CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Rachel	М	OFFICE USE ONLY
71 (2.15.541)	NICKNAME LAST Caballero	SUFFIX	Date Filed 10/7/24
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 522 Hancock Ave #203 Corpus Christi, TX 78404	CITY; STATE; ZIP CODE	RHauten
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (303) 521-8107	EXTENSION	Rebecca Huerta Date Critish Secretary arked
6 CAMPAIGN TREASURER	ms/mrs/mr First Jessica	МІ	Receipt # Amount \$
NAME	NICKNAME LAST Rodriguez	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / St. 4122 Eagle Drive Corpus Christi, TX 78413	UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 960-3612	EXTENSION	
9 REPORT TYPE	January 15 30lh day before el		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	L Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 8 / 1 / 24	THROUGH 10	
11 ELECTION	Month Day Year Primary 11 / 5 / 24 General	Runoff Olher Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known) City Council At-La	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED.	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
	GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIIII AIOI	TI III/AITOL ILLI OITI	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,445.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,334.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 1,136.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	MARIAH H MANNINO ID# 13368975-7 Notary Public STATE OF TEXAS	didate or Officeholder
つけ	before me by Rachel Caballero this the	7 day of October.
Signature of officer administe	Printed name of officer administering oath	Title of office administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
	(street) (city) (sta	ite) (zip code) (country)
Executed in	County, State of, on theday of	, 20 (year)
	Signature of Candida	re/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmissi	on Filers)					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,445.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$						
4.	SCHEDULE E: LOANS	\$						
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	\$	2,334.77					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$						
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$						
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$					

SCHEDULE A1

If the reques	sted information is not applicabl	ie, DO NOT ir	nclude this page in the	report.
The	Instruction Guide explains how to	o complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Rachel Cal	pallero			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Ofelia Chavez	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
09/12/0204	6 Contributor address;	city;	State; Zip Code nristi, TX 78408	100.00
8 Principal occup Retired nurse	pation / Job title (See Instructions)	70. pag c.	9 Employer (See Instruc	tions)
Date	Full name of contributor Susan Lamb	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/12/2024	Contributor address;	_	State; Zip Code Christi, TX 78401	500.00
Principal occup Self employed	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Alan Rickertsen	Amount of contribution (\$)		
09/12/2024	Contributor address;	City;	State; Zip Code	540.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	lions)
Date	Full name of contributor Renee Kolasinski	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
09/12/2024	Contributor address;	City;	State; ZIp Code hristi, TX 78412	300.00
Principal occupi Contractor	ation / Job title (See Instructions)		Employer (See Instruct	ions)
NAME OF THE OWNER OWNER OF THE OWNER OWNE				
	ATTACH ADDITIO		OF THIS SCHEDULE AS NE	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

SCHEDULE A1

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

ii tiio reques	eted information is not applicable	e, do Not in	cidde tills page in tile	report.
The	Instruction Guide explains how to	o complete this	s form.	1 Total pages Schedule A1: 2
2 FILER NAME Rachel Cab	pallero			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Victoria Sharless	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
09/12/2024	6 Contributor address;	City;	State; Zip Code Christi, TX 78410	20.00
		Corpus		
	pation / Job title (See Instructions)		9 Employer (See Instruct Datavant	tions)
Date	Full name of contributor Julie Rogers	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
09/12/2024	Contributor address;	City;	State; Zip Code	40.00
The 2 FILER NAME Rachel Cab 4 Date 09/12/2024 8 Principal occup Coding contract Date 09/12/2024 Principal occup Retired Date 09/12/2024 Principal occup Date 09/12/2024	Corp	•		
	pation / Job title (See Instructions)		Employer (See Instruct	lions)
Date			C (ID#:)	Amount of contribution (\$)
09/12/2024	Anonymous			20.00
	Contributor address;	City;	State; Zip Code	20.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	iions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
09/12/2024	Jesse Suarez Contributor address;	City;	State; Zip Code	180.00
		Corpus Ch	risti, TX 78415	. • • • • • • • • • • • • • • • • • • •
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
-	ATTACH ADDITIC	ONAL COPIES	DF THIS SCHEDULE AS N	FEDED
	If contributor is out-of-state PAC,			

SCHEDULE A1

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

•			
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 3
2 FILER NAME Rachel Cal	pallero		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
09/12/2024	6 Contributor address; City;	State; Zip Code S Christi, TX 78410	100.00
8 Principal occu Consulting	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		AC (ID#:)	Amount of contribution (\$)
09/12/2024	Tanya Bergstrom Contributor address; City;	State; Zip Code	100.00
	Corpus 0	Christi, TX 78418	100.00
Principal occup Academic Tuto	ation / Job title (See Instructions) or Coordinator	Employer (See Instruction Del Mar College	tions)
Date	Full name of contributor out-of-state P	Amount of contribution (\$)	
09/12/2024	Juan & Victoria Salazar Contributor address; City;	100.00	
	Corpus Chr	isti, TX 78414	
Principal occup HR manager	ation / Job title (See Instructions)	Employer (See Instruct Avail Solutions	lions)
Date		AC (ID#:)	Amount of contribution (\$)
09/12/2024	Rachel Caballero Contributor address; City;	State; Zip Code	975.00
	Corpus	Christi, TX 78404	010.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

SCHEDULE A1

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

ii tilo reques	ned information is not applicable, DO NOT	molude this page in the	report.
The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
2 FILER NAME Rachel Cal	pallero		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state of Dara Rittgers	PAC (ID#:)	7 Amount of contribution (\$)
10/03/2024	6 Contributor address; City;	State; Zip Code Christi, TX 78414	200.00
	•		
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
10/03/2024	Contributor address; City;	State; Zip Code	180.00
	Corpus C	hristi, TX 78415	
Principal occup Industry	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
10/03/2024	Contributor address; City;	State: Zip Code Christi, TX 78410	70.00
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	ilons)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
09/12/2024	Contributor address; City;	State; Zip Code	20.00
	Corpus Ch	risti, TX 78404	
Principal occup Small Busines	ation / Job title (See Instructions) s Owner	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Inst	truction guide for additional re	eporting 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Gift/Awards/Memorials Expense Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rachel Caballero 4 Date 5 Payee name SEE ATTACHED 6 Amount (\$) 7 Payee address; Zip Code City; State; (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

RACHEL CABALLERO F1 Page 1 of 1

_	_	_		_		·	-	_					-		_	_	_	_			,						
									INTITEDET CAIS MAINEL	10/7/2024 Mesquite Street Fizza-Southside	10/1/2024 SE408/5	9/30/2024 Wells Fargo	9/25/2024 VistaPrint	9/25/2024 Bubbas Restaurant	9/23/2024 VistaPrint	9/23/2024 Joe Michael Perez	9/23/2024 Stripes	9/16/2024 Illusion Graphics	9/16/2024 Home Depot	9/16/2024 HEB	9/13/2024 Southern Saints Graphic Design	9/13/2024 The Galley Bistro	9/1/2024 Bay Vista Apartments	8/30/2024 Wells Fargo	8/19/2024 City Secretary's Office	8/1/2024 Bay Vista Apartments	DATE: TO:
							THE PROPERTY OF THE PROPERTY O		TETTAGE FAIN WAINEL DAYS 10/0/24	Unstance Post Modest Posts 10/5/24	Most 8 spet/Findings	Bank Fee	4x6 pic cards	Food sign folks	Business pic cards	Advertising/Trade Center	Fuel - Campaign Truck	Campaign Tshirts	Sign materials, zip ties/washers/screws		Logos	Launch & fundraiser	Storage Rent - September	Bank Fee	Application Fee	Storage Rent - August	FOR:
	The second secon		The second secon						neillage raik				275 Wyman St; Waltham MA 02451		275 Wyman St; Waltham MA 02451			1101 Antelope St; Corpus Christi	13202 Leopard St; Corpus Christi			924 S Staples: Corpus Christi, TX 78404	522 Hancock Ave; CC, TX 78404		1201 Leopard Street; Corpus Christi, TX 78401	522 Hancock Ave; CC, TX 78404	ADDRESS:
								The state of the s	Advertising Expense	Event Expense	Travel in District	Fees	Printing Expense	Food/Beverage Expense	Printing Expense	Advertising Expense	Travel in District	Advertising Expense	Advertising Expense		Advertising Expense	Event Expense	Office Overhead/Rental Expense	Fees	Fees	Office Overhead/Rental Expense	EXPENDITURE CATEGORY:
\$2,334.77									\$/8.00	\$126.25	\$38.50	\$10.00	\$136.27	\$35.74	\$135.29	\$200.00	\$63.91	\$360.00	\$37.02	\$22.70	\$100.00	\$791.09	\$45.00	\$10.00	\$100.00	\$45.00	AMOUNT: