CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			A STATE OF THE STA			
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics (Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Caleb		MI S	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	The state of the s
4 CANDIDATE/	ADDRESS / PO BOX	Carrasca	710 0005	RECEIVED		
OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #: CITY, STATE: ZIP CODE 1089 County Road 334 Burnet, TX 78611			FEB	2 0 2024	
ADDRESS	Burnet, TX 18611				BURNET C	O ELECTIONS
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSI	ION		
OFFICEHOLDER PHONE	(512)	876-934		ION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS) MR	Sydney		MI	Receipt #	Amount \$
NAME	NICKNAME LAST SUFFIX			Date Processed		
	Carrasco				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1084 C	(NO PO BOX PLEASE): APT/SI DUNTY RUGO TX TYU!	d 334		STATE:	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSI	ON		
TREASURER PHONE	(512) 653-9173					
9 REPORT TYPE	January 15 January 15 January 15 Support Runoff Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before ele	Cuon	eeded Modified porting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
OOVERED	61 /16 /2024 THROUGH 02 /05 / 2024					
11 ELECTION	ELECTION DA	ATE O		ELECTION TYPE		
	Month Day	Year	Runoff	Other Description		
	03/05/	ZoZU General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICES	SOUGHT (if known	N. Carre	t.3
14 NOTICE FROM POLITICAL	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					
COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
	1	GO TO	PAGE 2			
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4450.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 342.69				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 603.88				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$				
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by this the day of, 20, to certify which, witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
(2) Unovern Declarati	OR OR					
(2) Unsworn Declaration	on					
2000-1000-1000-1000-1000-1000-1000-1000	, and my date of birth is	·				
My address is						
Executed in	(street) (city) (s County, State of , on the day of (month					
	Signature of Candid	late/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH

	COVER SHEET PG 3
19 FILER NAME 20	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	*342.69
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	USINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED \$

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) 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) aleb arrasco 4 Date 5 Payee name 2-1-24 6 Amount (\$) State; Zip Code \$300.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 run add on the **PURPOSE** Activertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 2-3-24 Amount (\$) City; State; Zip Code 829.00 Description Category (See Categories listed at the top of this schedule) website fee **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2-5-24 Hmazon Amount (\$) Payee address: City; State: Zip Code 911.94 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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	1 Total pages Schedule A1:				
2 FILER NAME	Carrasco			3 Filer ID (Ethics Commission Filers)		
		rnel city; Burnet	State; Zip Code TX 78UU 9 Employer (See Instruc	7 Amount of contribution (\$)		
Date Colduigas	Full name of contributor Contributor address;		C (ID#) State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date			State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor Contributor address;	out-of-state PA(State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	ATTACH ADDIT		OF THIS SCHEDULE AS N	EEDED		