CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00088188	sion Filers)	2 Total pages file 2	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	Mrs.	Rachel L.			Date Received	
					ELECTRONICA	ALLY FILED
	AUGUALAN 45			OUEEN	10/07/2024	
	NICKNAME	LAST Mello		SUFFIX	10/01/2024	
		Mello				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	2600 Chamberlain Dr.					
ADDRESS					Receipt #	Amount
Change of Address	Plano, TX 75023				2 . 2	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>. </u>	
TREASURER	Ms.	Jada		IVII		
NAME	IVIS.	Jaua				
				0115517		
	NICKNAME	LAST		SUFFIX		
		Bryant				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	// SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	1843 Valencia Dr.					
(Residence or Business)						
	Allen, TX 75013					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	VIENCION			
TREASURER		E NUMBER E	EXTENSION			
PHONE	(318) 286-4071					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after car	nnaign treasurer
] countary belone			appointment (office	
	July 15	8th day before		Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	T⊦	IROUGH	09/26/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	(if known)	
	OTTIOE TIEED (II dily)			State Senator Di		
					J. 101 J	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Mello, Rachel L. (Mrs	.)	14 Filer ID 00088188	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made without officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 7,707.00			
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,888.17			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 2,220.16			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 4,267.67			
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required				
		Mr	s. Rachel L. Mello				
		Signature	of Candidate or Officeho	lder			
AFFIX NO	TARY STAMP / SEAL ABO	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
		rtify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath			

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 of 27
_	ER NAM	ME Chel L. (Mrs.)	19 Filer ID 00088188	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,937.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	770.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS	\$	942.71	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	4,945.46	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	942.71
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	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 CONTRIE	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/27	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 09/16/2024	 Full name of contributor out-of-state I out-of-			7	Amount of Contribution (\$)	\$100.00
_		Plano, TX 75074			Ĺ		
8	Principal occu IT	pation / Job title (See Instructions)	9	Employer (See Instructions Microsoft	5)		
	Date 08/18/2024	Full name of contributor out-of-state I Beland, Brant Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	Anna, TX 75409 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
				Battleground Texas	,		
	Date 09/14/2024			•	Amount of Contribution (\$)	\$50.00	
		Richardson, TX 75080					
	Principal occu Fraud Analys	pation / Job title (See Instructions) st		Employer (See Instructions JP Morgan Chase	5)		
	Date 09/24/2024	Full name of contributor out-of-state I Brown, Gloria Contributor address; City; State; Zip Code Athens, TX 75751)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/15/2024	Full name of contributor out-of-state Canchola, Jamie Contributor address; City; State; Zip Code Royse City, TX 75189	PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Hunt Regional	5)		

	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: 2/11 Rpt: 5/27	
2	FILER NAME Mello, Rache			3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 09/13/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
		Plano, TX 75025				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/18/2024	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 upation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed			
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:_ Fickling, Sarah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$6.00
		McKinney, TX 75070				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 09/18/2024	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	upation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:_Frietze, Roxanne Contributor address; City; State; Zip Code McKinney, TX 75070			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/27	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	Filers)
4	Date 09/14/2024	 Full name of contributor out-of-state PAC (ID#: Gofforth, Patricia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Delicational	Austin, TX 78750	١.	Fanda and (Cara Instructions			
8	Realtor	pation / Job title (See Instructions)	9	Employer (See Instructions E3 Properties	5)		
	Date 08/01/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Vice President F			Fulcrum Public Affairs			
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#:_ Hunt County Democratic Party Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3,000.00
		Greenville, TX 75403					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_Killian, Holden Contributor address; City; State; Zip Code Allen, TX 75002				Amount of Contribution (\$)	\$10.00
	Principal occu Curbie	pation / Job title (See Instructions)		Employer (See Instructions HEB	<u>s)</u>		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_Klassen, Andrew Contributor address; City; State; Zip Code Allen, TX 75002				Amount of Contribution (\$)	\$100.00
	Principal occu Software	pation / Job title (See Instructions)		Employer (See Instructions Nectar	5)		
			•				

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/27	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	Filers)
4	Date 07/29/2024	5 Full name of contributor Klinger, Marie6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$6.00
8	Principal occur	Allen, TX 75002 pation / Job title (See Instructions) [9	Employer (See Instructions	;) 		
	Not Employe		,	Not Employed	,,		
	Date 08/29/2024	Full name of contributor Klinger, Marie Contributor address; City; St)		Amount of Contribution (\$)	\$6.00
	Principal occur	Allen, TX 75002 pation / Job title (See Instructions		Employer (See Instructions	:, 		
	Not Employe		,	Not Employed)		
	Date 07/02/2024	Full name of contributor Lemmond, Byron Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Katy, TX 77449					
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
Date 08/02/2024		Full name of contributor Lemmond, Byron Contributor address; City; St Katy, TX 77449	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions		Employer (See Instructions Not Employed	5)		
	Date 09/02/2024	Full name of contributor Lemmond, Byron Contributor address; City; St Katy, TX 77449	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	F76			K - 27 - 1			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to cor	mplete this forr	m.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/27	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commissio 00088188	n Filers)
4	Date 08/20/2024	Linden, Greg	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Oakland, CA 94602	٥	Employer (See Instructions	·/		
0	Researcher	pation / Job title (See Instructions)	9	Employer (See Instructions UC Berkeley)		
	Date 08/02/2024	Matthews, Jeremy Contributor address; City; State; Zip ()		Amount of Contribution (\$)	\$50.00
	Principal occu	Plano, TX 75025 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employed		Not Employed				
	Date 09/22/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		Plano, TX 75075					
	Principal occu Software En	pation / Job title (See Instructions) gineer		Employer (See Instructions Hewlett Packard Enterp		;	
	Date 07/29/2024	McClain, KC	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 07/11/2024	Full name of contributor out-on McCormick, James Contributor address; City; State; Zip of Plano, TX 75074	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions USAA	5)		
	Software En	yınıccı		USAA			

	MONET	ARY POLITICAL (CONTRIBUTIO	N _	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/27	
2	FILER NAME Mello, Rache	el L. (Mrs.)				3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 08/11/2024	5 Full name of contributor McCormick, James6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$10.00
		Plano, TX 75074		_				
8	Principal occu Software En	pation / Job title (See Instructions gineer	s) 	9	Employer (See Instructions USAA	5)		
	Date 09/11/2024	Full name of contributor McCormick, James Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu	Plano, TX 75074 pation / Job title (See Instructions	9		Employer (See Instructions	?) 		
	Software En		,,		USAA	"		
	Date 07/24/2024	Full name of contributor McDaniel, Eric Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
		Austin, TX 78753						
	Principal occu Professor	pation / Job title (See Instructions	5)		Employer (See Instructions University of Texas	5)		
	Date 08/04/2024	Full name of contributor McKinney Area Democrat Contributor address; City; S McKinney, TX 75070)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions	;)		Employer (See Instructions	5)		
	Date 07/09/2024	Full name of contributor Michel, Liz Contributor address; City; Si McKinney, TX 75070	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions None	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/27	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	Filers)
4	Date 08/08/2024	5 Full name of contributor Michel, Liz6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$20.00
8	Principal occur	McKinney, TX 75070 pation / Job title (See Instructions)	9	Employer (See Instructions	:) [
Ū	Not Employe			None	',		
	Date 08/09/2024	Full name of contributor Michel, Liz Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occur	McKinney, TX 75070 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Not Employe			None (See Instructions)		
	Date 07/08/2024	Full name of contributor Michel, Liz Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		McKinney, TX 75070					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions None	5)		
	Date 07/15/2024	Full name of contributor Nieman, Bobby Contributor address; City; State Quinlan, TX 75474				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/15/2024	Full name of contributor Nieman, Bobby Contributor address; City; State Quinlan, TX 75474	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			L_				

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/27	
2	FILER NAME Mello, Rache	el L. (Mrs.)				3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 09/15/2024	5 Full name of contributor Nieman, Bobby6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Quinlan, TX 75474						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	9		Employer (See Instructions Not Employed	5)		
	Date 09/26/2024	Full name of contributor Overton, David Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions	s)	_	Employer (See Instructions	<u> </u>		
	Partner	panon, ees ane (ees mendenene			Opus Faveo Innovation		partment	
	Date 07/05/2024	Full name of contributor Owsley, James Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$15.00
		Greenville, TX 75402						
	Principal occu Adjunct	pation / Job title (See Instructions	5)		Employer (See Instructions Paris Junior College	5)		
	Date 08/05/2024	Full name of contributor Owsley, James Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$15.00
	Principal occu Adjunct	pation / Job title (See Instructions	5)		Employer (See Instructions Paris Junior College	5)		
	Date 09/05/2024	Full name of contributor Owsley, James Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Adjunct	pation / Job title (See Instructions	(3)		Employer (See Instructions Paris Junior College	5)		
			-					

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/27	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	ı Filers)
4	Date 07/30/2024	 5 Full name of contributor out- Raskin, David 6 Contributor address; City; State; Zip 	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Dringing age	Houston, TX 77006	lo.	Employer (Con Instructions	<u></u>		
8	Associate Pr	pation / Job title (See Instructions) ofessor	9	Employer (See Instructions University of Houston	·)		
	Date 08/30/2024	Rater, James Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$25.00
	Principal occu	Princeton, TX 75407 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Systems Engineer Independent F		Independent Financial				
	Date 08/05/2024	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Richardson, TX 75080			<u> </u>		
	Principal occu Software En	pation / Job title (See Instructions) gineer		Employer (See Instructions Retired	5)		
Date Full name of contributor ou O9/12/2024 Reis, Michael Contributor address; City; State; Zi		Reis, Michael	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Healthcare I	pation / Job title (See Instructions)		Employer (See Instructions Healthcare IT	5)		
	Date 09/14/2024	Siege, Nancy	of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			L				

	MONET	ARY POLITICAL CONTRIE		SCHEDU	LE A1		
	The Instru	ction Guide explains how to complet	te this form.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/27		
2	FILER NAME Mello, Rache	el L. (Mrs.)		3	Filer ID (Ethics Commission 00088188	on Filers)	
4	Date 08/28/2024	 Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78711					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	าร)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/05/2024 Texas Democratic Women Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	ns)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/19/2024 Treat, Alena Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)	Employer (See Instructions	 าร)			
	Student Tea	cher Supervisor & Online Adjunct Instructor					
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00	
	McKinney, TX 75070 Principal occupation / Job title (See Instructions) Student Teacher Supervisor & Online Adjunct Instructor Upper Iowa University			ns)			
	Date Full name of contributor out-of-state PAC (ID#:) Treat, Alena Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		McKinney, TX 75070 pation / Job title (See Instructions)	Employer (See Instructions	ns)			
	Student Teacher Supervisor & Online Adjunct Instructor Upper Iowa University						

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 11/11 Rpt: 14/27	
2	FILER NAME Mello, Rache	el L. (Mrs.)			3	Filer ID (Ethics Commission 00088188	n Filers)
4	Date 09/23/2024			7	Amount of Contribution (\$)	\$20.00	
8		Princeton, TX 75407 pation / Job title (See Instructions) cher Supervisor & Online Adjunct Inst		Employer (See Instructions Upper Iowa University	<u> </u> ;)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/03/2024 Tschirch, Poldi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
				Employer (See Instructions Pod Poldi Tschirch Revo		ble Living Trust	
	Date Full name of contributor out-of-state PAC (ID#:) 08/16/2024 Walker, Paul Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00	
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Chief Financ			Finance of America	<u></u>		
Date O9/09/2024 White, Stevan Contributor address; City; State; Zip Code San Angelo, TX 76903				Amount of Contribution (\$)	\$100.00		
			Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/24/2024 Wood, Kristina Contributor address; City; State; Zip Code Allen, TX 75013			Amount of Contribution (\$)	\$100.00		
	Principal occu College Prof	pation / Job title (See Instructions) essor		Employer (See Instructions Collin College	5)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/27 3 Filer ID (Ethics Commission Filers) FILER NAME Mello, Rachel L. (Mrs.) 00088188 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 07/13/2024 Collin County Democratic Party \$700.00 T-posts for road signs 7 Contributor address; City; State; Zip Code Plano, TX 75074 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) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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 07/31/2024 Giles, Kathy \$70.00 | Campaign Buttons Contributor address; City; State; Zip Code Quinlan, TX 75474 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Not Employed Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS							SCHEDULE E	
	The Instruction Guide explains how to complete this				orm.	1		ages Schedule E: '1 Rpt: 16/27	
2	FILER NAME Mello, Rachel L. (Mrs.)					3	Filer ID	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				<u> </u>		\$	
5	Date of loan 09/08/2024	7 Name of lender Mello, Rachel		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$692.71	
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 Teacher	on / Job title (See Instruction	ons)		13 Employer (See Instruction: Richardson ISd	s)			
14	Description of Coll X None	ateral			15 Check if personal funds w	ere (deposite	d 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	on			21 Employer (See Instruction:	s)			
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)	
	09/04/2024	Mello, Rachel						\$250.00	
	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				
	Description of Coll	ateral			Check if personal funds w	ere o	deposite	d into political account	
	X None							(See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation	on			Employer (See Instruction:	s)		•	

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: 1/10 Rpt: 17/27	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	07/07/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.80	366 Summer Street
		0 " 11 11 001 11
		Somerville, MA 02144
8	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
		Service Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to benefit C/OI	
	Date	Payee name
	07/14/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.59	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/OI	1
	Date	Payee name
	07/21/2024	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 Gitl/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 co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
Sch: 2/10 Rpt: 18/27	Mello, Rachel L. (Mrs.)		00088188	
4 Date	5 Payee name	·		
07/28/2024	ActBlue Technical Services			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$0.99	366 Summer Street			
	Somerville, MA 02144			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees		side of Texas. Com	plete Schedule T.
EXPENDITURE		_	X, officeholder living	ı expense
		Service Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office he	eld
experiditure to benefit C/O				
Date	Payee name			
08/04/2024	ActBlue Technical Services			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$8.16	366 Summer Street			
	Somerville, MA 02144			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees	`	side of Texas. Com	plete Schedule T.
EXPENDITURE		ш.	X, officeholder living	j expense
		Service Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office he	eld
Date	Payee name			
08/11/2024	ActBlue Technical Services			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$3.18	366 Summer Street			
	Somerville, MA 02144			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		side of Texas. Com	plete Schedule T.
EXPENDITURE			X, officeholder living	j expense
		Service Fee		
			٠ د	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office he	eld
experience to belieff 0/0	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
۲	T.1 C.1.1 =:	<u> </u>	
1	Total pages Schedule F1: Sch: 3/10 Rpt: 19/27	2 FILER NAME Mello, Rachel L. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00088188	
4	Date	5 Payee name	
	08/18/2024	ActBlue Technical Services	
Ļ			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.56	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Service Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	08/25/2024	ActBlue Technical Services	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.79	366 Summer Street	
	Ψ1.19		
		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	
_	0 1. 0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/01/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.23	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.	
	EXPENDITURE	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	n	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal 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: 4/10 Rpt: 20/27	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	09/08/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.88	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
		Scrvice i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	09/15/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.22	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Davida marea
	Date 09/22/2024	Payee name ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.09	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 21/27	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	07/18/2024	Campaign Verify
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.00	1215 31st Street
		Washington, DC 20007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Service Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
\vdash	Dete	
	Date	Payee name
	07/22/2024	Collin County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.32	6829 K Ave #111
		Plano, TX 75074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sponsorship for Youth for Youth Kickoff Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	09/03/2024	Dallas AFL-CIO
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1408 N Washington, 240
		Dallas, TX 75204
	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 Labor Day Breakfast
		Labor Day Dicariast
_	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 -

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: 6/10 Rpt: 22/27	Mello, Rachel L. (Mrs.) 00088188
4	Date	5 Payee name
	09/03/2024	Executive Press
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,675.09	1400 Presidential Dr #110
		Richardson , TX 75081
8	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
		Yard Signs/Road Signs
		Tara Signorrioda Signo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/15/2024	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 Bank Fees
		Saint 666
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/16/2024	Frost
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 16509
	Ψ2.00	1 0 20X 10000
		Fort Worth, TX 76162
H	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Service Charge
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The state of the s	
1		

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 cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/10 Rpt: 23/27	Mello, Rachel L. (Mrs.)		00088188
4	Date	5 Payee name		<u> </u>
	08/23/2024	Goats Sports Arena		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$27.58	235 Town Pl		
		Fairview, TX 75069		
8	PURPOSE OF	, -	(b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				DNC Watch Party
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/01/2024	Google		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$6.40	1600 Amphitheatre Pkwy		
L		Mountain View, CA 94043		
	PURPOSE OF	2 ((b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Google Workspace
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
L	experialitire to benefit C/Oi	1		
	Date	Payee name		
	08/01/2024	Google		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$6.81	1600 Amphitheatre Pkwy		
		Manustais Nieur QA QAQAQ		
		Mountain View, CA 94043	<i>.</i>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				Google Workspace
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	p = 1 2 12 3/01			

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	IE .				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/10 Rpt: 24/27	Mello, Rac	hel L. (Mrs.)					00088188		
4	Date	5 Payee name	е							
	09/03/2024	Google								
6	Amount (\$) \$12.79	7 Payee addr 1600 Amp	ess; City; hitheatre Pkwy	State; Zip C	ode					
		Mountain \	√iew, CA 94043							
8	PURPOSE OF		See Categories listed at the to	o of this schedule)	(b)	Description				
	EXPENDITURE	Fees					, TX	officeholder living	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
-	Date	Dayso nom								
	09/03/2024	Payee name Home Dep								
_		·		Otata: 71: 0	1 -					
	Amount (\$) \$162.06	Payee addr 1224 N Ce	ess; City; entral Expy	State; Zip C	oae					
		Plano, TX	75074							
	PURPOSE OF EXPENDITURE	(a) Category (Advertising	See Categories listed at the to g Expense	p of this schedule)	(b)	=	, TX	de of Texas. Com officeholder living t road signs		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	<u> </u> ught			Office he	eld	
H	Date	Payee nam	e							
	08/02/2024	NGP VAN								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$164.70	655 15th S	St NW, Suite 650	·						
		Washingto	n, DC 20005							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	<u></u>	, TX	officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	<u>I</u> ught			Office he	eld	
_					_		_		14 ' 1444	0 40 1 545

SCHEDULE F1

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

Fees Office Overhead/Renta
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contra

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 9/10 Rpt: 25/27	Mello, Rachel L. (Mrs.) 00088188					
4	Date	5 Payee name					
	09/03/2024	NGP VAN					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$159.90	655 15th St NW, Suite 650					
		Washington, DC 20005					
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					
		Volunteer Management					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/OI						
	Date	Payee name					
	08/05/2024	Scale to Win					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$22.91	13742 Harper St					
		Santa Ana, CA 92703					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Solicitation/Fundraising Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Text Messaging Platform					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	y					
	Date	Payee name					
	09/05/2024	Scale to Win					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$10.71	13742 Harper St					
		Santa Ana, CA 92703					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Text Messaging Platform					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OI	y					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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 this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 10/10 Rpt: 26/27	Mello, Rachel L. (Mrs.)		00088188
4	Date	5 Payee name		
l	08/28/2024	Staples		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$108.22	812 W McDermott Dr		
l				
l		Allen, TX 75013		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(5)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Cinice Supplies		Check if Austin, TX, officeholder living expense
				Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	1		
Г	Date	Payee name		
	07/22/2024	Wix.com LTD		
Г	Amount (\$)	Payee address; City; State; Zip C	ode	
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l		Tel Aviv 6936066 Israel		
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense	` ´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	3 1		Check if Austin, TX, officeholder living expense
				Printing
L			<u> </u>	
l	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 27/27 Mello, Rachel L. (Mrs.) 00088188 Date Payee name 09/08/2024 Austin Marriott Downtown Amount (\$) Payee address; City; State; Zip Code \$692.71 304 E Cesar Chavez S Reimbursement from political contributions Х intended Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Lodging for Austin Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/04/2024 **Texas Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$250.00 314 Highland Blvd Reimbursement from political contributions Χ Austin, TX 78752 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Johnson-Jordan Dinner in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH