



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Rachel L. Elliott</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>\$140<sup>-</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u><del>4,057.10</del> \$4,057.10</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>25.45</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u><del>2,730.10</del> \$2,730.10</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>\$3,441.18</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>\$4,740.11</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rachel L. Elliott

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 18, 1983

My address is 5825 Vineyard Lane, McKinney, TX, 75070, USA  
(street) (city) (state) (zip code) (country)

Executed in Collin County, State of Texas, on the 5<sup>th</sup> day of April, 20 23  
(month) (year)

Rachel L. Elliott

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

19 FILER NAME <i>Rachel L. Elliott</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>\$3917.-</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>\$2702.13</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>\$2704.71</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 1/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian V. Bills	7 Amount of contribution (\$) \$1000-
6 Contributor address; City; State; Zip Code 3085 S. 2245 E. Salt Lake City, UT 84109		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Business Owner
Date 1/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Yim	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 3709 Perkins Lane McKinney, TX 75072		
Principal occupation / Job title (See Instructions) <del>Realtor</del> Realtor		Employer (See Instructions) Keller Williams
Date 1/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Sampson	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 227 McCarley Place McKinney, TX 75071		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon <del>Mathews</del> Mathews	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code 614 Mozart Way McKinney, Texas 75071		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>Rachel L. Elliott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/25/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brandi Price</b>	7 Amount of contribution (\$) <b>\$2500</b>
6 Contributor address; City; State; Zip Code <b>110 E. Louisiana Street; Apt. M3 McKinney, Texas 75069</b>		
8 Principal occupation / Job title (See Instructions) <b>Na</b>		9 Employer (See Instructions) <b>Na</b>
Date <b>3/26/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Madden</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code <b>4404 Santa Fe Lane mckinney, TX 75070</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>2/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Akerly</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code <b>12398 Flowering Drive <del>75035</del> Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions) <b>Na</b>		Employer (See Instructions) <b>Na</b>
Date <b>1/9/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hsueh Mei Folkman</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code <b>1013 Royal Oaks Drive McKinney, Texas 75072</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>Rachel L. Elliott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/28/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christy White</b>	7 Amount of contribution (\$) <b>\$23.-</b>
6 Contributor address; City; State; Zip Code <b>4609 Forest Cove Drive McKinney, TX 75071</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>3/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Yoch</b>	Amount of contribution (\$) <b>\$50-</b>
Contributor address; City; State; Zip Code <b>700 The Trails Drive Blue Ridge, TX 75424</b>		
Principal occupation / Job title (See Instructions) <b>Teacher</b>		Employer (See Instructions) <b>Bonham ISD</b>
Date <b>3/23/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christy White</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code <b>4609 Forest Cove Drive McKinney, Texas 75071</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>3/24/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Petkoff</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code <b>7914 Ruskin Circle Frisco, TX 75034</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Rachel L. Elliott

3 Filer ID (Ethics Commission Filers)

4 Date

2/3/23

5 Full name of contributor

Julia Schmoke

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100-

6 Contributor address;

920 9259 Country Road 466  
Princeton, Texas 75407

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Tiffany

Date

2/10/23

Full name of contributor

Tamara Fowler

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$23-

Contributor address;

4222 Bridgestone Shadow Court  
Spring, Texas 77388

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Skincare/Makeup Business Owner

Employer (See Instructions)

Younique

Date

2/20/23

Full name of contributor

Christopher Yu

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50-

Contributor address;

4864 Campbell CV  
Fairview, TX 75069

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Data Engineer

Employer (See Instructions)

FDM Group

Date

2/23/23

Full name of contributor

Dianna Biscan

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100-

Contributor address;

7714 Element Avenue  
Plano, TX 75024

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen Leyrer 6 Contributor address; City; State; Zip Code 3412 Townbluff Place Plano, TX 75023	7 Amount of contribution (\$) \$50-
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 1/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keresa Richardson Contributor address; City; State; Zip Code 200 Falling Water Drive McKinney, TX 75072	Amount of contribution (\$) \$250-
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Lawton Group
Date 2/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Charles Contributor address; City; State; Zip Code 4360 Mill Branch Drive Prosper, TX 75078	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions) Mr. Cooper		Employer (See Instructions) SVP
Date 2/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priyank Desai Contributor address; City; State; Zip Code 940 Orchid Hill Lane Argyle, TX 71226	Amount of contribution (\$) \$250-
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Rachel L. Elliott

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/23

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ashley Hoggard

7 Amount of contribution (\$)

\$23-

6 Contributor address; City; State; Zip Code

1704 Highland Park Rd.  
Denton, TX 76205

8 Principal occupation / Job title (See Instructions)

General Manager

9 Employer (See Instructions)

50 West

Date

1/24/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Landon Crawford

Amount of contribution (\$)

\$25-

Contributor address; City; State; Zip Code

3202 Tansy Ct.  
McKinney, TX 75070

Principal occupation / Job title (See Instructions)

Professional Auto Detailer

Employer (See Instructions)

Aqualux

Date

1/30/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sara Bitner

Amount of contribution (\$)

\$50-

Contributor address; City; State; Zip Code

106 Colorado Avenue  
Jacksonville, AR 72076

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Homemaker

Date

1/31/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Christy White

Amount of contribution (\$)

\$23-

Contributor address; City; State; Zip Code

4609 Forest Cove Drive  
McKinney, TX 75071

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

8

2 FILER NAME

Rachel L. Elliott

3 Filer ID (Ethics Commission Filers)

4 Date

1/4/23

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Olga Farnam

7 Amount of contribution (\$)

\$50-

6 Contributor address;

713 Winter Creek Drive  
McKinney, TX 75071

City;

State; Zip Code

8 Principal occupation / Job title (See Instructions)

Temp. Employee

9 Employer (See Instructions)

Collin County Clerk's Office

Date

1/6/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Anette Roberts

Amount of contribution (\$)

\$100-

Contributor address;

7404 Crestway Ct.  
McKinney, TX 75071

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Administration

Employer (See Instructions)

Excel Resources

Date

1/9/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ken Cook

Amount of contribution (\$)

\$50-

Contributor address;

1160 Montgomery Blvd.  
Allen, TX 75013

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

RCIS

Employer (See Instructions)

Methodist Richardson Med. Center

Date

1/10/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lydia Ortega

Amount of contribution (\$)

\$100-

Contributor address;

3424 Michael Dr.  
Plano, TX 75023

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Economist

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Rachel L. Elliott

3 Filer ID (Ethics Commission Filers)

4 Date

2/18/23

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kelly Golden

7 Amount of contribution (\$)

\$250-

6 Contributor address;

City;

State;

Zip Code

2727 Wing Ridge

McKinney, TX 75072

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

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

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: <b>4</b>	
2 FILER NAME <b>Rachel L. Elliott</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>\$ 2702.13</b>	
5 Date <b>1/7/23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott Grigg</b>	8 Amount of Contribution \$ <b>\$1800-</b>	9 In-kind contribution description <b>Advertising</b>
7 Contributor address; City; State; Zip Code <b>7310 Summit Ridge Ln. Sasche, Texas 75048</b>		<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 <b>1/29/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Madden</b>	Amount of Contribution \$ <b>\$ 72-</b>	In-kind contribution description <b>Advertising</b>
Contributor address; City; State; Zip Code <b>4404 Santa Fe Lane McKinney, TX 75070</b>		<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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>4</u>	
2 FILER NAME <u>Rachel L. Elliott</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>\$2702.13</u>	
5 Date <u>3/25/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Theodore Elliott</u>	8 Amount of Contribution \$ <u>\$600</u>	9 In-kind contribution description <u>Airpods for Volunteers</u>
7 Contributor address; City; State; Zip Code <u>4970 Willow Stone Heights. Colorado Springs, CO 80906</u>		<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 <u>3/3/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Freedom In The World</u>	Amount of Contribution \$ <u>\$144</u>	In-kind contribution description <u>Custom Embroidered Hats</u>
Contributor address; City; State; Zip Code <u>1850 M Street NW, 11th Floor Washington D.C. 20036</u>		<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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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1 Total pages Schedule A2:

4

2 FILER NAME

Rachel L. Elliott

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 2702.13

5 Date

2/27/23

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Patrick Madden

8 Amount of Contribution \$

\$43.73

9 In-kind contribution description

Advertising

7 Contributor address; City; State; Zip Code

4404 Santa Fe Lane  
McKinney, TX 75070

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

3/27/23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Collin County Patriots

Amount of Contribution \$

\$32.40

In-kind contribution description

Advertising

Contributor address; City; State; Zip Code

PO Box 3814  
550 N. Central Expwy, McKinney, TX

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)

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>Rachel L. Elliott</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>\$2702.13</b>	
5 Date <b>3/3/23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Criswell College</b>	8 Amount of Contribution \$ <b>\$10-</b>	9 In-kind contribution description <b>Pens</b>
7 Contributor address; City; State; Zip Code <b>4010 Gaston Avenue Dallas, TX 75240</b>		<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#: _____)	Amount of Contribution \$	In-kind contribution description
.....			
Contributor address; City; State; Zip Code		<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.

# 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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Rachel L. Elliott	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1/11/23	<b>5</b> Payee name Amazon
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<b>6</b> Amount (\$) \$32.44	<b>7</b> Payee address; 410 Terry Avenue North Seattle, WA 98109	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses	<b>(b)</b> Description Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/30/23	Payee name Amazon
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Amount (\$) \$19.04	Payee address; 410 Terry Avenue North Seattle, WA 98109	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/31/23	Payee name Edgerton Strateg Sale
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Amount (\$) \$333-	Payee address; 1540 Keller Parkway #108-402 Keller, TX 76248	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description January Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Rachel L. Elliott	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/23/23	<b>5</b> Payee name Edgerton Strateg Sale	
<b>6</b> Amount (\$) \$750-	<b>7</b> Payee address; City; State; Zip Code 1540 Keller Parkway #108-402 Keller, TX 76248	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) other	<b>(b)</b> Description research
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		

Date 3/24/23	Payee name Edgerton Strateg Sale		
Amount (\$) \$333-	Payee address; City; State; Zip Code 1540 Keller Parkway #108-402 Keller, TX 76248		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description March Consulting	
	<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 1/11/23	Payee name Walmart		
Amount (\$) \$125. <sup>10</sup>	Payee address; City; State; Zip Code 5001 McKinney Ranch Pkwy McKinney, TX 75070		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing 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 _____			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Rachel L. Elliott	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/3/23	<b>5</b> Payee name Keepers Press, LLC	
<b>6</b> Amount (\$) \$285.70	<b>7</b> Payee address: 520 Loma Vista Heath, TX 75032 City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses	<b>(b)</b> Description Supplies - Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/13/23	Payee name Mail America Stonebridge	
Amount (\$) \$6-	Payee address: 5100 Eldorado Pkwy; Ste. 102 McKinney, TX 75070 City; State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/21/23	Payee name Gamal Abdel - Hafiz	
Amount (\$) \$100-	Payee address: 14800 Montifort Drive Suite 204, Dallas, TX 75254 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description research
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Rachel L. Elliott	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/14/23	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$12.96	<b>7</b> Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses	<b>(b)</b> Description Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/14/23	Candidate / Officeholder name Amazon	
Amount (\$) \$28.11	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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		
Date 3/17/23	Candidate / Officeholder name Tractor Supply #506	
Amount (\$) \$12.54	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Rachel L. Elliott	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/1/23	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$17.94	<b>7</b> Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses	<b>(b)</b> Description Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/10/23	Candidate / Officeholder name Keepers Press, LLC	
Amount (\$) \$257.69	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Payee address; City; State; Zip Code 520 Loma Vista Heath, TX 75032	Category (See Categories listed at the top of this schedule) Advertising Expenses
	Description Signs	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/15/23	Candidate / Officeholder name Facebook	
Amount (\$) \$5	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	Category (See Categories listed at the top of this schedule) Advertising Expenses
	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		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Rachel L. Elliott	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date 2/21/23	<b>5</b> Payee name Facebook
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<b>6</b> Amount (\$) \$25-	<b>7</b> Payee address; 1 Hacker Way menlo Park, CA 94025 City: State: Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses	<b>(b)</b> Description Ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/24/23	Payee name CCCR
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Amount (\$) \$25	Payee address; PO Box 250515 Plano, Texas 75025 City: State: Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contribution/Fee Made By Candidate	Description Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/27/23	Payee name Edgerton Strateg Sale
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Amount (\$) \$333-	Payee address; 1540 Keller Parkway #108-402 Keller, Texas 76248 City: State: Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description February Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Rachel L. Elliott	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1/11/23	<b>5</b> Payee name Walmart
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<b>6</b> Amount (\$) \$3.13	<b>7</b> Payee address; 5001 McKinney Ranch Pkwy McKinney, TX 75070 City: State: Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expenses	<b>(b)</b> Description Supplies
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**(c)**  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
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Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
-------------------------------	--	-------------

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

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