

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:

26

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mrs.

FIRST

Rachel

MI

L

NICKNAME

LAST

Elliott

SUFFIX

OFFICE USE ONLY

Date Received

1/17/23

Kyla Hutton
2:10pm

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5825 Vineyard Lane
McKinney, TX 75070

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940) 367-4540

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr.

FIRST

Thomas

MI

E

NICKNAME

LAST

Klein

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

8001 S. Ballantrae Dr.
McKinney, Texas 75072

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 667-5449

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07 / 28 / 22

THROUGH

Month

Day

Year

12 / 31 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 2023

ELECTION TYPE



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

McKinney Independent School District, School Board Trustee, Place 5

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.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

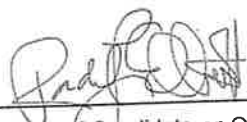
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		Rachel L. Elliott	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)	\$ \$140.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$2,870.91
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$25.58
	4.	TOTAL POLITICAL EXPENDITURES	\$ \$5,160.04
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$1,940.59
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$4,740.11

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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 Rachel L. Elliott, and my date of birth is August 18th, 1983
 My address is 5825 Vineyard Ln, McKinney, TX, 75070, USA
(street) (city) (state) (zip code) (country)
 Executed in Collin County, State of Texas, on the 17th day of January, 2023
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Rachel L. Elliott		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$2,610.91
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ \$120.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ \$4,740.11
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ \$5,134.46
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: 7
2 FILER NAME Rachel Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 8/18/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebrana Kimberly	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 3009 Palmdale Dr. McKinney, Texas 75070	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 8/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald and Paula Cheek	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 903 Glen Rose Drive Allen, Texas 75013	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 8/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lily Bao	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3729 Pilot Drive Plano, Texas 75025	
Principal occupation / Job title (See Instructions) 99 Realty		Employer (See Instructions) Realtor
Date 8/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggie Whitt	Amount of contribution (\$) \$25
	Contributor address; City; State; Zip Code 316 Heatherbrook Dr. Murphy, Texas 75094	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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: 7
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 10/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Ottavio	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 1333 Deerfield Drive Anna, TX 75409		
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions) Sally Beauty Supplies
Date 9/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Ottavio	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1333 Deerfield Drive Anna, TX 75409		
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Sally Beauty Supplies
Date 9/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Ottavio	Amount of contribution (\$) \$98.00
Contributor address; City; State; Zip Code 1333 Deerfield Drive Anna, TX 75409		
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.

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: 7
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Keech <hr/> 6 Contributor address; City; State; Zip Code 502 Creekside Drive Murphy, TX 75094	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) SAP Concur
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olga Famam <hr/> Contributor address; City; State; Zip Code 713 Winter Creek Drive McKinney, Texas 75071	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Ottavio <hr/> Contributor address; City; State; Zip Code 1333 Deerfield Drive Anna, Texas 75409	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Sally Beauty Supplies

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: 7
2 FILER NAME Rachel Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Pope	7 Amount of contribution (\$) \$23.00
6 Contributor address; City; State; Zip Code 1640 Gentle Way Prosper, TX 75078		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney Kenney	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 1704 Freedom Drive McKinney, Texas 75071		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 10/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Lancaster	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 700 Whispering Way Prosper, TX 75078		
Principal occupation / Job title (See Instructions) NAP		Employer (See Instructions) NAP
Date 10/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Robertson	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 7816 Harvest Hill Ln McKinney, Texas 75071		
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Self-Employed

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: 7
2 FILER NAME Rachel Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyndi Darland	7 Amount of contribution (\$) \$282.00
6 Contributor address; City; State; Zip Code 11644 County Road 1083 Princeton, TX 75407-5307		
8 Principal occupation / Job title (See Instructions) Swim Instructor		9 Employer (See Instructions) Self-Employed
Date 08/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Klein	Amount of contribution (\$) \$173.50
Contributor address; City; State; Zip Code 8001 S Ballantrae Dr. McKinney, Texas 75072		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Madden	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4404 Santa Fe Ln McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Cook	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code 1160 Montgomery Blvd; Apt 4114 Allen, TX 75013		
Principal occupation / Job title (See Instructions) RCIS		Employer (See Instructions) Methodist Richardson Med Center

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: 7
2 FILER NAME Rachel Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 09/20/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney Kenney	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1704 Freedom Drive McKinney, Texas 75071		
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 8/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chrissy Vorderbruggen	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 813 Fairlawn Street Allen, Texas 75002		
Principal occupation / Job title (See Instructions) Travel		Employer (See Instructions) Self-Employed
Date 8/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Klein	Amount of contribution (\$) \$31.41
Contributor address; City; State; Zip Code P.O. Box 6842 McKinney, Texas 75071		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 8/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hsueh Mei Folkman	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1013 Royal Oaks Dr. McKinney, Texas 75072		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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: 7
2 FILER NAME Rachel Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenore G Klausner and John A Klausner	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 817 Habitat Trail McKinney, Texas 75071	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanne D Weisz	Amount of contribution (\$) \$23.00
	Contributor address; City; State; Zip Code 11170 Corsicana Drive Frisco, Texas 75035	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Rachel L Elliott		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$120.00	
5 Date 8/5/22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicente Torres	8 Amount of Contribution \$ \$120.00	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code 3300 Brentwood Drive, McKinney, Texas 75070		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ \$4,740.11
5 Date of loan 08/04/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel L. Elliott	9 Loan Amount (\$) \$2,110.88
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 5825 Vineyard Lane McKinney, TX 75070	10 Interest rate 0%
		11 Maturity date 5/6/24
12 Principal occupation / Job title (See Instructions) Swim Instructor		13 Employer (See Instructions) Self-Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 7/18/22	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel L. Elliott	Loan Amount (\$) \$500.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code 5825 Vineyard Lane McKinney, TX 75070	Interest rate 0%
		Maturity date 5/6/24
Principal occupation / Job title (See Instructions) Swim Instructor		Employer (See Instructions) Self-Employed
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ \$4,740.11
5 Date of loan 10/14/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel L. Elliott	9 Loan Amount (\$) \$2,129.23
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 5825 Vineyard Lane McKinney, Texas 75070	10 Interest rate 0%
		11 Maturity date 5/6/24
12 Principal occupation / Job title (See Instructions) Swim Instructor		13 Employer (See Instructions) Self-Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 | 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 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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 8/4/22	5 Payee name Keepers Press, LLC
--------------------------------	--

6 Amount (\$) \$2,110.88	7 Payee address; City; State; Zip Code 520 Loma Vista Heath, TX 75032
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(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 9/30/22	Payee name Walmart
------------------------	------------------------------

Amount (\$) \$69.83	Payee address; City; State; Zip Code 5001 McKinney Ranch Pkwy, McKinney, TX 75070
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ Beverage Expense	Description Food
	<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 11/14/22	Payee name Family Dollar
-------------------------	------------------------------------

Amount (\$) \$5.41	Payee address; City; State; Zip Code 310 SW McKinney Street, Rice, TX 75155
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Supplies
	<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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 09/23/22	5 Payee name Mail America Stonebridge	
6 Amount (\$) \$9.60	7 Payee address; City; State; Zip Code 5100 Eldorado Parkway; STE 102 McKinney, Texas 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Stamps
	(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 12/13/22	Payee name Walmart	
Amount (\$) \$19.51	Payee address; City; State; Zip Code 5001 McKinney Ranch Pkwy, McKinney, TX 75070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Supplies
	<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 12/29/22	Payee name Mardel	
Amount (\$) \$6.46	Payee address; City; State; Zip Code 5222 Preston Road Frisco, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/22	5 Payee name Apple	
6 Amount (\$) \$6.48	7 Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, California 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description App
	(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 9/9/22	Payee name Printing Peach	
Amount (\$) \$92.38	Payee address; City; State; Zip Code 160 Beechwood Drive Safety Harbor, Florida 34695	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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 8/21/22	Payee name Vista Print	
Amount (\$) \$572.46	Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
CreditCard 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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 8/18/22	5 Payee name Pizza and Pint II	
6 Amount (\$) \$59.54	7 Payee address; City; State; Zip Code 4900 Eldorado Parkway McKinney, Texas 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/ Beverage Expense	(b) Description Food
	(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 8/19/22	Candidate / Officeholder name Amazon	
Amount (\$) \$44.36	Office sought Seattle, Washington 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Office held		
Date 8/19/22	Candidate / Officeholder name Amazon	
Amount (\$) \$36.26	Office sought Seattle, Washington 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 9/18/22	5 Payee name Facebook	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, California 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad
	(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 10/24/22	Payee name Facebook
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, California 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense
	Description Ad
<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 9/2/22	Payee name Wix
Amount (\$) \$64.95	Payee address; City; State; Zip Code 500 Tery A Francois Blvd Fl 6 San Francisco, CA 94158
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense
	Description Website
<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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 8/6/22	5 Payee name Amazon. Inc.	
6 Amount (\$) \$7.57	7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, Washington 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Supplies
	(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 8/8/22	Payee name Amazon, Inc.	
Amount (\$) \$28.09	Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, Washington 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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 8/12/22	Payee name Amazon, Inc.	
Amount (\$) \$17.68	Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, Washington 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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
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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 12/3/22	5 Payee name Amazon, Inc.	
6 Amount (\$) \$29.20	7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, Washington 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Supplies
	(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 11/24/22	Payee name Amazon, Inc.	
Amount (\$) \$51.12	Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, Washington 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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 12/20/22	Payee name Apple	
Amount (\$) \$6.48	Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, California 95014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description App
	<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) |
| CreditCard Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 8/30/22	5 Payee name Amazon, Inc.	
6 Amount (\$) \$31.02	7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, Washington 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Supplies
	(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 8/7/22	Payee name Amazon, Inc.	
Amount (\$) \$29.20	Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, Washington 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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 7/28/22	Payee name The UPS Store	
Amount (\$) \$12.00	Payee address; City; State; Zip Code 4100 Eldorado Parkway; STE 100 McKinney, Texas 75070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Notary
	<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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 8/15/22	5 Payee name Zazzle, Inc.
---------------------------------	--

6 Amount (\$) \$42.39	7 Payee address; City; State; Zip Code 811 Sandhill Road Reno, Nevada 89521
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Supplies
	(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 7/29/22	Payee name Go Daddy.com, LLC
------------------------	--

Amount (\$) \$20.34	Payee address; City; State; Zip Code 14455 N Hayden Road Scottsdale, Arizona 85260
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Domain
	<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 7/29/22	Payee name Go Daddy.com, LLC
------------------------	--

Amount (\$) \$12.17	Payee address; City; State; Zip Code 14455 N Hayden Road Scottsdale, Arizona 85260
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Domain
	<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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 8/9/22	5 Payee name Amazon, Inc.	
6 Amount (\$) \$36.78	7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, Washington 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Supplies
	(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 8/18/22	Payee name Costco	
Amount (\$) \$40.98	Payee address; City; State; Zip Code 3650 W. University Drive McKinney, Texas 75071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food
	<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 8/18/22	Payee name Dollar Tree, Inc.	
Amount (\$) \$25.61	Payee address; City; State; Zip Code 1620 N. Hardin Blvd.; Suite 1400 McKinney, Texas 75071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description Supplies
	<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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 11/14/22	5 Payee name Vista Print
----------------------------------	---

6 Amount (\$) \$365.24	7 Payee address; 275 Wyman Street Waltham, MA 02451	City;	State;	Zip Code
---	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Supplies
	(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 11/29/22	Payee name Vista Print
-------------------------	----------------------------------

Amount (\$) \$411.84	Payee address; 275 Wyman Street Waltham, MA 02451	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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 12/29/22	Payee name Mardel
-------------------------	-----------------------------

Amount (\$) \$6.46	Payee address; 5222 Preston Road Frisco, TX	City;	State;	Zip Code
------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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

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: 13		2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)	
4 Date 8/8/22		5 Payee name Julie Harville			
6 Amount (\$) \$250.00		7 Payee address; 3263 Apple Blossom Drive City: State: Zip Code Frisco, Texas 75033			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Educational Research and Review		
	(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 7/29/22		Payee name Julie Harville			
Amount (\$) \$250.00		Payee address; 3263 Apple Blossom Drive City: State: Zip Code Frisco, Texas 75033			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Educational Research and Review		
	<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 11/29/22		Payee name Julie Harville			
Amount (\$) \$250.00		Payee address; 3263 Apple Blossom Drive City: State: Zip Code Frisco, Texas 75033			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Educational Research and Review		
	<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

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: 13	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 7/29/22	5 Payee name Go Daddy, Inc.	
6 Amount (\$) \$12.17	7 Payee address; City; State; Zip Code 14455 N Hayden Road Scottsdale, Arizona 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Domain
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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