CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00088188		2 Total pages fil	led: 37
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Mrs.	Rachel L.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Mello			1	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	<u>ΓΥ;</u>	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	2600 Chamberlain Dr.				Receipt #	Amount
Change of Address	Plano, TX 75023					
LJ `	1 14.10, 17.10020				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Jada				
	NICKNAME	LAST		SUFFIX		
		Bryant				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOY DI EVCE).		T / SUITE #; CITY;		ATE; ZIP CODE
TREASURER ADDRESS	1843 Valencia Dr.	BUX PLEASE),	AF	I/SUILE#, CITT,	317	ATE, ZIP CODE
(Residence or Business)	Allen, TX 75013					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (318) 286-4071	NE NUMBER	EXTENSION			
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after ca	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	Tł	HROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		General	Special	-	
				ш.		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
				State Senator Di		
	.1			<u>. l</u>		
		GO -	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 37

13 C / OH NAME	Mello, Rachel L. (Mrs	.)	14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without the difficeholders are required to report this information	ne candidate's or office	holder's knowledge or
X Additional Pages				
<u> </u>	X GENERAL	Plano Area Democrats		
		COMMITTEE ADDRESS		
	SPECIFIC	P.O. Box 251373		
		Plano, TX 75025		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Barrett, Irvin		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	S	
		1119 Shadow Lakes Blvd		
		Allen, TX 75002		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS))	\$ 2,538.19
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,309.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 865.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$ 3,324.96
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Mrs.	Rachel L. Mello	
		Signature of C	Candidate or Officeholo	der
		G		
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH **ADDENDUM**

C/OHNAME Mello, Rachel L. (Mrs.) Mello, Rachel L. (Mrs.) Tills box is for notice of political expenditures by political committees to support the candidate / officeholders rependitures may have been made without the candidates or officeholders knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. COMMITTEE TYPE GENERAL GENERAL GENERAL GENERAL GENERAL GOMMITTEE CAMPAIGN TREASURER NAME Smith, David COMMITTEE CAMPAIGN TREASURER ADDRESS 101 E. Park Blvd, Suite 600 Plano, TX 75074					Page 3 of 37
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 GENERAL GENERAL GENERAL COMMITTEE NAME McKinney Democrats Political Action Committee COMMITTEE ADDRESS 539 W. Commerce St, #6619 Dallas, TX 75208 COMMITTEE CAMPAIGN TREASURER NAME Smith, David COMMITTEE CAMPAIGN TREASURER ADDRESS 101 E. Park Blvd, Suite 600	C / OH NAME	Mello, Rachel L. (Mrs	<u> </u>		(Ethics Commission Filers)
COMMITTEE TYPE X GENERAL McKinney Democrats Political Action Committee	FROM POLITICAL	expenditures may have I	been made without the candidate's or off	ficeholder's knowledge or c	onsent. Candidates and
McKinney Democrats Political Action Committee COMMITTEE ADDRESS 539 W. Commerce St, #6619 Dallas, TX 75208 COMMITTEE CAMPAIGN TREASURER NAME Smith, David COMMITTEE CAMPAIGN TREASURER ADDRESS 101 E. Park Blvd, Suite 600	COMMITTEL(S)	COMMITTEE TYPE	COMMITTEE NAME		
COMMITTEE ADDRESS 539 W. Commerce St, #6619 Dallas, TX 75208 COMMITTEE CAMPAIGN TREASURER NAME Smith, David COMMITTEE CAMPAIGN TREASURER ADDRESS 101 E. Park Blvd, Suite 600		l		on Committee	
Dallas, TX 75208 COMMITTEE CAMPAIGN TREASURER NAME Smith, David COMMITTEE CAMPAIGN TREASURER ADDRESS 101 E. Park Blvd, Suite 600		X GENERAL			
COMMITTEE CAMPAIGN TREASURER NAME Smith, David COMMITTEE CAMPAIGN TREASURER ADDRESS 101 E. Park Blvd, Suite 600		SPECIFIC			
Smith, David COMMITTEE CAMPAIGN TREASURER ADDRESS 101 E. Park Blvd, Suite 600					
COMMITTEE CAMPAIGN TREASURER ADDRESS 101 E. Park Blvd, Suite 600				ER NAME	
101 E. Park Blvd, Suite 600			Smith, David		
			COMMITTEE CAMPAIGN TREASURE	ER ADDRESS	
Plano, TX 75074			101 E. Park Blvd, Suite 600		
			Plano, TX 75074		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				4 of 37
18 FILER Mello,	NAME Rachel L. (Mrs.)	19 Filer ID 00088188	(Ethics Commissi	on Filers)
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,392.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	146.19
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	1,554.96
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	2,754.74
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	554.96
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 5/37	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 03/19/2024	5 Full name of contributor Bennett, David6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$15.00
8	Principal occu	McKinney, TX 75071 pation / Job title (See Instructions	9	Employer (See Instruction	(2		
Ŭ	Not Employe			Not Employed	٥,		
	Date 06/11/2024	Full name of contributor Brenner, Karen Contributor address; City; St				Amount of Contribution (\$)	\$54.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instruction	s) 		
	Not Employe			Not Employed	٥,		
	Date 02/04/2024	Full name of contributor Casavant, Michael Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$500.00
		Plano, TX 75075					
	Principal occu Senior Produ	pation / Job title (See Instructions uct Manager)	Employer (See Instruction: JP Morgan & Chase	s)		
	Date 06/06/2024	Full name of contributor Castillo, Francisco Contributor address; City; St San Antonio, TX 78245	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Campaign C	pation / Job title (See Instructions onsultant)	Employer (See Instruction: Self	s)		
	Date 03/15/2024	Full name of contributor Erhart, Cynthia Contributor address; City; St McKinney, TX 75071	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instruction: McKinney ISD	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 6/37	
2	FILER NAME Mello, Rache			3	Filer ID (Ethics Commission 00088188	ı Filers)
4	Date 03/18/2024	 Full name of contributor out-of-state PAC (ID#:_ Fickling, Sarah Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Not Employe		Not Employed	,		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_Fickling, Sarah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$6.00
	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed			
	Date 05/18/2024	Full name of contributor)		Amount of Contribution (\$)	\$6.00
		McKinney, TX 75070				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 06/18/2024	Full name of contributor out-of-state PAC (ID#:_Fickling, Sarah Contributor address; City; State; Zip Code McKinney, TX 75070)		Amount of Contribution (\$)	\$6.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Files, Sherry Contributor address; City; State; Zip Code McKinney, TX 75071			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 7/37	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 06/06/2024	Griffith, Idona 6 Contributor address; City; State; 2)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe	ed		Not Employed			
	Date 03/16/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.00
		McKinney, TX 75069					
	Principal occur Author	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/16/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Van Alstyne, TX 75495					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	i)		
	Date 03/15/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 05/25/2024	Full name of contributor CHINES, Meredith Contributor address; City; State; 2 Irving, TX 75039	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) ment Control Specialist		Employer (See Instructions Pioneer Natural Resource			
	Schlor Docu	mont Control Specialist		i ioneer natural resour		,	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 8/37	
2	FILER NAME Mello, Rache			3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 03/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
0	Dringing oggu	McKinney, TX 75072	9 Employer /See Instructions			
8	Software De	pation / Job title (See Instructions) veloper	9 Employer (See Instructions) IBM Cloud)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#: Jones, Suzanne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Plano, TX 75025 pation / Job title (See Instructions)	Employer (See Instructions			
	Professor	pation / 300 title (See Instructions)	NA NA	,		
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID#:_ Klinger, Marie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Allen, TX 75002				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Klinger, Marie Contributor address; City; State; Zip Code Allen, TX 75002)		Amount of Contribution (\$)	\$6.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_Klinger, Marie Contributor address; City; State; Zip Code Allen, TX 75002)		Amount of Contribution (\$)	\$6.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 9/37	
2	FILER NAME Mello, Rache			3	Filer ID (Ethics Commission 00088188	Filers)
4	Date 04/29/2024	 Full name of contributor out-of-state PAC (ID#:_Klinger, Marie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$6.00
8	Principal occu	Allen, TX 75002 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Not Employe		Not Employed)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_Klinger, Marie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00
	Principal occu	Allen, TX 75002 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed	Not Employed			
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_Klinger, Marie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00
		Allen, TX 75002				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_Lambert, Don Contributor address; City; State; Zip Code McKinney, TX 75070)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)		
	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:_ Lemmond, Byron Contributor address; City; State; Zip Code Katy, TX 77449			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 10/37	
2	FILER NAME Mello, Rache			3	Filer ID (Ethics Commission 00088188	ı Filers)
4	Date 06/02/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Katy, TX 77449 pation / Job title (See Instructions)	9 Employer (See Instructions)			
•	Not Employe		Not Employed)		
	Date 01/28/2024	Full name of contributor out-of-state PAC (ID#:_ Levatino, Sheila Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00
	Dringinal occu	Fairview, TX 75069 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	pation / 300 title (See Instructions)	None (See Instructions)	,		
	Date 03/15/2024	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		McKinney, TX 75070				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions) Not Employed)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Marquita Contributor address; City; State; Zip Code Arlington, TX 76014)		Amount of Contribution (\$)	\$25.00
	Principal occu Social Worke	pation / Job title (See Instructions)	Employer (See Instructions) JPS Hospital District)		
	Date 05/11/2024	Full name of contributor out-of-state PAC (ID#:_McCormick, James Contributor address; City; State; Zip Code Plano, TX 75074			Amount of Contribution (\$)	\$10.00
	Principal occu Software En	pation / Job title (See Instructions) gineer	Employer (See Instructions) USAA)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 11/37	
2	FILER NAME Mello, Rache			3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 06/11/2024	5 Full name of contributor out-of-state PAC (ID#:_McCormick, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Deinsinal	Plano, TX 75074				
8	Software En	pation / Job title (See Instructions) gineer	9 Employer (See Instructions USAA)		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Merrill, Walter Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Allen, TX 75002 pation / Job title (See Instructions)	Employer (See Instructions)		
	Engineer		KBR			
	Date 06/13/2024	Full name of contributor out-of-state PAC (ID#:_ Merrill, Walter Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Allen, TX 75002				
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions KBR)		
	Date 01/09/2024	Full name of contributor out-of-state PAC (ID#:_Michel, Liz Contributor address; City; State; Zip Code McKinney, TX 75070)		Amount of Contribution (\$)	\$10.00
	Principal occu not employe	pation / Job title (See Instructions) d	Employer (See Instructions none)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:_Michel, Liz Contributor address; City; State; Zip Code McKinney, TX 75070			Amount of Contribution (\$)	\$10.00
	Principal occu not employe	pation / Job title (See Instructions)	Employer (See Instructions none)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 12/37	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	ı Filers)
4	Date 03/08/2024	5 Full name of contributor Michel, Liz6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)	9 Employer (See Instructions none	S)		
	Date 03/09/2024	Full name of contributor Michel, Liz Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occur not employed	pation / Job title (See Instructions)	Employer (See Instructions none	<u> </u> S)		
	Date 04/08/2024	Full name of contributor Michel, Liz Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.00
	Drincinal occur	McKinney, TX 75070 pation / Job title (See Instructions	1	Employer (See Instructions	<u>-,</u>		
	Not Employe	· ·		None	<i>-</i>)		
	Date 04/09/2024	Full name of contributor Michel, Liz Contributor address; City; St. McKinney, TX 75070	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions		Employer (See Instructions None	<u> </u> s)		
	Date 05/08/2024	Full name of contributor Michel, Liz Contributor address; City; St McKinney, TX 75070	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this forr	n.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 13/37	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	ı Filers)
4	Date 05/09/2024	5 Full name of contributor Michel, Liz6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			None	,		
	Date 06/08/2024	Full name of contributor Michel, Liz Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$20.00
	Dringinal occur	McKinney, TX 75070 pation / Job title (See Instructions)		Employer (See Instructions	·/ 		
	Not Employe			None (See Instructions)		
	Date 06/09/2024	Full name of contributor Michel, Liz Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
		McKinney, TX 75070					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/15/2024 Mott, John Contributor address; City; State; Zip Code McKinney, TX 75072				Amount of Contribution (\$)	\$25.00	
	Principal occu Deputy Direc	pation / Job title (See Instructions) ctor		Employer (See Instructions Democratic National Co	•	nittee	
	Date 03/15/2024	Full name of contributor Nieman, Bobby Contributor address; City; State Quinlan, TX 75474)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	. tot Employe			тос Етрюуси			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/14 Rpt: 14/37	
2	FILER NAME Mello, Rache			3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 06/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Nieman, Bobby 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Quinlan, TX 75474 upation / Job title (See Instructions)	9 Employer (See Instructions)		
	Not Employe		Not Employed			
	Date 06/15/2024	Full name of contributor out-of-state PAC (ID#:_ Nieman, Bobby Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing aggr	Quinlan, TX 75474 upation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Not Employed)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ O'Keefe, Shelaine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		McKinney, TX 75072				
	Principal occu Retail	pation / Job title (See Instructions)	Employer (See Instructions Ski shop)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Ortiz, Robert Contributor address; City; State; Zip Code Melissa, TX 75454			Amount of Contribution (\$)	\$25.00
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions self)		
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_ Overton, David Contributor address; City; State; Zip Code Austin, TX 78723			Amount of Contribution (\$)	\$100.00
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Opus Faveo Innovation		velopment	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 15/37	
2	FILER NAME Mello, Rache			3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 06/05/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
_		Greenville, TX 75402				
8	Adjunct	ipation / Job title (See Instructions)	9 Employer (See Instructions) Paris Junior College)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Prilliman, Angela Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringinal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)	Employer (See Instructions			
	Entrepreneu		self-employed	,		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Robe, Penny Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Plano, TX 75024				
	Principal occu lawyer	pation / Job title (See Instructions)	Employer (See Instructions Robe Law Firm)		
	Date 04/13/2024	Full name of contributor out-of-state PAC (ID#:_ Roberts, Marianne Contributor address; City; State; Zip Code Lone Oak, TX 75453)		Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	upation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 01/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rowland, Patricia Contributor address; City; State; Zip Code Frisco, TX 75034)		Amount of Contribution (\$)	\$25.00
	Principal occu IT Engineer	ipation / Job title (See Instructions)	Employer (See Instructions AT&T)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	E A1	
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 16/37		
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	ı Filers)	
4	Date 03/15/2024	 Full name of contributor out-of-state PA Shook, Laurie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00	
_	District	Murphy, TX 75094	la la	Frankrica (Octobritània				
8	Director	pation / Job title (See Instructions)	9	Employer (See Instructions OpenText	5)			
	Date 03/15/2024	Full name of contributor out-of-state PA Spinell, Michelle Contributor address; City; State; Zip Code McKinney, TX 75072)		Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Not Employe	d		Not Employed				
	Date 03/15/2024	Full name of contributor out-of-state PA Stark, Sharon Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$10.00	
		Frisco, TX 75035						
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
	Date 04/19/2024	Full name of contributor out-of-state PA Suttles, James Contributor address; City; State; Zip Code Wylie, TX 75098)		Amount of Contribution (\$)	\$50.00	
	Principal occu Finance	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)			
	Date 05/25/2024	Full name of contributor out-of-state PA Thompson, Erin Contributor address; City; State; Zip Code Anna, TX 75409)		Amount of Contribution (\$)	\$10.00	
	Principal occu Referral Coo	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Releital C00	ιαιτίαι		Concentra				

	MONEI	ARY POLITICAL CONTRIBUTION)r	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 17/37	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	ı Filers)
4	Date 04/19/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
8		McKinney, TX 75070 pation / Job title (See Instructions) cher Supervisor & Online Adjunct Instructor	9	Employer (See Instructions Upper Iowa University	<u> </u> ;)		
	Date 05/19/2024	Full name of contributor out-of-state PAC (ID#: Treat, Alena Contributor address; City; State; Zip Code McKinney, TX 75070				Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) cher Supervisor & Online Adjunct Instructor		Employer (See Instructions Upper Iowa University	<u> </u> 5)		
	Date 06/19/2024	Full name of contributor out-of-state PAC (ID#: Treat, Alena Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Daine in all a con-	McKinney, TX 75070	_	Facelous (Oss lestresticos			
		pation / Job title (See Instructions) cher Supervisor & Online Adjunct Instructor		Employer (See Instructions Upper Iowa University	·)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#: Treat, Alena Contributor address; City; State; Zip Code McKinney, TX 75070)		Amount of Contribution (\$)	\$10.00
	·	rpation / Job title (See Instructions) cher Supervisor & Online Adjunct Instructor		Employer (See Instructions Upper Iowa University	s)		
	Date 03/16/2024	Full name of contributor out-of-state PAC (ID#: Wallace, Megan Contributor address; City; State; Zip Code McKinney, TX 75071				Amount of Contribution (\$)	\$25.00
	Principal occu Contract Adr	pation / Job title (See Instructions) ministrator		Employer (See Instructions Sol-Ark	5)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 14/14 Rpt: 18/37	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	ı Filers)
4	Date 03/16/2024	 Full name of contributor	te PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Allen, TX 75013 pation / Job title (See Instructions)	l ₉	Employer (See Instructions	<u>s)</u>		
Ŭ	Not Employe			Not Employed	٠,		
	Date 03/16/2024	Welch, Juley				Amount of Contribution (\$)	\$25.00
		Fairview, TX 75069	1		<u> </u>		
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:) Wittenbrook, Gwendolyn Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Plano, TX 75024					
	Principal occup Clinical Dietic	pation / Job title (See Instructions) Dian		Employer (See Instructions Texas Scottish Rite Hos	•	al for Children	
	Date Full name of contributor out-of-state PAC (ID#: 04/26/2024 Wood, Kristina Contributor address; City; State; Zip Code Allen, TX 75013)		Amount of Contribution (\$)	\$50.00	
	Principal occup College Profe	pation / Job title (See Instructions)		Employer (See Instructions Collin College	<u>l</u> S)		
	Date 03/15/2024	Full name of contributor out-of-stat Zimmerman, Cynthia Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
			,				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	action Guide explains how to complete this f	orm.	1 Total pages Scl Sch: 1/2 Rpt:						
2 FILER NAME Mello, Rach			3 Filer ID (Ethic 00088188	s Commission Filers)					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$						
5 Date 06/09/2024	 6 Full name of contributor out-of-state PAC (ID#:		contribution (\$) \$52.00	Gas - Convention Travel; Chevron @ El Paso, TX					
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.					
Teacher		Richardson ISD	,						
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 contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 06/05/2024	Full name of contributor out-of-state PAC (ID#: Owsley, James Contributor address; City; State; Zip Code			In-kind contribution description I Gas - Convention Travel; Love's @ Ranger, TX					
	Greenville, TX 75402		Check if travel of	utside of Texas. Complete Schedule T.					
Principal occi Adjunct	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Paris Junior Colleg	ŕ	nstructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	outor's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 06/05/2024	Full name of contributor out-of-state PAC (ID#:Owsley, James Contributor address; City; State; Zip Code			In-kind contribution description I Gas - Convention Travel; Pilot @ Monahans, TX					
	Greenville, TX 75402		Check if travel of	l outside of Texas. Complete Schedule T.					
Principal occi Adjunct	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Paris Junior Colleg		nstructions)					
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	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 20/37 3 Filer ID (Ethics Commission Filers) FILER NAME Mello, Rachel L. (Mrs.) 00088188 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/09/2024 Owsley, James \$21.68 | Gas - Convention Travel; 7 Contributor address; City; State; Zip Code Pilot @ Pyote, TX Greenville, TX 75402 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) Adjunct Paris Junior College 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 Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/09/2024 Owsley, James \$27.57 | Gas - Convention Travel; Contributor address; City; State; Zip Code Landmark Travel Center @ Clyde, TX Greenville, TX 75402 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL)

Paris Junior College

Contributor's job title (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Forms provided by Texas Ethics Commission

Contributor's principal occupation (FOR JUDICIAL)

Contributor's employer/law firm (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Adjunct

(See instructions)

	LOANS							SCHEDULE E
	The Instruction	on Guide explains ho	ow to c	omplete this f	orm.	ı	-	ges Schedule E: 1 Rpt: 21/37
2	FILER NAME Mello, Rachel L.	(Mrs.)				3		(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				<u> </u>		\$
5	Date of loan 06/11/2024	7 Name of lender Mello, Rachel		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$1,000.00
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate 11 Maturity Date
	No	Plano, TX 75023						II Maturity Date
12 Principal occupation / Job title (See Instructions) Teacher 13 Employer (See Instructions) Richardson ISD 14 Description of Collateral 15 Check if personal funds were deposite								
Teacher Richardson ISD 14 Description of Collateral 15 Check if personal funds were deposite							eposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code	•••••		
20	Principal occupation	<u>l</u> on			21 Employer (See Instructions	6)		
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)
	06/09/2024	Mello, Rachel						\$554.96
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate
	No	Plano, TX 75023						Maturity Date
	Principal occupation Teacher	on / Job title (See Instruction	ons)		Employer (See Instructions Richardson ISD	s)		
	Description of Coll X None	ateral			Check if personal funds we	ere d	eposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor			_			Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code			
Principal occupation Employer (See Instructions)								

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict category not listed	above)
	Credit Card Payment			The Instruction G	uide explains h	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 1/15 Rpt: 22/37		Mello, Rach	el L. (Mrs.)						00088188		
4	Date	5	Payee name					•				
	01/07/2024			hnical Services	6							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$0.99		366 Summe	r Street								
			Somerville, I	MA 02144								
8	PURPOSE	⊢	<u> </u>		the ten of this eahs	adula)	(b)	Description				
ľ	OF	(.,	Fees	e Categories listed at	tne top of this sche	eaule)	(~)	`	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder living	g expense	
								Service Fee				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	0	Office sou	ght			Office h	eld	
	experiorare to benefit C/O											
	Date		Payee name									
	01/14/2024		ActBlue Tec	hnical Services	5							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$0.40		366 Summe	r Street								
			Somerville, I	MA 02144								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					=			plete Schedule T.	
								Check if Austin, Service Fee	, TX,	officeholder living	g expense	
								Service Fee				
_	Complete ONLY if direct	<u> </u>		ceholder name	0	Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		zarialaate/Onic	scholaci mame	O	Tillee 30u	giit			Office II	Ciu	
	Data	_	D									
	Date 01/28/2024		Payee name	hnical Services	,							
						7in Co	ما م					
	Amount (\$) \$3.95		Payee addres		State;	Zip Co	ae					
	φ3.93		366 Summe	Sueet								
			Comon illo	MA 02144								
		_	Somerville, I	WA 02144		1						
	PURPOSE OF	ı		e Categories listed at	the top of this sche	edule)	(b)	Description Check if travel (nutei	de of Tevas Com	nplete Schedule T.	
	EXPENDITURE		Fees					므		officeholder living		
								Service Fee				
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/15 Rpt: 23/37	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	02/04/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.74	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Service ree
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/11/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Service ree
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Service Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 24/37	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	03/03/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.23	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Scrvice i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	03/10/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.19	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Service ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Date	Payee name
	03/17/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.56	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZHOHORZ	Check if Austin, TX, officeholder living expense
		Service Fee
_	Operation ONE VIII	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	p = 1 2 20 3/01	

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 4/15 Rpt: 25/37	Mello, Rachel L. (Mrs.)			00088188	
4	Date	5 Payee name				
	03/24/2024	ActBlue Technical Services				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1.59	366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Fees	_		ide of Texas. Com	
			Service Fee		, officeholder living	expense
			OCT VIOC T C			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/OI				000 1	
	Date	Payee name				
	03/31/2024	ActBlue Technical Services				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.24	366 Summer Street				
	40.21					
		Somerville, MA 02144				
	PURPOSE		Description			
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if trav	el outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	rees	—		, officeholder living	
			Service Fee	Э		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	experialitate to beliefit of of	'				
	Date	Payee name				
	04/14/2024	ActBlue Technical Services				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.19	366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	EXPENDITURE	Fees			ide of Texas. Com , officeholder living	
			Service Fee		, onicendider living	rexpense
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/OI	-1				
_						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)
	Sch: 5/15 Rpt: 26/37	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	04/21/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.62	366 Summer Street
	1	
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Service Fee
	1	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	04/28/2024	Payee name ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
	!	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense Service Fee
		Scrive 1 co
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Data	
	Date 05/05/2024	Payee name ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.44	366 Summer Street
	!	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Service Fee
	!	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 6/15 Rpt: 27/37	Mello, Rachel L. (Mrs.) 00088188	
4	Date	5 Payee name	
	05/12/2024	ActBlue Technical Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.59	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Service Fee	
		Scrvice i ee	
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/19/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.63	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Service Fee	
		Scrvice i ee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
L	05/26/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.35	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Service Fee	
		Service Fee	
_	Operation Objects "	On didn't 10 ff a halden name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Fayinent	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/15 Rpt: 28/37	Mello, Rachel L. (Mrs.)	00088188
4	Date	5 Payee name	
	06/02/2024	ActBlue Technical Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.44	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Service Fee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/09/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.39	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) a	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trave	l outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	n, TX, officeholder living expense
		Service Fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/16/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.47	366 Summer Street	
	Ψ0.47	ood Gammer Gueet	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 CC3	l outside of Texas. Complete Schedule T.
		Service Fee	n, TX, officeholder living expense
		Service ree	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
<u> </u>			
_			
Fo	rms provided by Texas E	thics Commission www.ethics.state.tx.us	Version V4.1.0.d378aba0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)
	Sch: 8/15 Rpt: 29/37	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	06/23/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.64	366 Summer Street
	1	
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Service Fee
	1	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/30/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code 366 Summer Street
	\$4.59	366 Summer Street
	!	
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Service Fee
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/06/2024	Destination El Paso Parking
_		
	Amount (\$) \$13.00	Payee address; City; State; Zip Code 1 Civic Center Plaza
	Φ19.00	1 Civic Center Plaza
	!	=1 D
		El Paso, TX 79901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Convention Parking
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/15 Rpt: 30/37	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	06/07/2024	Destination El Paso Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.00	1 Civic Center Plaza
		El Paso, TX 79901
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Convention Parking
		Convention Family
9	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
┡		
	Date	Payee name
	06/08/2024	Destination El Paso Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.00	1 Civic Center Plaza
		El Paso, TX 79901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Convention Parking
		Convention 1 draing
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨		
	Date	Payee name
	05/30/2024	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.83	2109 W Parker Road, Ste B
		Plano, TX 75023
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	S. portantare to benefit 0/01	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/15 Rpt: 31/37	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	04/12/2024	FedEx
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$227.33	901 N Central Expy Ste 200
		Plano, TX 75075
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rack Cards/Overnight Printing
		ration out as, or only give a manage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/16/2024	Frost
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 16509
		Fort Worth, TX 76162
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/14/2024	Frost
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 16509
		Fort Worth, TX 76162
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Service Charge
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/15 Rpt: 32/37	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	03/14/2024	Frost
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	PO Box 16509
l		
		Fort Worth, TX 76162
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Charge
		Service Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
⊨	Date	Davisa nama
	04/12/2024	Payee name Frost
┡		
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 16509
		Fort Worth, TX 76162
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Charge
		Service Charge
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	Date	Davida marea
	06/14/2024	Payee name Frost
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 16509
		Fort Worth, TX 76162
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Charge
		Scrvice Charge
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/15 Rpt: 33/37	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	01/02/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.32	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Google Workspace
		Coogio Workopado
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/01/2024	Google
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Pkwy
	Ψ0.40	1000 Amphiliteatie i kwy
		Manustain View OA 04040
L		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Google Workspace
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/01/2024	Google
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Pkwy
	Ψ0.40	1000 Amphiliteatie i kwy
		Mountain View, CA 94043
L	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Google Workspace
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	1
一		
I		

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/15 Rpt: 34/37	Mello, Rachel L. (Mrs.)	00088188
4	Date	5 Payee name	·
l	04/01/2024	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.40	1600 Amphitheatre Pkwy	
l			
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Google Workspace
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	05/01/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.40	1600 Amphitheatre Pkwy	
l		Mountain View, CA 94043	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
l	ZAI ZAISTONZ		Check if Austin, TX, officeholder living expense Google Workspace
			Google Workspace
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
l	06/03/2024	Google	
┢	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.40	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Google Workspace
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Since Hold

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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)
	Sch: 14/15 Rpt: 35/37	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	03/15/2024	Keane, Ben
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	459 Lagunita Dr
		Stanford, CA 94305
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Data Analysis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date 01/05/2024	Payee name Poe, Shelly
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	610 Elm Street, Ste 1000C
		McKinney, TX 75069
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Headshots
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/15/2024	Tax990
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.85	2685 Celanese Rd, Ste 100
		Rock Hill, SC 29732
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Federal Tax filing
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/15 Rpt: 36/37	Mello, Rachel L. (Mrs.)	00088188
4	Date	5 Payee name	
	06/13/2024	Texas Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	314 Highland Blvd	
		Austin, TX 78752	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		l — — — — — — — — — — — — — — — — — — —	Check if Austin, TX, officeholder living expense oter File and Related Services
			net i lie alla relatea cervices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		5co
_	Date	Payee name	
	05/31/2024	Trudy's Hallmark	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.37	1001 W 15th Street	
	402.01	1001 17 1011 011001	
		Plano, TX 75075	
_	PURPOSE		escription
	OF	Office Supplies	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Off	fice Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/05/2024	Wix.com LTD	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.43	Yunitsman 5	
		Tel Aviv 6936066 Israel	
	PURPOSE OF		escription
	EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		LJ Bu	Isiness Cards
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 37/37 Mello, Rachel L. (Mrs.) 00088188 Date Payee name 06/09/2024 Best Western Plus 6 Amount (\$) Payee address; City; State; Zip Code \$554.96 6655 Gateway West Blvd Reimbursement from political contributions intended Χ El Paso, TX 79925 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Convention Lodging Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH