

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 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)	\$ 10,438.77
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 67.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,345.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,354.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,800.91

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 26 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

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	\$ 8,348.38
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1950.39
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 19060.80
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25277.57
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 L. Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy White	7 Amount of contribution (\$) \$23-
	6 Contributor address; City; State; Zip Code 4609 Forest Cove Drive McKinney, Texas 75071	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Boduch	Amount of contribution (\$) \$100-
	Contributor address; City; State; Zip Code 11125 Corsicana Drive Frisco, Texas 75035	
Principal occupation / Job title (See Instructions) IT Solutions Architect		Employer (See Instructions) TI
Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Montes	Amount of contribution (\$) \$50-
	Contributor address; City; State; Zip Code 701 Addie Ln. McKinney, TX 75071	
Principal occupation / Job title (See Instructions) IT Management		Employer (See Instructions) CBRE
Date 4/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patsy Fix	Amount of contribution (\$) \$25-
	Contributor address; City; State; Zip Code 3404 Hickory Bend Trail McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) US District Court of Western District of VA
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winston Jones	7 Amount of contribution (\$) \$25 -
6 Contributor address; City; State; Zip Code 2708 Piersall Drive McKinney, TX 75072		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patti Jones	Amount of contribution (\$) \$25 -
Contributor address; City; State; Zip Code 2708 Piersall Drive McKinney, TX 75072		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Dean	Amount of contribution (\$) \$50 -
Contributor address; City; State; Zip Code 5024 Boxwood Lane McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) RightNow Ministries
Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy Duffy	Amount of contribution (\$) \$25 -
Contributor address; City; State; Zip Code 600 Belford Place McKinney, TX 75071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Wamhoff	7 Amount of contribution (\$) \$138.38
6 Contributor address; City; State; Zip Code 1136 Churchill Drive Frisco, Texas 75030		
8 Principal occupation / Job title (See Instructions) International Acct. Executive		9 Employer (See Instructions) A Union
Date 4/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Moses	Amount of contribution (\$) \$500.-
Contributor address; City; State; Zip Code 4609 Huffman Ct. Plano, TX 75093		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Telecom Electric Supply, LLC
Date 4/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Price	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 579 Meandering Way Fairview, TX 75069		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Yoon	Amount of contribution (\$) \$50.-
Contributor address; City; State; Zip Code 700 The Trails Drive Blue Ridge, TX 75424		
Principal occupation / Job title (See Instructions) Teacher		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

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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 3/31/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger C. & Elaine Whelock	7 Amount of contribution (\$) \$40.-
6 Contributor address; City; State; Zip Code 5305 Basswood Drive McKinney, TX 75071		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Golden	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 2727 Wing Ridge McKinney, TX 75072		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery Bennett	Amount of contribution (\$) \$5000.-
Contributor address; City; State; Zip Code 14185 Dallas Parkway Suite 1100, Dallas, TX 75254		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda S. and Elvis J. Nelson	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 5802 Corinth Chapel Road Allen, TX 75002-6447		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 7
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Elliott	7 Amount of contribution (\$) \$1000-
6 Contributor address; City; State; Zip Code 1765 Winding Oaks Way Naples, Florida 34109		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald and MaryJane Manning	Amount of contribution (\$) 75⁰⁰
Contributor address; City; State; Zip Code 633 Yellow Bridge Road Van Alstyne, Texas 75495		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia and Daniel Porzio	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code 5550 McKinney place Dr. Apt. 1001 McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany Hendrickson	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 8008 Juliette Drive McKinney, TX 75071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 7
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Magnuson	7 Amount of contribution (\$) \$50-
6 Contributor address; City; State; Zip Code 5304 Vineyard Lane McKinney, TX 75070		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 4/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Breckenridge-Moore	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code 1840 Hammerly Dr. Fairview, TX 75009		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Robertson	Amount of contribution (\$) \$40.-
Contributor address; City; State; Zip Code 7816 Harvest Hill Lane McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Magnuson	Amount of contribution (\$) \$30.-
Contributor address; City; State; Zip Code 5304 Vineyard Lane McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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
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2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
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4 Date 4/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon English	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 1441 Thornhill Lane Little Elm, TX 75068	

8 Principal occupation / Job title (See Instructions) Consultant	9 Employer (See Instructions) Archiband LLC
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Date 4/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Lancaster	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 700 Whispering Way Prosper, TX 75078	

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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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)
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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)
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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: 3	
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,950.39	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore Elliott	8 Amount of Contribution \$ \$800	9 In-kind contribution description Airpeds for Volunteers
	7 Contributor address; City; State; Zip Code 4970 Willow Stone Heights Colorado Springs, CO 80900	<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#: _____) PAUL ELLIOTT	Amount of Contribution \$ \$10.-	In-kind contribution description "Vote Today" toppers
4/24/23	Contributor address; City; State; Zip Code 5825 Vineyard Lane McKinney, TX 75070	<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.

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: 3	
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$1950.39	
5 Date 4/2/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collin County Patriots	8 Amount of Contribution \$ \$32.40	9 In-kind contribution description Zip Ties
7 Contributor address; City; State; Zip Code PO Box 38110 500 N. Central Expwy, McKinney, TX 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 4/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL ELLIOTT	Amount of Contribution \$ \$32.42	In-kind contribution description Flags
Contributor address; City; State; Zip Code 5825 Vineyard Lane McKinney, Texas 75070		<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.

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: 3	
2 FILER NAME RACHEL L. ELLIOTT		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$1950.39	
6 Date 3/29/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLLIN COUNTY PATRIOTS	8 Amount of Contribution \$ \$1,075.57	9 In-kind contribution description Signs
7 Contributor address; City; State; Zip Code PO Box 3816 500 N. CENTRAL EXPWY, MCKINNEY, TX 75040		<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)			
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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: 3
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 19,000.86
5 Date of loan 4/21/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel L. Elliott	9 Loan Amount (\$) \$3,814.⁰⁰
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 5825 Vineyard Lane McKinney, TX 75070	10 Interest rate N/A
		11 Maturity date N/A
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 4/21/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel L. Elliott	Loan Amount (\$) \$3,814.⁰⁰
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code 5825 Vineyard Lane McKinney, Tx 75070	Interest rate N/A
		Maturity date N/A
Principal occupation / Job title (See Instructions) Swim Instructor		Employer (See Instructions) Self - Employed
Description of Collateral <input checked="" 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.

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: 3
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 19060.80
5 Date of loan 4/5/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel L. Elliott	9 Loan Amount (\$) \$4,890.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 5825 Vineyard Lane McKinney, Texas 75070	10 Interest rate N/A
		11 Maturity date N/A
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 4/14/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel L. Elliott	Loan Amount (\$) \$3,814.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 5825 Vineyard Lane McKinney, TX 75070	Interest rate N/A
		Maturity date N/A
Principal occupation / Job title (See Instructions) Swim Instructor		Employer (See Instructions) Self - Employed
Description of Collateral <input checked="" 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)

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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: 3
2 FILER NAME Rachel L. Elliott		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 19,060.86
5 Date of loan 4/18/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel L. Elliott	9 Loan Amount (\$) \$2,728.80
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 5825 Vineyard Lane McKinney, TX 75070	10 Interest rate N/A
		11 Maturity date N/A
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	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: 7	2 FILER NAME Rachael L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 4/4/23	5 Payee name Axiom Strategies	
6 Amount (\$) \$4,890.00	7 Payee address; City; State; Zip Code 5999 Custer Road #110-189 Frisco, TX 75035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Mailers
	(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 4/12/23	Payee name Axiom Strategies	
Amount (\$) \$3,814.00	Payee address; City; State; Zip Code 5999 Custer Road #110-189 Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Mailers
	<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 4-14-23	Payee name Axiom Strategies	
Amount (\$) \$3,814.00	Payee address; City; State; Zip Code 5999 Custer Road #110-189 Frisco, Texas 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Mailers
	<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.

1 Total pages Schedule F1: 7	2 FILER NAME Rachael L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/23	5 Payee name Republican Club at Heritage Ranch	
6 Amount (\$) \$25.10	7 Payee address; City; State; Zip Code 400 Saddleback Dr. Fairview, TX 75069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Dinner
	(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 4/17/23	Candidate / Officeholder name Republican Club at Heritage Ranch	
Amount (\$) \$50.20	Office sought Office held	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Dinner
	<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 4/11/23	Candidate / Officeholder name Keeper Press	
Amount (\$) \$652.07	Office sought Office held	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Supplies - 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		

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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.

1 Total pages Schedule F1: 7	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
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4 Date 4-20-23	5 Payee name Axiom Strategies
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6 Amount (\$) \$3,814.00	7 Payee address; 5999 Custer Road #110-189 Frisco, TX 75035	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Mailers
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-20-23	Payee name Axiom Strategies
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Amount (\$) \$3,814.00	Payee address; 5999 Custer Road #110-189 Frisco, TX 75035	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Mailers
	<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 4-25-23	Payee name Axiom Strategies
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Amount (\$) \$2,445.00	Payee address; 5999 Custer Road #110-189 Frisco, TX 75035	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Mailers
	<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.

1 Total pages Schedule F1: 7	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
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4 Date 4/19/23	5 Payee name Kroger
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6 Amount (\$) \$49.77	7 Payee address; 2901 South Lake Forest Dr. McKinney, TX 75070	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-shirts
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/23	Payee name Keepers Press
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Amount (\$) \$80.67	Payee address; 520 Loma Press Heath, TX 75032	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Supplies - Signs
	<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 4/20/23	Payee name CCCR
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Amount (\$) \$100-	Payee address; 1015 Sam Rayburn Tollway Allen, TX 75013	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution 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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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: 7	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
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4 Date 4-15-23	5 Payee name Dunkin'
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6 Amount (\$) \$59.97	7 Payee address; City; State; Zip Code 3201 W. Eldorado Pkwy McKinney, Texas 75070
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Beverage
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-15-23	Payee name Walgreens #04603
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Amount (\$) \$4.79	Payee address; City; State; Zip Code 3001 Eldorado Pkwy McKinney, TX 75070
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Misc.
	<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 4/17/23	Payee name Edgerton Strategies
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Amount (\$) \$300-	Payee address; City; State; Zip Code 1540 Keller Parkway, #108-402 Keller, Texas 76248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Info.
	<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.

1 Total pages Schedule F1: 7	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/23	5 Payee name Edgerton Strategies	
6 Amount (\$) \$981.00	7 Payee address; City; State; Zip Code 1540 Keller Parkway, #108-402 Keller, Texas 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texting
	(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 4/24/23	Candidate / Officeholder name Facebook	
Amount (\$) \$25-	Office sought Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	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		
Date 4/26/23	Candidate / Officeholder name Edgerton Strategies	
Amount (\$) \$333.-	Office sought 1540 Keller Parkway, #108-402 Keller, Texas 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description April 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		
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: 7	2 FILER NAME Rachel L. Elliott	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/23	5 Payee name Facebook	
6 Amount (\$) \$25-	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(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	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

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