

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filer)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Rachel</b>	MI <b>A</b>	OFFICE USE ONLY			
	NICKNAME	LAST <b>Caballero</b>	SUFFIX			Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE		
<input type="checkbox"/> Change of Address	<b>522 Hancock Ave #203 CC TX 78404</b>				<b>Date Filed 10/11/2022</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<b>(303)</b>	<b>521-8107</b>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Jessica</b>	MI	Date Hand Delivered or Date Postmarked			
	NICKNAME	LAST <b>Rodriguez</b>	SUFFIX	Receipt #	Amount \$		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #				CITY	STATE	ZIP CODE
(Residence or Business)	<b>4122 Eagle Dr. Corpus Christi, TX 78413</b>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<b>(361)</b>	<b>960-3612</b>					
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> #th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<b>02</b>	<b>09</b>	<b>21</b>		<b>10</b>	<b>10</b>	<b>2022</b>
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	<b>11</b>	<b>08</b>	<b>22</b>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				<b>City Council At-Large</b>			
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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

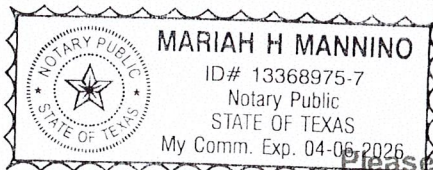
**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <b>Rachel Caballero</b>		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)	\$ <b>9271.34</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>7092.87</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>2178.47</b>
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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/ SEAL

Sworn to and subscribed before me by Rachel Caballero this the 11 day of October, 2023, to certify which, witness my hand and seal of office.

*[Signature]* Mariah Mannino Notary public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_  
My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Rachel Caballen</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9271.34</i>
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	\$ <i>7092.87</i>
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	\$

# 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. <b>3</b>
2 FILER NAME <b>Rachel Caballero</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/1; 9/8; 9/12 + 10/7/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rachel Caballero</b>	7 Amount of contribution (\$) <b>\$1,371.34</b>
6 Contributor address; City; State; Zip Code <b>522 Hancock Ave CC TX 78404</b>		
8 Principal occupation / Job title (See Instructions) <b>Self-employed</b>		9 Employer (See Instructions)
Date <b>8/8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eldon McQueen</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1102 Leopard St CC TX 78401</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed</b>		Employer (See Instructions)
Date <b>8/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ron Graban</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>410 Lang Rd Portland TX 78473</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed</b>		Employer (See Instructions)
Date <b>8/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dianna Hatton</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3005 Flora Manor Dr City Texas TX 77568</b>		
Principal occupation / Job title (See Instructions) <b>Sales - Kwik Set</b>		Employer (See Instructions) <b>Kwik Set</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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. **3**

2 FILER NAME **Rachel Caballero**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/16/22**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Noel Lopez**

7 Amount of contribution (\$)

**\$ 350<sup>00</sup>**

6 Contributor address; City; State; Zip Code  
**4220 SPID CC TX 78411**

8 Principal occupation / Job title (See Instructions)  
**Self-employed**

9 Employer (See Instructions)

Date  
**8/24/22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**CC Prof Firefighters ASSOC Local 936**

Amount of contribution (\$)

**\$ 2,500<sup>00</sup>**

Contributor address; City; State; Zip Code  
**6014 Ayers St CC TX 78415**

Principal occupation / Job title (See Instructions)  
**Union**

Employer (See Instructions)

Date  
**9/6/22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Michael Thomas**

Amount of contribution (\$)

**\$ 100<sup>00</sup>**

Contributor address; City; State; Zip Code  
**1717 Waldron Rd CC TX 78418**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**9/8/22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Alan Rickertsen**

Amount of contribution (\$)

**\$ 500<sup>00</sup>**

Contributor address; City; State; Zip Code  
**14405 Aquarius St. CC TX 78418**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. <b>3</b>
2 FILER NAME <b>Rachel Caballero</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/2/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Christine Giese</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>7380 Hummingbird Ln Brenham TX 77833</b>		
8 Principal occupation / Job title (See Instructions) <b>CEO</b>		9 Employer (See Instructions) <b>Bencor LLC</b>
Date <b>9/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tony Limon</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>614 Nebraska St Robstown TX 78380</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>10/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Antonio Jimenez</b>	Amount of contribution (\$) <b>\$200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>7002 Ridge Stone Dr CC TX 78413</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Emilee Cancino</b>	Amount of contribution (\$) <b>\$2,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>122 St. Anthony Dr; Sinton TX 78387</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**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         | Poling 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 <b>12</b>	2 FILER NAME <b>Rachel Caballero</b>	3 Filer ID (Elections Commission Filers)
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4 Date <b>2021</b>	5 Payee name <b>Go Daddy</b>
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6 Amount (\$) <b>\$351.51</b>	7 Payee address: <b>14455 N. Hayden Rd Scottsdale AZ 85260</b>	City:	State:	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	(b) Description <b>Website/email quarterly fees</b>
	(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
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Date <b>2022</b>	Payee name <b>Go Daddy</b>
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Amount (\$) <b>\$315.175</b>	Payee address: <b>14455 N Hayden Rd Scottsdale AZ 85260</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	Description <b>Website/email quarterly + renewals</b>
	<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
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Date <b>7/29/22</b>	Payee name <b>Southern Saints Graphic Design</b>
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Amount (\$) <b>75.00</b>	Payee address:	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	Description <b>Sign Political sign graphic</b>
	<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
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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   | Legislative/Fundraising Expense            |
| Accounting/Banking                            | Fees                          | Office Expenses/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                            | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By               | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidates/Officeholders/Political Committees | 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 <b>12</b>	2 FILER NAME <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Filer)
4 Date <b>8/1/22</b>	5 Payee name <b>City of Corpus Christi</b>	
6 Amount (\$) <b>102.00</b>	7 Payee address: <b>1201 Leopard St CC TX 78401</b> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>filing fee</b>
	(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		
Date <b>8/1/22</b>	Candidate / Officeholder name <b>Wells Fargo</b>	
Amount (\$) <b>2.50</b>	Office sought <b>Wells Fargo</b>	
	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>ATM fee</b>
	<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		
Date <b>8/2/22</b>	Candidate / Officeholder name <b>Vista Print</b>	
Amount (\$) <b>319.65</b>	Office sought <b>Waltham MA 02451</b>	
	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Business + door hangers cards</b>
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributor's Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>12</u>	<b>2</b> FILER NAME: <u>Rachel Caballero</u>	<b>3</b> Filer ID (Ethics Commission Filer):
<b>4</b> Date: <u>8/9/22</u>	<b>5</b> Payee name: <u>T-Mobile</u>	
<b>6</b> Amount (\$): <u>113.13</u>	<b>7</b> Payee address, City, State, Zip Code: <u>PO Box 37380 Albuquerque NM 87176</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule): <u>Office Overhead/Rental Exp</u>	<b>(b) Description</b> : <u>Phone</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<b>Candidate / Officeholder name</b>	<b>Office sought</b> <b>Office held</b>
<b>Date</b> : <u>8/11/22</u>	<b>Payee name</b> : <u>SE40830</u>	
<b>Amount (\$)</b> : <u>\$47.28</u>	<b>Payee address, City, State, Zip Code</b> : <u>CC TX</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule): <u>Travel In District</u>	<b>Description</b> : <u>Fuel</u>
	<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	<b>Candidate / Officeholder name</b>	<b>Office sought</b> <b>Office held</b>
<b>Date</b> : <u>8/13/2022</u>	<b>Payee name</b> : <u>TX Secretary of State</u>	
<b>Amount (\$)</b> : <u>\$20.00</u>	<b>Payee address, City, State, Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule): <u><del>Office Overhead/Rental Exp</del> Office Overhead/Rental Exp</u>	<b>Description</b> : <u>Other/Research</u>
	<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	<b>Candidate / Officeholder name</b>	<b>Office sought</b> <b>Office held</b>

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 Expense/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Check Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <b>12</b>	2 FILER NAME <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Filer)
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4 Date <b>8/11/22</b>	5 Payee name <b>Party City</b>
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6 Amount (\$) <b>\$90.39</b>	7 Payee address: <b>4101 US-77 CC TX 78410</b>	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Bay Jammin Event</b>
	(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 <b>8/11/22</b>	Payee name <b>Mesquite Pizza</b>
------------------------	-------------------------------------

Amount (\$) <b>\$50.28</b>	Payee address: <b>617 N. Mesquite St</b>	City: <b>CC</b>	State: <b>TX</b>	Zip Code: <b>78401</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Exp</b>	Description <b>Bay Jammin Event</b>
	<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 <b>8/15/22</b>	Payee name <b>Office Depot</b>
------------------------	-----------------------------------

Amount (\$) <b>\$62.12</b>	Payee address: <b>1737 S Staples St</b>	City: <b>CC</b>	State: <b>TX</b>	Zip Code: <b>78404</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental Exp</b>	Description <b>office supplies /paper</b>
	<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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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   | Solatory/Fundraising Expense               |
| Accounting/Banking                         | Fees                          | Office Expenses/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributors' 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: <b>12</b>	2 FILER NAME: <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Filer):
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4 Date: <b>8/29/22</b>	5 Payee name: <b>Affordable T-Shirts : Graphics</b>
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6 Amount (\$): <b>\$1,185.34</b>	7 Payee address: <b>1170 S. Port Ave CC TX 78405</b>	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Printing Expense</b>	(b) Description: <b>Political signs</b>
	(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
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Date: <b>8/29/22</b>	Payee name: <b>Home Depot</b>
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Amount (\$): <b>\$25.94</b>	Payee address: <b>4038 S Port Ave CC TX 78415</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Advertising Exp</b>	Description: <b>Zip ties for signs</b>
	<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
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Date: <b>8/29/22</b>	Payee name: <b>Sunoco</b>
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Amount (\$): <b>\$61.00</b>	Payee address:	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Travel out of District</b>	Description: <b>Fuel - Edinburg for signs</b>
	<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
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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 Expenses/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Bonuses 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 <b>12</b>	2 FILER NAME <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Fairs)
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4 Date <b>8/29/22</b>	5 Payee name <b>The Print Shop Edinburg</b>
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6 Amount (\$) <b>\$1732.00</b>	7 Payee address: <b>3906 S Jackson Rd Edinburg TX 78539</b>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Political signs</b>
	(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 <b>9/6/22</b>	Payee name <b>Vista Print</b>
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Amount (\$) <b>\$196.56</b>	Payee address:	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>	Description <b>Banner</b>
	<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 <b>9/7/22</b>	Payee name <b>Walmart</b>
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Amount (\$) <b>\$36.08</b>	Payee address: <b>6101 Saratoga Blvd CE TX 78414</b>	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Candy + table covers</b>
	<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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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 Expenses/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing 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 <b>12</b>	2 FILER NAME <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Filer)
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4 Date <b>9/14/22</b>	5 Payee name <b>SE18569</b>
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6 Amount (\$) <b>\$41.28</b>	7 Payee address: <b>CC TX</b>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Travel in District</b>	(b) Description <b>Fuel</b>
	(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 <b>9/14/22</b>	Payee name <b>Cats Market</b>
------------------------	----------------------------------

Amount (\$) <b>\$41.50</b>	Payee address: <b>Heritage Park</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Heritage Park Market Days 10/1/22</b>
	<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 <b>9/15/22</b>	Payee name <b>Big Sam's Grill + Bar</b>
------------------------	--

Amount (\$) <b>\$79.36</b>	Payee address: <b>10514 Leopard St CC TX 78410</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>9/15 Event</b>
	<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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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 Expenses/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Bonuses 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 FILER NAME <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Filer)
4 Date <b>9/19/22</b>	5 Payee name <b>Home Depot</b>	
6 Amount (\$) <b>19.71</b>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	(b) Description <b>TPost (1)</b>
	(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 <b>9/22/22</b>	Payee name <b>Nueces Brewing Co.</b>	
Amount (\$) <b>27.74</b>	Payee address; City; State; Zip Code <b>401 S Water St CC TX 78401</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>9/22 Event</b>
	(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 <b>9/22/22</b>	Payee name <b>Jose C Cavazos Jr.</b>	
Amount (\$) <b>1/00<sup>00</sup></b>	Payee address; City; State; Zip Code <b>205 Adams St CC TX 78415</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>	Description <b>Sound @ 2 events</b>
	(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

# 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 Accounting/Banking Consulting Expense Contributions/Bonuses 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 Expenses/Rental Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expenses Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>12</b>	2 FILER NAME: <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Filer):
4 Date: <b>9/26/22</b>	5 Payee name: <b>Circle K</b>	
6 Amount (\$): <b>\$41.34</b>	7 Payee address: <b>CC TX</b> City: State: Zip Code:	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Travel in District</b>	(b) Description: <b>Fuel</b>
	(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: <b>9/27/22</b>	Payee name: <b>Target</b>	
Amount (\$): <b>\$40.50</b>	Payee address: <b>5425 SPID CC TX 78411</b> City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Advertising Exp</b>	Description: <b>Campaign shirts</b>
	<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: <b>9/29/22</b>	Payee name: <b>Chrystal Moore</b>	
Amount (\$): <b>\$2500</b>	Payee address: <b>3437 Houston St CC TX</b> City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Event Expense</b>	Description: <b>Campaign kopzies/deposit Heritage Park</b>
	<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   | Salisbury/Fundraising Expense              |
| Accounting/Banking                         | Fees                          | Office Expenses/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Bonuses 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 <b>12</b>	2 FILER NAME <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9/30/22</b>	5 Payee name <b>Affordable T-Shirts + Graphics</b>
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6 Amount (\$) <b>38.97</b>	7 Payee address: City: State: Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	(b) Description <b>Campaign shirts embroidery</b>
	(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 <b>10/3/22</b>	Payee name <b>Chrystal Moore</b>
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Amount (\$) <b>200.00</b>	Payee address: City: State: Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Campaign koozies balance Heritage Park</b>
	<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 <b>10/4/22</b>	Payee name <b>Dark Lab Media</b>
------------------------	-------------------------------------

Amount (\$) <b>784.81</b>	Payee address: <b>10201 SPID #208</b>	City: <b>CC TX</b>	State: <b>TX</b>	Zip Code: <b>78418</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	Description <b>Website design</b>
	<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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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 Accounting/Banking Consulting Expense Contributors' Bonuses 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 Expenses/Rental Expenses Printing Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (enters category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <b>12</b>	2 FILER NAME <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Filer)
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4 Date <b>10/5/22</b>	5 Payee name <b>Home Depot</b>
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6 Amount (\$) <b>\$39.73</b>	7 Payee address:  City: State: Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	(b) Description <b>Rope + supplies for banner</b>
	(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 <b>10/5/22</b>	Payee name <b>Birds Rubber Stamp</b>
------------------------	---

Amount (\$) <b>\$31.39</b>	Payee address: <b>5230 Kostoryz #11 CC TX 78415</b>	City: State: Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	Description <b>Name Badges</b>
	<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 <b>10/6/22</b>	Payee name <b>Affordable T-Shirts &amp; Graphics</b>
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Amount (\$) <b>\$654.64</b>	Payee address:  City: State: Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Political signs</b>
	<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 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 Accounting/Banking Consulting Expense Contributor's 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 Advances/Rental Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expenses Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1 <b>12</b>	2 FILER NAME <b>Rachel Caballero</b>	3 Filer ID (Ethics Commission Filer)
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4 Date <b>10/5/22</b>	5 Payee name <b>SE 18569</b>
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6 Amount (\$) <b>48.51</b>	7 Payee address: <b>CC TX</b>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Travel in District</b>	(b) Description <b>Fuel</b>
	(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 <b>10/5/22</b>	Payee name <b>B + J's Pizza</b>
------------------------	------------------------------------

Amount (\$) <b>1.00</b>	Payee address: <b>6662 S Staples St. CC TX 78413</b>	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Event - charge still pending</b>
	<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 <b>10/31/22</b>	Payee name <b>HEB</b>
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Amount (\$) <b>100.86</b>	Payee address: <b>CC TX</b>	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Water &amp; Candy Heritage Park</b>
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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" ••

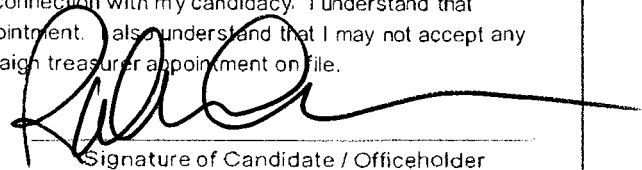
1 C/OH NAME

Raehel Caballero

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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. I 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 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

- I 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.

**B. ASSETS**

Check 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 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- 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