CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Annie Rebe	MI	OFFICE	USEONLY	
NAME	NICKNAME	Elliott	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		state; zip code Sich mond Tx 77496		JAN 17 2023 RC	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) L	FHONE NUMBER +23 - 4075	EXTENSION		d or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	Michael	(J) MI	Receipt #	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
		Elliott		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI Mimosa Lane,	Richmoral TX7	740 6	ZIP CODE	
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(832)4	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before el	ection Runoff		fter campaign appointment er Only)	
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Yea	ır	
COVERED	10	/30/22	THROUGH 12	/31/27	2_	
11 ELECTION	ELECTION DA		ELECTION TYPE			
	Month Day Year Primary Runoff Other Description					
	/ /	General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE				
		GO TO	PAGE 2			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ —
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,556.17
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 4
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ •
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ +

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Doll

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	4 Annie Rebecca Elliott		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
11322	Shell				
6 Amount (\$)	7 Payee address;	City;	State; ZIp Code		
59.21	5542.FM 359 Rich	wrd, 1x2			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Transportation Equipa	Fuel			
OF EXPENDITURE	Related EXP				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/4/22	Shell				
Amount (\$)	Payee address;	City;	State; Zip Code		
52.56	Richm	end, Tx			
,	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Transportation Equip	Free			
OF EXPENDITURE	Related Exp	109			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/_1	1 1				
17/22	Losteo				
Amount (\$)	Payee address;	City;	State; Zip Code		
33.41	23645 Katy Frwy	Laty			
	Category (See Categories listed at the top of this schedule)	Description	•		
PURPOSE	Transportation Eavip	Y			
OF EXPENDITURE	Related EtP	tue			
	Check If travel outside of Texas. Complete Schedule T.	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL CODIES OF THE	SCHEDIN EARNE	EDED		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS ME			

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/Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Credit Card Payment	The Instruction Gulde explains how to co	omplete this form.	Onion (enter a catego	ly not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
4 Date /8 /2022	5 Payee name			
6 Amount (\$) 43.71	7 Payee address; 17520 S.W. FRWY Sug	ar Lond	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equip Related Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/9/22	7-11			
Amount (\$)	Payee address;	City;	State;	Zip Code
13.62	R	ichnood T	4	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equip Related Exp	Description Fuel		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name Mike's Tagrana			
Amount (\$) 33.50	Payee address;	city; Cosenberg	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedulo) Food Bev. Expense	Description Meret E	typerse	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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/Donations Made By
Candidate/Officeholder/Political Committee
Cradit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

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 3 Filer ID (Ethlos Commission Filers) City; State: Zip Code Fulsheor -I.M. 1093 30.94 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Meet Exp. God Ber Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name State: Zip Code F.M. 1093 50.08 Category (See Categories listed at the top of this schedule) Description Fransportation Eavip Related PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY If direct Office held expenditure to benefit C/OH Date Wings i hims Amount (\$) Zip Code Food Ber Expense | Sugarland TX Category (See Categories listed at the top of this schedule) Description Food Bev Expense PURPOSE Experse EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY 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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/FundralsIng Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) 4 Date Sign Crew 6 Amount (\$) 7 Payee address: City; State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Sign Mgt PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name San's Club Amount (\$ State; Zip Code Huy 6 Sugar Land Tx Category (See Categories listed at the top of this schedule) Description PURPOSE Poll workers Con Event EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name P.F. Change Zip Code 2120 hone Star hn Sugar Land Category (See Categories listed at the top of this schedule) Description PURPOSE Food Bernage Expense Meeting **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) City; State; Zip Code 42,10 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Zip Code giftlawards Memorial Exp Flowers for Constituent PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Date Tusa de Oraclon Buenas Nuevas Churc Payee address; City; Amount (\$) RosenbergTx Category (See Categories listed at the top of this schedule) Contributions/Donations **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED