

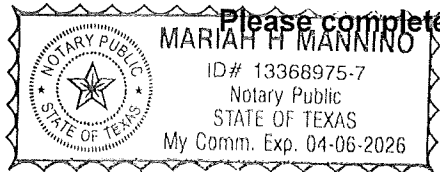
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		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)	\$
	2. 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 DAY OF REPORTING PERIOD	\$ 1,136.32
OUTSTANDING LOAN TOTALS	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 Rachel Caballero this the 7 day of October, 2024, to certify which, witness my hand and seal of office.

Mariah Mannino Printed name of officer administering oath
 Signature of officer administering oath Title of officer administering oath Notary public

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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 CONTRIBUTIONS	\$ 2,334.77
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: 1
2 FILER NAME Rachel Caballero		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Ofelia Chavez 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78408	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired nurse		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Susan Lamb Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78401	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Self employed/retail		Employer (See Instructions)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Alan Rickertsen Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78418	Amount of contribution (\$) 540.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Renee Kolasinski Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78412	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) V2X
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Rachel Caballero		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Victoria Sharless 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78410	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Coding contractor		9 Employer (See Instructions) Datavant
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Julie Rogers Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Anonymous Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Jesse Suarez Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78415	Amount of contribution (\$) 180.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Rachel Caballero		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Adriana Armendarez 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78410	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Consulting		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Tanya Bergstrom Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78418	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Academic Tutor Coordinator		Employer (See Instructions) Del Mar College
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Juan & Victoria Salazar Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) HR manager		Employer (See Instructions) Avail Solutions
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Rachel Caballero Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404	Amount of contribution (\$) 975.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Rachel Caballero		3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Dara Rittgers 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Jesse Suarez Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78415	Amount of contribution (\$) 180.00
Principal occupation / Job title (See Instructions) Industry		Employer (See Instructions)
Date 10/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Beth Zurick Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78410	Amount of contribution (\$) 70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Joshua Fraedrick Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Small Business Owner		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.		

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: 2	2 FILER NAME Rachel Caballero	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name SEE ATTACHED	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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
	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	
PURPOSE OF EXPENDITURE	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

