

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) 00088388	2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Rayna D.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2024
	NICKNAME	LAST Glasser	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 5004 Melbourne Dr. Fort Worth, TX 76114		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Brody A.	MI	
	NICKNAME	LAST Mulligan	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 511 E. John Carpenter Fwy Suite 560 Las Colinas, TX 75062			
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 546-1820	EXTENSION	
8 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)			
9 PERIOD COVERED	Month Day Year 01/01/2024	THROUGH		Month Day Year 06/30/2024
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 14

13 C / OH NAME Glasser, Rayna D. (Ms.) **14** Filer ID (Ethics Commission Filers)
00088388

15 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	480.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,240.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	9,665.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,040.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,570.00

17 AFFIDAVIT

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.

Ms. Rayna D. Glasser

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Glasser, Rayna D. (Ms.)	19 Filer ID (Ethics Commission Filers) 00088388
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,240.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,570.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,220.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8,445.93
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/14
2 FILER NAME Glasser, Rayna D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088388
4 Date 03/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callaway, Terry <hr/> 6 Contributor address; City; State; Zip Code Bedford, TX 76021	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) Birdville ISD
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Senior Product Manager		Employer (See Instructions) JPMorgan & Chase
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coke, David <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Candace <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) GPISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/14
2 FILER NAME Glasser, Rayna D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088388
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glasser, Raymond <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glasser, Rayna <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fort Worth ISD
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glasser, Renee <hr/> Contributor address; City; State; Zip Code Howe, TX 75459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LE		Employer (See Instructions) Plano
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guico, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions) Kevin Guico
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILL, Samuel <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76179	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/14
2 FILER NAME Glasser, Rayna D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088388
4 Date 05/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILL, Samuel <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76179	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILL, Samuel <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76179	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knigge, Betty <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Carla <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Neuropsychologist		Employer (See Instructions) Cook Children's Medical Center
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Michael <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76131	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/14
2 FILER NAME Glasser, Rayna D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088388
4 Date 06/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Michael <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76131	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Susan <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/14
2 FILER NAME Glasser, Rayna D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088388
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> 6 Contributor address; City; State; Zip Code Bedford, TX 76021	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Janine <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Global Sales		Employer (See Instructions) AT&T
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) potts, michael <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76131	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) van Helmond, Paul <hr/> Contributor address; City; State; Zip Code katy, TX 77450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) KBR

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 9/14
2 FILER NAME Glasser, Rayna D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088388
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/31/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayna, Glasser (Mrs.)	9 Loan Amount (\$) \$2,570.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Fort Worth, TX 76114	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Teacher		13 Employer (See Instructions) FWISD
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 10/14	2 FILER NAME Glasser, Rayna D. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088388
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4 Date 05/31/2024	5 Payee name EECU
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6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 301 NW 28th Street, Suite 121 Fort Worth, TX 76164
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees / Account Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/09/2024	Payee name Forever Hill
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Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 6012 Monte Vista Lane #323 Fort Worth, TX 76132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Shirts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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 F4: Sch: 1/4 Rpt: 11/14	2 FILER NAME Glasser, Rayna D. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088388
4 CREDIT CARD ISSUER	Name of financial institution American Express Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$660.20	(b) Date of Charge 01/30/2024
7 PAYEE	(a) Payee name Go Daddy	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website and Webhosting
9 Complete ONLY if direct expenditure to benefit C/OH	(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	
6 PAYMENT	(a) Amount Charged \$937.35	(b) Date of Charge 05/09/2024
7 PAYEE	(a) Payee name Southwest Airlines	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Airline Travel	(b) Description Travel for Convention
9 Complete ONLY if direct expenditure to benefit C/OH	(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	
6 PAYMENT	(a) Amount Charged \$297.74	(b) Date of Charge 05/31/2024
7 PAYEE	(a) Payee name Party City	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Decorations for Campaign Launch Event
9 Complete ONLY if direct expenditure to benefit C/OH	(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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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 F4: Sch: 2/4 Rpt: 12/14	2 FILER NAME Glasser, Rayna D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088388
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$208.01	(b) Date of Charge 06/04/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Sam's Club	(b) Payee address; City, State, Zip Code 6375 NE Loop 820 North Richland Hills, TX 76180	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food for Campaign Kickoff Event
	(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
PAYMENT	(a) Amount Charged \$120.00	(b) Date of Charge 02/29/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CANVA	(b) Payee address; City, State, Zip Code 200 E 6th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Design / Graphics for Campaign Use
	(c) <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
PAYMENT	(a) Amount Charged \$303.29	(b) Date of Charge 05/31/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Sam's Club	(b) Payee address; City, State, Zip Code 6375 NE Loop 820 North Richland Hills, TX 76180	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food for Campaign Kickoff
	(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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 F4: Sch: 3/4 Rpt: 13/14	2	FILER NAME Glasser, Rayna D. (Ms.)	3	Filer ID (Ethics Commission Filers) 00088388
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$23.11	(b) Date of Charge 06/02/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 9131 Blvd 26 North Richland Hills, TX 76180	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office Supplies	
		(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
PAYMENT	(a) Amount Charged \$498.33	(b) Date of Charge 06/09/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name Holiday Inn Express El Paso		(b) Payee address; City, State, Zip Code 900 Sunland Park Dr El Paso, TX 79922		
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Convention Lodging		(b) Description Hotel for State Party Convention		
	(c) <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	
PAYMENT	(a) Amount Charged \$387.12	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name Austin Mariott		(b) Payee address; City, State, Zip Code 304 E Cesar Chavez St Austin, TX 78701		
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) In State Travel		(b) Description Lodging Women's Conference		
	(c) <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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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 F4: Sch: 4/4 Rpt: 14/14	2	FILER NAME Glasser, Rayna D. (Ms.)	3	Filer ID (Ethics Commission Filers) 00088388
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$2,750.00	(b) Date of Charge 05/31/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Blank Space Fort Worth		(b) Payee address; City, State, Zip Code 6609 E Lancaster Ave Fort Worth, TX 76112	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Campaign Kickoff Event Space Rental	
		(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
6	PAYMENT	(a) Amount Charged \$1,610.78	(b) Date of Charge 05/16/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Vista Print		(b) Payee address; City, State, Zip Code 95 Hayden Ave Lexington, MA 00241	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign Literature and Materials	
		(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
6	PAYMENT	(a) Amount Charged \$650.00	(b) Date of Charge 06/11/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Texas Democratic Party		(b) Payee address; City, State, Zip Code PO Box 15707 Austin, TX 78761	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Voter File and Voter Database		(b) Description Software Expense	
		(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