

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Rachel <hr/> NICKNAME                      LAST                      SUFFIX Caballero	<b>OFFICE USE ONLY</b> Date Received <b>Date Filed 8-19-24</b>  <b>Rebecca Huerta</b> City Secretary Date Hand-delivered or Date Postmarked Receipt #                      Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 522 Hancock Ave. #203 Corpus Christi, TX 78404		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (303 )                      521-8107		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Jessica <hr/> NICKNAME                      LAST                      SUFFIX Rodriguez		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 4122 Eagle Drive Corpus Christi, TX 78413		
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                      960-3612		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year 2 / 27 / 24                      THROUGH                      8 / 19 / 24		
11 ELECTION	ELECTION DATE Month                      Day                      Year 11 / 5 / 24	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)    Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	
<b>GO TO PAGE 2</b>			

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,913.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26.09
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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 Caballero*  
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 Caballero and my date of birth is 11/28/75  
 My address is 522 Hancozle Ave #203 Corpus Christi TX 78464 Nueces  
(street) (city) (state) (zip code) (country)  
 Executed in Nueces County, State of Texas, on the 19th day of August, 2024.  
(month) (year)

*Rachel Caballero*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 300.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,913.39
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1</b>
2 FILER NAME <b>Rachel Caballero</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/01/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Cathy Fulton</b>	7 Amount of contribution (\$)  <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>██████████ Port Aransas, TX 78373</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	--	-----------------------------

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	--	-----------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**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: <b>2</b>	<b>2</b> FILER NAME Rachel Caballero	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name See attached	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. 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	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

DATE:	TO:	FOR:	ADDRESS:	EXPENDITURE CATEGORY:	AMOUNT:
2/28/2024	Rene Vasquez	Signs & campaigning in Robstown	841 Martinez St; Robstown, TX 78380	Consulting Expense	\$100.00
2/28/2024	Meta/Facebook	Facebook Advertising	1 Hacker Way; Menlo Park CA 94025	Advertising Expense	\$175.00
2/28/2024	Stitch It	Campaign shirts	4333 S Alameda St; CC, TX 78412	Advertising Expense	\$54.10
2/29/2024	Wells Fargo	Fees		Fees	\$10.20
3/1/2024	Bay Vista Apartments	Storage Rent - March	522 Hancock Ave. CC, TX 78404	Office Overhead/Rental Expense	\$45.00
3/4/2024	Meta/Facebook	Facebook Advertising	1 Hacker Way; Menlo Park CA 94025	Advertising Expense	\$78.20
3/4/2024	Meta/Facebook	Facebook Advertising	1 Hacker Way; Menlo Park CA 94025	Advertising Expense	\$48.93
3/4/2024	STAR	Donation	4934 High Meadow Dr; CC, TX 78413	Contributions	\$160.00
3/5/2024	Meta/Facebook	Facebook Advertising	1 Hacker Way; Menlo Park CA 94025	Advertising Expense	\$175.00
3/6/2024	Nueces County GOP	Mass Text	5151 Flynn Parkway; Ste. 103, Corpus Christi	Advertising Expense	\$390.00
3/6/2024	Sunoco	Fuel		Travel in District	\$60.00
3/6/2024	HEB	Food election night	4320 S Alameda; CC, TX 78412	Food/Beverage Expense	\$33.92
3/7/2024	House of Corpus Christi	Election day		Food/Beverage Expense	\$87.81
3/11/2024	Nueces County GOP	Election day mass text	5151 Flynn Parkway; Ste. 103, Corpus Christi	Advertising Expense	\$408.00
3/20/2024	Cancun Mex Restaurant	Food	6314 Yorktown Blvd	Food/Beverage Expense	\$118.05
4/1/2024	Bay Vista Apartments	Storage Rent - April	522 Hancock Ave. CC, TX 78404	Office Overhead/Rental Expense	\$45.00
4/2/2024	Meta/Facebook	Facebook Advertising	1 Hacker Way; Menlo Park CA 94025	Advertising Expense	\$49.18
4/8/2024	ForeSight Productions	Blockwalking application	4302 Avalanche Ave; Yakima WA 98908	Consulting Expense	\$700.00
4/30/2024	Wells Fargo	Bank Fee		Fees	\$10.00
5/1/2024	Bay Vista Apartments	Storage Rent - May	522 Hancock Ave. CC, TX 78404	Office Overhead/Rental Expense	\$45.00
5/31/2024	Wells Fargo	Bank Fee		Fees	\$10.00
6/1/2024	Bay Vista Apartments	Storage Rent - June	522 Hancock Ave. CC, TX 78404	Office Overhead/Rental Expense	\$45.00
6/28/2024	Wells Fargo	Bank Fee		Fees	\$10.00
7/1/2024	Bay Vista Apartments	Storage Rent - July	522 Hancock Ave. CC, TX 78404	Office Overhead/Rental Expense	\$45.00
7/31/2024	Wells Fargo	Bank Fee		Fees	\$10.00
					\$2,913.39