travel Out Of Cristics
Other (orters palapers not listed answer

	The Instruction Guide explains how to	complete this form.	
otar pages Schedule 61	2 FILER NAME Rachel Caball	N 3 Filer ID	(Etnics Commission Filers)
Date 05 22	5 Payee name SE 18569	A.	
* 48.51	7 Payee address:	City; Sta	ite. Zip Code
	(a) Category (See Categories isled of the tex of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Travel in District	fuel	
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officehold	tar living expense
omplete <u>QNLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
0 5 72	B+J's Pizza		
mount (\$)	Payee address; W62 S87	ples St. CCTX	78413
PURPOSE	Category (See Categories listed at the top of this adiedule)	Description	<i>1</i> '11 .e.
OF EXPENDITURE	Event Expense	Event-charge 8	to pending
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OF EXPENDITURE promplete ONLY of direct penditure to benefit CrOH prount (s) purpose OF	Chartificate of Texas ≥ emplete Schedule 7 Candidate / Officeholder name Payee name HTB Payee address;	Chack a Austra, TX, efficehold Office saught City: Sta CC TX Description	or living expense Office held Is; Zip Code Hentager

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N						
3	SIGNA						
	designa	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signature of Candidate / Officeholder					
4		ILERWHOIS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder					
	Α.	CAMPAIGN FUNDS					
	Chec	k anly one:					
		do not have unexpended contributions or unexpended interest or income earned from political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	в.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other income from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		Signature of Candidate					
5		EHOLDER uplete this section only if you are an officeholder ••					
	a source at	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Signature of Officeholder					