

# 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 Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MS. Rachelle D.</i>				<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.2em; font-weight: bold;">JUL 15 2025 RCVD</div>
	NICKNAME LAST SUFFIX <i>CARTER</i>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3033 Chimney Rock Ste. 610 Houston, Texas 77056</i>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(281) 903-0330</i>				Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MS. Makilyn</i>				Receipt # Amount \$
	NICKNAME LAST SUFFIX <i>PORTER</i>				Date Processed
					Date Imaged
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3033 Chimney Rock Ste. 610 Houston, Texas 77056</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(281) 903-0330</i>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	Month Day Year Month Day Year <i>1 / 1 / 25 THROUGH 6 / 30 / 25</i>				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>3 / 3 / 26</i> <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <i>Fort Bend County Judge</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

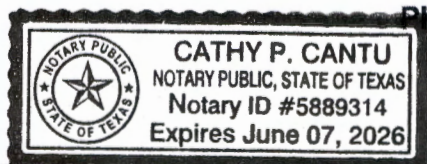
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>RACHELLE D. CARTER</u>		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)	\$ <u>100.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,721.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,937.30</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>873.43</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

*Rachelle D. Carter*  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rachelle D. Carter this the 15 day of July, 2025.

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

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>Rachelle D. CARTER</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ✓	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,621.00</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5. ✓	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,206.88</i>
6. ✓	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>1,200.00</i>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. ✓	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>530.42</i>
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 Total pages Schedule A1: 4
2 FILER NAME Rachelle D. CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kian MURRAY 6 Contributor address; City; State; Zip Code 4576 PARK San Diego, CA 92106	7 Amount of contribution (\$) 11.00
8 Principal occupation / Job title (See Instructions) Construction Management		9 Employer (See Instructions)
Date 5/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth DiPasquale Contributor address; City; State; Zip Code 9822 Sabine Circle Missouri City, TX 77459	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) <del>Construction Management</del> Pol. Consultant		Employer (See Instructions)
Date 5/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jonae ATKINSON Contributor address; City; State; Zip Code 8706 Link Terrace Lane Houston, TX 77025	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 6/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jessylen Age Contributor address; City; State; Zip Code 4015 Wentworth Drive Fulsham TX 77441	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 4
2 FILER NAME RACHELLE D. CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 6/11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DR. FAYE GERARD 6 Contributor address; City; State; Zip Code P.O. Box 17374 Sugarland TX 77496	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 6/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DR. ROBERTA SCOTT Contributor address; City; State; Zip Code 2918 Rainflower Knoll Pearland, TX 77584	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 6/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keith Jones Contributor address; City; State; Zip Code 23 DONOVAN COURT BRUNSWICK MD 21758	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions)
Date 6/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Victor Chatman Contributor address; City; State; Zip Code 2710 Redwing Grove Houston, TX 77038	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: <u>6</u>
2 FILER NAME <u>RACHELLE D. CARTER</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/11/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Belenn Brown</u> 6 Contributor address; City; State; Zip Code <u>2326 Sanders Brook Dr. Baytown, TX 77521</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions) <u>COOK FOREMAN-Dept of Justice</u>		9 Employer (See Instructions)
Date <u>6/27/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Lynell Smith</u> Contributor address; City; State; Zip Code <u>22306 Auburn Canyon Richmond, TX 77469</u>	Amount of contribution (\$) <u>500.00</u>
Principal occupation / Job title (See Instructions) <u>Business Owner</u>		Employer (See Instructions)
Date <u>6/20/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Lynell Smith</u> Contributor address; City; State; Zip Code <u>22306 Auburn Canyon Richmond, TX 77469</u>	Amount of contribution (\$) <u>750.00</u>
Principal occupation / Job title (See Instructions) <u>Business Owner</u>		Employer (See Instructions)
Date <u>6/13/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Lynell Smith</u> Contributor address; City; State; Zip Code <u>22306 Auburn Canyon Richmond, TX 77469</u>	Amount of contribution (\$) <u>500.00</u>
Principal occupation / Job title (See Instructions) <u>Business Owner</u>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME RACHELLE D. CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 6/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANK CIMINO 6 Contributor address; City; State; Zip Code 704 NORTH 31ST. TEMPLE, TX 76504	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) LEGAL		9 Employer (See Instructions)
Date 6/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Betsy Krubbs Contributor address; City; State; Zip Code 14090 S.W. FRWY Ste. 300 Sugarland TX 77476	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) LEGAL		Employer (See Instructions)
Date 6/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: IVY RICKETTS Contributor address; City; State; Zip Code 3003 South Street Ste. 300 Houston, TX 77054	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) LEGAL		Employer (See Instructions)
Date 6/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jaquelyn Christopher Contributor address; City; State; Zip Code 2911 Broad Reach Road Manvel, TX 77578	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) PHARMACY		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 4
2 FILER NAME RACHELLE D. CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reginald Lillie	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4914 Winely Orchard Houston, TX 77084		
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions)
Date 6/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanesia Johnson	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 16106 Dawn Marie Lane Sugarland, TX 77498		
Principal occupation / Job title (See Instructions) <del>Insurance</del> Social worker		Employer (See Instructions)
Date 6/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monique Shankle	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 13011 Old Windmill Drive Richmond, TX 77407		
Principal occupation / Job title (See Instructions) Legal		Employer (See Instructions)
Date 6/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syngman R. Stevens Jr.	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code P.O. Box 840303 Houston, TX 77284		
Principal occupation / Job title (See Instructions) Legal		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: <b>6</b>
2 FILER NAME <b>RACHELLE D. CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/30/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES SWINDALE</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>1802 LAKE QUITMAN DR. RICHMOND, TX 77046</b>		
8 Principal occupation / Job title (See Instructions) <b>Business owner</b>		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

# 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>RACHELLE D. CARTER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/20/25</b>		5 Payee name <b>Constant Contact - monthly expenses</b>			
6 Amount (\$) <b>30.39</b>		7 Payee address; City; State; Zip Code <b>1601 TRAPELO ROAD Suite 329 WALTHAM, MA 02451</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense &amp; Solicitation Fundraising</b>		(b) Description <b>political outreach</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	
Date <b>5/27/25</b>		Payee name <b>WP Fix it - monthly expenses</b>			
Amount (\$) <b>27.00</b>		Payee address; City; State; Zip Code <b>120 VANTIS DRIVE ALISO VIEJO, CA 92656</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Website maintenance</b>		Description <b>political website maintenance</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	
Date <b>6/20/25</b>		Payee name <b>constant contact - monthly expenses</b>			
Amount (\$) <b>30.39</b>		Payee address; City; State; Zip Code <b>1601 TRAPELO ROAD Suite 329 WALTHAM, MA 02451</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense &amp; Solicitation Fundraising</b>		Description <b>political outreach</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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>2</b>		2 FILER NAME <b>RACHELLE D. CARTER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>6/24/25</b>		5 Payee name <b>WP FIX IT - MONTHLY EXPENSES</b>			
6 Amount (\$) <b>27.00</b>		7 Payee address; City; State; Zip Code <b>120 VANTIS DRIVE ALISO VIEJO, CA 92656</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WEBSITE MAINTENANCE</b>		(b) Description <b>POLITICAL WEBSITE MAINTENANCE</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		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					
Date <b>6/26/25</b>		Payee name <b>PRINT N SIGN</b>			
Amount (\$) <b>1,905.20</b>		Payee address; City; State; Zip Code <b>7350 HARWIN DRIVE STE. 316-A HOUSTON, TEXAS 77036</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CAMPAIGN SUPPLIES + PRINTING EXPENSES</b>		Description <b>POLITICAL LIT &amp; CAMPAIGN SUPPLIES</b>		
	Check if travel outside of Texas. Complete Schedule T.		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					
Date <b>6/30/25</b>		Payee name <b>PRINT N SIGN</b>			
Amount (\$) <b>1,001.31</b>		Payee address; City; State; Zip Code <b>7350 HARWIN DRIVE STE. 316-A HOUSTON, TEXAS 77036</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CAMPAIGN SUPPLIES + PRINTING EXPENSES</b>		Description <b>POLITICAL LIT &amp; CAMPAIGN SUPPLIES</b>		
	Check if travel outside of Texas. Complete Schedule T.		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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>RACHELLE D. CARTER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/30/25</b>	5 Payee name <b>STRIP INC.</b>	
6 Amount (\$) <b>185.59</b>	7 Payee address; City; State; Zip Code <b>354 Oyster Point Blvd San Francisco, CA 94075</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>fees; processing fees</b>	(b) Description <b>payment platform for campaign donations</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <u>1</u>	<b>2</b> FILER NAME <u>RACHELLE D. CARTER</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date <u>6/26/25</u>	<b>6</b> Payee name <u>BLACK HAWK COUNTRY CLUB</u>	
<b>7</b> Amount (\$) <u>1,200.00</u>	<b>8</b> Payee address; City; State; Zip Code <u>12610 FM 1464 Richmond, Texas 77407</u>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>EVENT + EXPENSE</u>	
	<b>(b)</b> Description <u>PR. KICK OFF EVENT</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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <b>1</b>	2 FILER NAME <b>RACHELLE D. CARTER</b>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER	Name of financial institution <b>CAPITAL ONE BANK</b>
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6 PAYMENT	(a) Amount Charged \$ <b>530.42</b>	(b) Date Expenditure Charged <b>4/7/25</b>	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name <b>PRINT N SIGN</b>	(b) Payee address; City, State, Zip Code <b>7350 HARWIN DRIVE STE. 316-A HOUSTON, TX 77036</b>
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>CAMPUS + PRINTING EXPENSE</b>	(b) Description <b>POLITICAL LIT</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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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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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