

**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	2 Total pages filed: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Rachelle	MI MI
	NICKNAME	LAST Carter	SUFFIX
OFFICE USE ONLY			
Date Received			
JAN 16 2026 RCV			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	3033 Chimney Rock Suite 610 Houston, TX 77056		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Marilyn	MI MI
	NICKNAME	LAST Porter	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	3033 Chimney Rock Suite 610 Houston, Texas 77056		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		832-250-4794	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	07/01/2025	THROUGH	12/31/2025
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	None		
FORT BEND COUNTY JUDGE Place FORT BEND			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 22

13 C / OH NAME Carter, Rachele 14 Filer ID

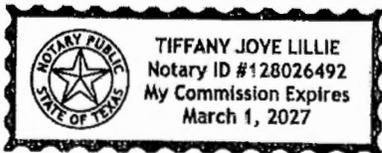
15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 110.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,460.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,923.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 204.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candidate, this the 15th day of January, 2024, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering

Tiffany J. Lillie
Printed name of officer administering

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Carter, Rachele		19 Filer ID
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,460.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 2,000.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,300.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,588.82
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 6,335.13
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/22
2 FILER NAME Carter, Rachelle		3 Filer ID
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Victoria 6 Contributor address; City; State; Zip Code 1652 W. Maypole Ave Chicago, IL 60612	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Transit		9 Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandeis, Karen Contributor address; City; State; Zip Code 127 Liberty Street Tustin, CA 92782	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CWA-COPE2 Contributor address; City; State; Zip Code 501 3rd Street N.W. Washington , DC 20001	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Fern Contributor address; City; State; Zip Code 814 Messina Lane TX 77469	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retire		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Tameika Contributor address; City; State; Zip Code 7322 Southwest Freeway Ste. 1010 Houston, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/22
2 FILER NAME Carter, Rachelle		3 Filer ID
4 Date 07/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claiborne, Danielle	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 105 Rue Gambetta Lafayette, LA 70507	
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Angela	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 13807 Lilac View Street Pearland, TX 77073	
Principal occupation / Job title (See Instructions) Assistant		Employer (See Instructions)
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenceroy, Celia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3326 Primrose Canyon Lane Pearland, TX 77584	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Derreck	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 334 Ximeno Ave Long Beach, CA 90814	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Norse	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 127 Monticello Irvine, CA 92620	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/22
2 FILER NAME Carter, Rachelle		3 Filer ID
4 Date 10/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerrard, Faye (Dr.) 6 Contributor address; City; State; Zip Code 951 Old Oyster Trail Sugarland TX 77478	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Oil and Gas		9 Employer (See Instructions)
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Terris Contributor address; City; State; Zip Code 35 American Quarlet Lane Henderson, NV 89011	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Ahmed Contributor address; City; State; Zip Code 16207 North Cross Houston, TX 77459	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Amelia Contributor address; City; State; Zip Code 3907 Dawn Rise Court Fresno, TX 77545	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Marshall
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Nicole Contributor address; City; State; Zip Code 26717 Westheimer Pkwy Suite 903 Katy, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/22
2 FILER NAME Carter, Rachelle		3 Filer ID
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaliban, Dawn	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 4020 Pawnee Pass Austin, TX 78738	
8 Principal occupation / Job title (See Instructions) Retired Lawyer		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lairson, Joan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 826 Arlington Ave Torrance, CA 90501	
Principal occupation / Job title (See Instructions) Auto		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lastrapes, Michelle (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code P.O. Box 331 Stafford, TX 77045	
Principal occupation / Job title (See Instructions) PA		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lillie, Tiffany	Amount of Contribution (\$) \$900.00
	Contributor address; City; State; Zip Code 18014 Winding Willow Oak Way Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Legal		Employer (See Instructions) Hartline Barger LLP
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markham, James	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 5002 Greencap Irvine, CA 92604	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/22
2 FILER NAME Carter, Rachelle		3 Filer ID
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Melissa	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 2603 Good Morrow Drive Rosenberg, TX 77471	
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rendon, Cynthia	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 77 Sugar Creek Center Blvd Sugarland, TX 77479	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Felicia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6818 Oak Run Drive Richmond, TX 77407	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lynell	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 22306 Auburn Canyon Lane Richmond, TX 77469	
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Amant, Sherryce	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 939 N. Summer Street Anaheim, CA 92805	
Principal occupation / Job title (See Instructions) Asst		Employer (See Instructions) Harveys

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/22
2 FILER NAME Carter, Rachelle		3 Filer ID
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Beverly	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code 1376 Perry Cout Tracy , CA 95377	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Cedeno	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 135 Harbor Club Lane Fayetteville, GA 30214	
Principal occupation / Job title (See Instructions) Computers		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Lorenzo	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8022 Garden Parks Houston, TX 77075	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 10/22	
2 FILER NAME Carter, Rachelle		3 Filer ID	
4 TOTAL OF UNITEMIZED PLEDGES		\$	0.00
5 Date 11/28/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Tracey	8 Amount of pledge (\$) \$1,000.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code 13118 Mesa Verde Way Sylmar, CA 91342		
10 Principal occupation / Job title (See Instructions) Executive Asst		11 Employer (See Instructions) Warner	
5 Date 12/27/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Darrale	8 Amount of pledge (\$) \$1,000.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code 8601 Lincoln Blvd Suite 180-577 Los Angeles, CA 90045		
10 Principal occupation / Job title (See Instructions) Music Exec		11 Employer (See Instructions) Self Employed	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 11/22
2 FILER NAME Carter, Rachelle		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 08/01/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Rachelle	9 Loan Amount (\$) \$6,300.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 3033 Chimney Rock Suite 610 Houston, TX 77056	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/8 Rpt: 12/22	2 FILER NAME Carter, Rachele	3 Filer ID
4 Date 08/20/2025	5 Payee name Constant Constact	
6 Amount (\$) \$30.39	7 Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Outreach
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/14/2025	Payee name Constant Contact	
Amount (\$) \$30.39	Payee address; City; State; Zip Code 1601 Trapelo Road Ste. 329 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constant Contact- Political Outreach
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name Constant Contact	
Amount (\$) \$30.39	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, TX 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Outreach for Campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/8 Rpt: 13/22	2 FILER NAME Carter, Rachelle	3 Filer ID
4 Date 10/20/2025	5 Payee name Constant Contact	
6 Amount (\$) \$30.39	7 Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, TX 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Outreach for Campaign
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 11/20/2025	Payee name Constant Contact	
Amount (\$) \$30.39	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, TX 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Outreach for Campaign
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 12/22/2025	Payee name Constant Contact	
Amount (\$) \$30.39	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Outreach for campaign
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/8 Rpt: 14/22		2 FILER NAME Carter, Rachele		3 Filer ID	
4 Date 07/11/2025		5 Payee name Facebook			
6 Amount (\$) \$74.64		7 Payee address; City; State; Zip Code 1 Meta Way Menlo Park, TX 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/03/2025		Payee name Faison, Mark			
Amount (\$) \$400.00		Payee address; City; State; Zip Code 951 Old Oyster Trail Sugarland, TX 77478			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Website Maintenance		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Provided Website maintenance and technical support services for the campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/02/2025		Payee name Faison, Mark			
Amount (\$) \$400.00		Payee address; City; State; Zip Code 951 Old Oyster Trail Sugarland, TX 77478			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Website Maintenance		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Provided Website Maintenance and Technical Services for the campaign.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/8 Rpt: 15/22	2 FILER NAME Carter, Rachelle	3 Filer ID
4 Date 10/06/2025	5 Payee name Gringos	
6 Amount (\$) \$43.59	7 Payee address; City; State; Zip Code 19940 Southwest Freeway Sugarland , TX 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with Treasure of the campaign
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name MRJI Connections	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising on TMR, and Radio Promo
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 09/09/2025	Payee name MRJI Connections	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 2082 Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Received Political Consult regarding Campaign and Strategies
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/8 Rpt: 16/22	2 FILER NAME Carter, Rachelle	3 Filer ID
4 Date 09/23/2025	5 Payee name Micheaux's	
6 Amount (\$) \$51.64	7 Payee address; City; State; Zip Code 6850 Hwy 6 Ste. 200 Missouri City, TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with Volunteer for Campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Pappadeaux	
Amount (\$) \$110.00	Payee address; City; State; Zip Code 12711 Southwest Fwy Stafford, TX 77477	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Volunteers and Treasure for Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name Print n Sign	
Amount (\$) \$562.90	Payee address; City; State; Zip Code 7350 Harwin Drive Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense- Campaign literature and Apparel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/8 Rpt: 17/22	2 FILER NAME Carter, Rachelle	3 Filer ID
4 Date 09/11/2025	5 Payee name Robocent	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1206 Laskin Road Suite 2010 Virginia Beach , VA 23451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense for Campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name Rooted Futures LLC	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4712 Austin Street Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Design Campaign Logos and Literature	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design Campaign Logos and Literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name Sugarland II Cor Ltd	
Amount (\$) \$118.33	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/8 Rpt: 18/22	2 FILER NAME Carter, Rachelle	3 Filer ID
4 Date 09/29/2025	5 Payee name TGM Printing	
6 Amount (\$) \$1,028.38	7 Payee address; City; State; Zip Code 13910 Murphy Road Stafford, TX 77477	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Material and Apparel for the Campaign
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 10/14/2025	Payee name TGM Printing	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 13910 Murphy Road Stafford, TX 77477	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for campaign literature and apparel for campaign
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 08/11/2025	Payee name Texas Democratic Party	
Amount (\$) \$1,620.00	Payee address; City; State; Zip Code 314 Highland Blvd Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Van	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Van
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/8 Rpt: 19/22	2 FILER NAME Carter, Rachelle	3 Filer ID	
4 Date 07/28/2025	5 Payee name WP Fix It		
6 Amount (\$) \$47.00	7 Payee address; City; State; Zip Code 120 Vantis Drive Alisio Viego, CA 92656		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Maintenance	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Maintenance for campaign website	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/3 Rpt: 20/22	2 FILER NAME Carter, Rachelle	3 Filer ID
4 Date 12/07/2025	5 Payee name Brown, Maygen	
6 Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1250 Leona Street Apt. 2413 Houston, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Digital Content Specialist	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Manage campaign social media, website updates and maintenance, digital advertising.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Brown, Maygen	
Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1250 Leona Street Apt. 2413 Houston, TX 77009	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Social Media	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Manage campaign social media, website updates and maintenance, digital advertising.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Brown, Maygen	
Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1250 Leona Street Apt. 2413 Houston, TX 77009	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media for Campaign	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Manage campaign social media, website updates and maintenance, digital advertising.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

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 G: Sch: 2/3 Rpt: 21/22	2 FILER NAME Carter, Rachelle	3 Filer ID
4 Date 11/18/2025	5 Payee name Faison, Mark	
6 Amount (\$) \$400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 951 Old Oyster Trail Sugarland, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Web Page Maintenance Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Page Maintenance Service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name Fort Bend Democratic Party	
Amount (\$) \$1,250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13515 South West Freeway Ste. 204 Sugarland, TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Candidate Filing Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Filing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2025	Payee name MRJI Connections	
Amount (\$) \$974.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 2082 Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense for campaign TMR Ad Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/3 Rpt: 22/22	2 FILER NAME Carter, Rachelle	3 Filer ID
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4 Date 11/23/2025	5 Payee name MRJI Connections
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6 Amount (\$) \$2,110.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 2082 Missouri City, TX 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising and promotion expense for the campaign
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/13/2025	Payee name MRJI Connections
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Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 2082 Missouri City, TX 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paid Political Consultant for Campaign strategies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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