

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089971	2 Total pages filed: 7									
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR Mrs.</td> <td style="width: 25%;">FIRST Rachel M.</td> <td style="width: 25%;">MI MI</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Hogue</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Rachel M.	MI MI				NICKNAME	LAST Hogue	SUFFIX	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2026
	MS / MRS / MR Mrs.	FIRST Rachel M.	MI MI									
NICKNAME	LAST Hogue	SUFFIX										
ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 453 Pamela Dr. Mineola , TX 75773 ☐ Change of Address												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 453 Pamela Dr. Mineola , TX 75773		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount							
	Receipt #	Amount										
	MS / MRS / MR Mr.		FIRST Benjamin									
	NICKNAME		LAST Hogue									
SUFFIX		SUFFIX										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 453 Pamela Dr. Mineola, TX 75773											
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 979-0797											
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td>☐ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td>☐ July 15</td> <td>☒ 8th day before election</td> <td>☐ Exceeded modified reporting limit</td> <td>☐ Final Report (Attach C/OH-FR)</td> </tr> </table>			☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (officeholder only)	☐ July 15	☒ 8th day before election	☐ Exceeded modified reporting limit	☐ Final Report (Attach C/OH-FR)	
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9 PERIOD COVERED	Month Day Year Month Day Year 01/23/2026 THROUGH 02/21/2026											
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;"> ELECTION DATE Month Day Year 03/03/2026 </td> <td style="width: 30%;"> ☒ Primary ☐ General </td> <td style="width: 30%;"> ELECTION TYPE ☐ Runoff ☐ Special </td> <td style="width: 10%;"> ☐ Other </td> </tr> </table>			ELECTION DATE Month Day Year 03/03/2026	☒ Primary ☐ General	ELECTION TYPE ☐ Runoff ☐ Special	☐ Other					
ELECTION DATE Month Day Year 03/03/2026	☒ Primary ☐ General	ELECTION TYPE ☐ Runoff ☐ Special	☐ Other									
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Board Of Education District 9									

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Hogue, Rachel M. (Mrs.)	14 Filer ID	(Ethics Commission Filers) 00089971
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15 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	COMMITTEE ADDRESS
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	718.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
Mrs. Rachel M. Hogue		
Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
Signature of officer administering	Printed name of officer administering	Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Hogue, Rachel M. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00089971
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 300.00
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. ☐ SCHEDULE E: LOANS	\$
5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 231.47
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. ☒ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 486.77
10. ☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
2 FILER NAME Hogue, Rachel M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089971
4 Date 02/04/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Vocational agriculture teachers Association of Texas PAC 6 Contributor address; City; State; Zip Code Austin , TX 78701	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/7	2 FILER NAME Hogue, Rachel M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089971
4 Date 01/27/2026	5 Payee name Jolly Roger's Production LLC	
6 Amount (\$) \$97.00	7 Payee address; City; State; Zip Code Fm market Rd 362, 24102 Waller, TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Web Site
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2026	Payee name Sleep Inn & Suites	
Amount (\$) \$134.47	Payee address; City; State; Zip Code 181 Civic Center Dr Center , TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Hotel room
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 6/7		2 FILER NAME Hogue, Rachel M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089971	
4 Date 02/05/2026		5 Payee name Brookshires			
6 Amount (\$) \$19.15 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 959 E. Lennon Emory, TX 75440			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Gas	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/07/2026		Payee name Brookshires			
Amount (\$) \$20.36 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1224N Pacific Mineola , TX 75773			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Gas	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/09/2026		Payee name Brookshires			
Amount (\$) \$21.13 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 959 E. Lennon Emory, TX 75440			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Gas	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 7/7		2 FILER NAME Hogue, Rachel M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089971	
4 Date 02/20/2026		5 Payee name Digital Graphics			
6 Amount (\$) \$389.70 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1368 Us 69 Emory, TX 75440			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/09/2026		Payee name Rosa's Cafe			
Amount (\$) \$21.43 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2245 S. Goliad St. Rockwall, TX 75032			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Dinner	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/13/2026		Payee name Tyler ISD			
Amount (\$) \$15.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 2035 Tyler, TX 75710			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	