

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)	2 Total pages filed: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS.	FIRST RACHEL	MI E.
	NICKNAME	LAST PATE	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	[REDACTED] WACO TX 76703		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(254) 300-1839		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS.	FIRST SHANA	MI 2.
	NICKNAME	LAST MIMS	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	[REDACTED] DENTON TX 76207		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(817) 683-4282			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	01 / 14 / 2026		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 05 / 02 / 2026	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		WACO CITY COUNCIL, DISTRICT 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
RECEIVED

APR 01 2026
4:41 PM MLS
CITY SECRETARY'S OFFICE

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

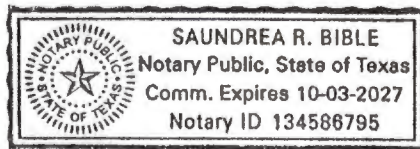
15 C/OH NAME <i>RACHEL E. PATE</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>460.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4,193.18</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,519.53</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,673.65</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rachel E. Pate
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Rachel E. Pate* this the *1st* day of *April*

20 *20*, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>RACHEL E. PATE</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>3,733.18</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>0</i>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>0</i>
4. SCHEDULE E: LOANS		\$ <i>0</i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>2519.53</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>0</i>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>0</i>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>0</i>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 01/28/2026	5 Full name of contributor RACHEL E. PATE out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] WACO, TX 76703	7 Amount of contribution (\$) \$ 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 01/30/2026	Full name of contributor ROMAN NOUIAN out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 8232 TEAKWOOD, WACO, TX 76712	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 01/30/2026	Full name of contributor MONICA DAVILA out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3832 WINDSOR, WACO, TX 76708	Amount of contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 01/30/2026	Full name of contributor ADRIENNE INNIS out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5101 LAKE HIGHLANDS, WACO, TX 76710	Amount of contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2026	5 Full name of contributor ASHLEY THORNTON <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) \$45.00
6 Contributor address; City; State; Zip Code 626 N. 30TH, WACO, TX 76707		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 01/31/2026	Full name of contributor LAKEENA FOWLER <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$45.00
Contributor address; City; State; Zip Code 4001 RIMFIRE, WACO, TX 76705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 02/02/2026	Full name of contributor JANESSA GIVENS <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 7008 GUADALUPE, CHINA SPRING, TX 76633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 02/02/2026	Full name of contributor DWAYNE DOZIER <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 3308 HARVEST CREST, MARION, TX 78124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2026	5 Full name of contributor out-of-state PAC (ID#: _____) ZACHARY TITOMPSON	7 Amount of contribution (\$) \$47.76
	6 Contributor address; City; State; Zip Code 1041 HAMPSHIRE, CEDARHILL, TX 75104	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2026	Full name of contributor out-of-state PAC (ID#: _____) JEREMIAH OLVERA	Amount of contribution (\$) \$45.00
	Contributor address; City; State; Zip Code 3832 WINDSOR, WACO, TX 76708	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2026	Full name of contributor out-of-state PAC (ID#: _____) MONICA S AVILA	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 3832 WINDSOR, WACO, TX 76708	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2026	Full name of contributor out-of-state PAC (ID#: _____) CHASITY PATE	Amount of contribution (\$) \$10.00
	Contributor address; City; State; Zip Code 10816 CRIMSONWAY, WACO, TX 76708	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME RACHELE E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) LUCY ANN MIRAMONTEZ	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 3615 MEMORIAL, WACO, TX 76711		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/14/2026	Full name of contributor out-of-state PAC (ID#: _____) ERIN WILSON	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1304 CHAPEL DOWNS, WACO, TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2026	Full name of contributor out-of-state PAC (ID#: _____) LAVEDA BROWN	Amount of contribution (\$) \$21.41
Contributor address; City; State; Zip Code 900 E ELM, HILLSBORO, TX 76645		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2026	Full name of contributor out-of-state PAC (ID#: _____) NANCY HANKHOUSE	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3629 24TH AVE SE#04, NORMAN, OK 73071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

RACHEL E. PATE

3 Filer ID (Ethics Commission Filers)

4 Date

02/15/2026

5 Full name of contributor

TAMI NUTTALL

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$26.68

6 Contributor address;

City;

State;

Zip Code

818 PINEMONT #40, HOUSTON, TX 77018

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/18/2026

Full name of contributor

DOMINIQUE BOLTS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$45.00

Contributor address;

City;

State;

Zip Code

200 HILLSBORO, WACO, TX 76704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2026

Full name of contributor

JOYCE SALLIS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

1924 HUNN ROCKFORD IL 61102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/19/2026

Full name of contributor

PATSY JONES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$26.68

Contributor address;

City;

State;

Zip Code

713 GREER WACO TX 76710

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2026	5 Full name of contributor out-of-state PAC (ID#: _____) RACHEL E. PATE 6 Contributor address; City; State; Zip Code [REDACTED] WACO TX 76703	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor out-of-state PAC (ID#: _____) LINDA PATE Contributor address; City; State; Zip Code 2619 S. 25TH WACO TX 76706	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) CHRISTOPHER KING Contributor address; City; State; Zip Code 2624 WASHINGTON WACO TX 76710	Amount of contribution (\$) \$527.47
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2026	Full name of contributor out-of-state PAC (ID#: _____) KENNISHA THORNTON Contributor address; City; State; Zip Code 3217 BEUTEL, LORENA, TX 76655	Amount of contribution (\$) \$16.14
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2026	5 Full name of contributor CHARRA BURNS out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 11513 SOLAR, WACO, TX 76765	7 Amount of contribution (\$) \$ 30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/14/2026	Full name of contributor VINCENT THOMAS out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2520 PASCAL CT B, WACO, TX 76706	Amount of contribution (\$) \$10.86
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2026	Full name of contributor DOMINIQUE BOLTS out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 200 HILLSBORO, WACO, TX 76704	Amount of contribution (\$) \$ 53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2026	Full name of contributor CARLOS MEDRANO out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2225 SUNNYDELL, WACO, TX 76711	Amount of contribution (\$) \$ 31.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) ROBBIE STANLEY	7 Amount of contribution (\$) \$ 21.41
6 Contributor address; City; State; Zip Code 1215 CROW, WACO, TX 76705		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/14/2026	Full name of contributor out-of-state PAC (ID#: _____) TANNY OGUNGBE	Amount of contribution (\$) \$ 21.41
Contributor address; City; State; Zip Code 1306 PARK AVE, WACO, TX 76706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2026	Full name of contributor out-of-state PAC (ID#: _____) DEVIAE WOODSON	Amount of contribution (\$) \$ 16.14
Contributor address; City; State; Zip Code 209 W. GRUVER CIR, HEWITT, TX 76643		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2026	Full name of contributor out-of-state PAC (ID#: _____) NORMA BENITEZ-MONTELONGO	Amount of contribution (\$) \$ 15.00
Contributor address; City; State; Zip Code 908 LAVEGA, WACO, TX 76705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) THOMAS ALLEN	7 Amount of contribution (\$) \$ 25.00
6 Contributor address; City; State; Zip Code 2108 BROADWAY, WACO, TX 76704		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/14/2026	Full name of contributor out-of-state PAC (ID#: _____) ALDO JEFFERSON	Amount of contribution (\$) \$ 16.14
Contributor address; City; State; Zip Code 825 ELM, WACO, TX 76704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/14/2026	Full name of contributor out-of-state PAC (ID#: _____) IVA SMITH	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 815 ELM, WACO, TX 76704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/14/2026	Full name of contributor out-of-state PAC (ID#: _____) MIRANDA BROWN	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code PO BOX 100, WACO, TX 76705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) CHARLIE WATSON	7 Amount of contribution (\$) \$ 2.00
6 Contributor address; City; State; Zip Code 1400 E. WACO DR., WACO, TX 76704		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/14/2026	Full name of contributor out-of-state PAC (ID#: _____) MARSHALYN DOUER	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 3308 HARVEST CREST, MARION, TX 78124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2026	Full name of contributor out-of-state PAC (ID#: _____) RACHEL E. PATE	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code [REDACTED] WACO, TX 76703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2026	Full name of contributor out-of-state PAC (ID#: _____) ALESSANDRO HURON	Amount of contribution (\$) \$ 105.75
Contributor address; City; State; Zip Code 315 N. 16TH, WACO, TX 76701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2026	5 Full name of contributor out-of-state PAC (ID#: _____) GABBY WHITE 6 Contributor address; City; State; Zip Code 4009 MEADOW BROOK, WACO, TX 76710	7 Amount of contribution (\$) \$ 47.76
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) LATRICA GRIFFIN Contributor address; City; State; Zip Code 59 ADDI LN., LACY LAKEVIEW, TX 76705	Amount of contribution (\$) \$ 31.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) DAPHANIE LATCHISON Contributor address; City; State; Zip Code 10009 BARTON CREEK, WACO, TX 76708	Amount of contribution (\$) \$ 31.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) ANDREA KOSAR Contributor address; City; State; Zip Code 122 E. DAWN, ROBINSON, TX 76706	Amount of contribution (\$) \$ 105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

RACHEL E. PATE

3 Filer ID (Ethics Commission Filers)

4 Date

03/28/2026

5 Full name of contributor

out-of-state PAC (ID#: _____)

THALEAL CRANE

7 Amount of contribution (\$)

\$21.41

6 Contributor address;

City;

State;

Zip Code

412 HOOD ST, WACO, TX 76704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/28/2026

Full name of contributor

out-of-state PAC (ID#: _____)

MARSHALYN DOZIER

Amount of contribution (\$)

\$31.95

Contributor address;

City;

State;

Zip Code

3308 HARVEST CREST, MARION, TX 78124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2026

Full name of contributor

out-of-state PAC (ID#: _____)

VIVIAN MURRAY

Amount of contribution (\$)

\$31.95

Contributor address;

City;

State;

Zip Code

1426 WENTWOOD, DESOTO, TX 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2026

Full name of contributor

out-of-state PAC (ID#: _____)

CECI RESENDEZ

Amount of contribution (\$)

\$31.95

Contributor address;

City;

State;

Zip Code

4900 BAGBY, #414, WACO, TX 76711

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2026	5 Full name of contributor out-of-state PAC (ID#: _____) KYREE NORMAN	7 Amount of contribution (\$) \$31.95
6 Contributor address; City; State; Zip Code 111 BOBCAT, WACO, TX 76705		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) ASHLEY STEVENSON	Amount of contribution (\$) \$21.72
Contributor address; City; State; Zip Code 1020 N. 22ND, WACO, TX 76707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) IVA SMITH	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 815 ELM, WACO, TX 76704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) RODNEY JEFFERSON	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. BOX 482, ALTO, TX 75925		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2024	5 Payee name SQUEREL SOCIAL	
6 Amount (\$) \$41.02	7 Payee address; City; State; Zip Code 818 PINEMONT, #40, HOUSTON, TX 77018 <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/06/2024	Payee name STRIPE	
Amount (\$) \$39.17	Payee address; City; State; Zip Code 354 OYSTER POINT, SAN FRANCISCO, CA 94080 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DONATION PROCESSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/10/2024	Payee name STRIPE	
Amount (\$) \$2.94	Payee address; City; State; Zip Code 354 OYSTER POINT, SAN FRANCISCO, CA 94080 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DONATION PROCESSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11		2 FILER NAME RACHEL E. PATE		3 Filer ID (Ethics Commission Filers)	
4 Date 02/18/2026		5 Payee name DEVIAR WOODSON			
6 Amount (\$) \$150.00		7 Payee address; 2425 S. 21ST, #333, WACO, TX 76706 <input checked="" type="checkbox"/> Check if individual's residence address.		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description VIDEOGRAPHY		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 02/18/2026		Payee name TRAVONN JEFFERSON			
Amount (\$) \$150.00		Payee address; 509 DUNBAR, WACO, TX 76704 <input checked="" type="checkbox"/> Check if individual's residence address.		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description PHOTOGRAPHY		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 02/18/2026		Payee name TNEYAH THOMAS			
Amount (\$) \$150.00		Payee address; 1306 PARK AVE, WACO, TX 76706 <input checked="" type="checkbox"/> Check if individual's residence address.		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description GRAPHIC DESIGN		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2026	5 Payee name RAJESH SOLANKI	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 2106 TRINITY, WACO, TX 76710 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description GRAPHIC DESIGN
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/19/2026	Payee name STRIPE	
Amount (\$) \$12.84	Payee address; City; State; Zip Code 354 OYSTER POINT, SAN FRANCISCO, CA 94080 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DONATION PROCESSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/20/2026	Payee name STRIPE	
Amount (\$) \$3.23	Payee address; City; State; Zip Code 354 OYSTER POINT, SAN FRANCISCO, CA 94080 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DONATION PROCESSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
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4 Date 02/21/2026	5 Payee name THE HATSTAND WACO
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6 Amount (\$) \$54.12	7 Payee address; 900 E. WACO DR., WACO, TX 76704	City;	State;	Zip Code
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Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN SHIRTS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/23/2026	Payee name STRIPE
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Amount (\$) \$1.86	Payee address; 354 OYSTER POINT, SAN FRANCISCO, CA 94080	City;	State;	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DONATION PROCESSING
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/27/2026	Payee name GLYPHX DESIGN
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Amount (\$) \$78.00	Payee address; 103 N. WILLOWWOOD, WACO, TX 76705	City;	State;	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PALM CARDS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
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4 Date 03/03/2026	5 Payee name STRIPE
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6 Amount (\$) \$ 31.16	7 Payee address; 354 DISTER POINT, SAN FRANCISCO, CA 94080 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description DONATION PROCESSING
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/14/2026	Payee name Amazon
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Amount (\$) \$ 51.92	Payee address; P.O. BOX 81226, SEATTLE, WA 98108 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description EVENT DECORATIONS
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/14/2026	Payee name WALMART
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Amount (\$) \$ 125.07	Payee address; 1521 N. IH35, BELLMEAD, TX 76705 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD, BEVERAGE, SUPPLIES
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
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4 Date 03/14/2026	5 Payee name DOLLAR TREE
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6 Amount (\$) \$6.77	7 Payee address; 135 EASTGATE PLAZA, <small>Check if individual's residence address.</small>	City; WACO, TX	State;	Zip Code 76705
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description UTENSILS, SUPPLIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/14/2026	Payee name H-E-B
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Amount (\$) \$22.52	Payee address; 801 N. IH 35, <small>Check if individual's residence address.</small>	City; BELLMEAD, TX	State;	Zip Code 76705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/14/2026	Payee name SAM'S CLUB
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Amount (\$) \$50.26	Payee address; 2301 E. WACO DR, <small>Check if individual's residence address.</small>	City; BELLMEAD, TX	State;	Zip Code 76705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
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4 Date 03/16/2026	5 Payee name TNEYAH THOMAS
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6 Amount (\$) \$75.00	7 Payee address; 1306 PARK AVE., WACO, TX 76706 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description GRAPHIC DESIGN
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/16/2026	Payee name DENIAR WOODSON
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Amount (\$) \$75.00	Payee address; 2425 S. 21ST, #333, WACO, TX 76706 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description VIDEO GRAPHY
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/18/2026	Payee name STRIPE
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Amount (\$) \$18.66	Payee address; 354 OUSTER POINT, SAN FRANCISCO, CA 94080 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DONATION PROCESSING
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
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4 Date 03/18/2026	5 Payee name THE ANCHOR NEWS
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6 Amount (\$) \$360.00	7 Payee address; P.O. BOX 24014, Check if individual's residence address.	City; WACO,	State; TX	Zip Code 76702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ARTICLE AND AD
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/18/2026	Payee name SHANA MIMS
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Amount (\$) \$333.96	Payee address; 3900 NORTHPOINTE DR., Check if individual's residence address. <input checked="" type="checkbox"/>	City; DENTON,	State; TX	Zip Code 76207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT	Description EVENT FOOD, SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/23/2026	Payee name DENIAR WOODSON
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Amount (\$) \$75.00	Payee address; 2425 S. 21ST, #333, Check if individual's residence address. <input checked="" type="checkbox"/>	City; WACO,	State; TX	Zip Code 76706
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description VIDEOGRAPHY
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2026	5 Payee name RAJESH SOLANKI	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 2106 TRINITY, WACO, TX 76710 <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description GRAPHIC DESIGN
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/25/2026	Payee name TRAINOTH JEFFERSON	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 509 DUNBAR, WACO, TX 76704 <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description PHOTOGRAPHY
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/25/2026	Payee name STRIPE	
Amount (\$) \$6.49	Payee address; City; State; Zip Code 354 OYSTER POINT, SAN FRANCISCO, CA 94080 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DONATION PROCESSING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
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4 Date 03/27/2026	5 Payee name LOAL MART
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6 Amount (\$) \$33.27	7 Payee address; 4320 FRANKLIN, WACO, TX 76710	City;	State;	Zip Code
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Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description COOKOUT ITEMS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/27/2026	Payee name TNEYAH THOMAS
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Amount (\$) \$75.00	Payee address; 1306 PARK AVE, WACO, TX 76706	City;	State;	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description GRAPHIC DESIGN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/29/2026	Payee name WALMART
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Amount (\$) \$120.25	Payee address; 1521 N. IH 35, BELLMEAD, TX 76705	City;	State;	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD AND SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME RACHEL E. PATE	3 Filer ID (Ethics Commission Filers)
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4 Date 04/01/2026	5 Payee name STRIPE
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6 Amount (\$) \$ 26.02	7 Payee address; 354 OYSTER POINT, SAN FRANCISCO, CA <small>Check if individual's residence address.</small>	City; SAN FRANCISCO	State; CA	Zip Code 94080
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description DONATION PROCESSING
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
	<small>Check if individual's residence address.</small>			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
	<small>Check if individual's residence address.</small>			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

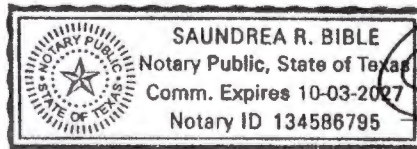
OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name RACHEL E. PATE	Filer ID #
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- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the CITY OF WACO report due on APRIL 1, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Rachel E. Pate
Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rachel E. Pate this the 1st day of April.

20 26 to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Saundra Bible
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER