

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: **11**

OFFICE USE ONLY

Date Received

APR - 6 PM 4:02

ADMIN SERVICES
DENISON ISD

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mrs. Carolyn
NICKNAME LAST SUFFIX
Rachaner

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
redacted for web posting

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 834-6732

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Marianna
NICKNAME LAST SUFFIX
Porter

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3209 Dwyer Ln., Flower Mound, TX 75022
(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 999-5058

9 REPORT TYPE

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)

10 PERIOD COVERED

Month Day Year Month Day Year
02 / 16 / 2023 THROUGH 03 / 27 / 2023

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 06 / 2023 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DISD Board of Trustees, Place 7

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME
Carolyn Rachaner for DISD Board of Trustees Place 7

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,245.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>602.66</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

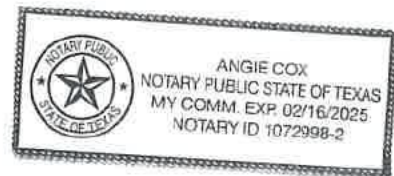
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

redacted for web posting

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Carolyn Rachaner this the 6 day of April

2023 to certify which, witness my hand and seal of office.

redacted for web

Angie Cox

Notary

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>Carolyn Rachaner for DISD Board of Trustees, Place 7</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,245.00</i>
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 CONTRIBUTIONS	\$ <i>602.66</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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
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: 1 of 2	2 FILER NAME Carolyn Kachaner for DISD Board of Trustee Place 7	3 Filer ID (Ethics Commission Filers)
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4 Date 3/09/23	5 Payee name Imprint.com
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6 Amount (\$) \$160.82	7 Payee address; 14550 Beechnut St., Houston TX 77083
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 12" x 18" Yard Signs
	(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 3/13/23	Payee name West Oak Coffee B
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Amount (\$) \$9.39	Payee address; Denton TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Coffee for the meeting
	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 3/16/23	Payee name Imprint.com
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Amount (\$) \$283.96	Payee address; 14550 Beechnut St., Houston TX 77083
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Larger Yard Signs
	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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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: **2 of 2** 2 FILER NAME: **Carolyn Rachaner for DISD Board of Trustees Page 7** 3 Filer ID (Ethics Commission Filers)

4 Date: **3/20/23** 5 Payee name: **Hula Hut Little Elm**

6 Amount (\$): **\$61.30** 7 Payee address: **210 E. Eldorado Pkwy., Little Elm TX 75068**
 City: State: Zip Code

8 PURPOSE OF EXPENDITURE: **Food/Beverage Expense** (b) Description: **Food @ the meeting**
 (a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **3/17/23** Payee name: **Lone Star Badge & Signs**

Amount (\$): **\$24.79** Payee address: **www.lonestarbadge.com**
 City: State: Zip Code

PURPOSE OF EXPENDITURE: **Advertising Expense** Description: **Badge**
 (a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **3/27/23** Payee name: **Anedot**

Amount (\$): **\$62.40** Payee address: **anedot.com**
 City: State: Zip Code

PURPOSE OF EXPENDITURE: **Fees** Description: **Transaction Fees**
 (a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas. Complete Schedule T. 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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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: <i>pg. 1 of 6</i>
2 FILER NAME <i>Carolyn Rachaner for DISD Board of Trustee Place 7</i>		3 Filer ID# (Ethics Commission Filers)
4 Date <i>3/4/23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Debra Scaggs</i>	7 Amount of contribution (\$) <i>\$100.-</i>
	6 Contributor address; redacted for web posting City: <i>Denton, TX</i> State: Zip Code <i>76208</i>	
8 Principal occupation / Job title (See Instructions) <i>Homemaker</i>		9 Employer (See Instructions)
Date <i>2/28/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Carolyn Rachaner</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; redacted for web posting City: <i>Lantana, TX</i> State: Zip Code <i>76226</i>	
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>self</i>
Date <i>3/6/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Angela Thomas</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; redacted for web posting City: <i>Denton</i> State: <i>TX</i> Zip Code <i>76208</i>	
Principal occupation / Job title (See Instructions) <i>Homemaker</i>		Employer (See Instructions)
Date <i>3/6/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Lauren Greenwade</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; redacted for web posting City: <i>Lantana, TX</i> State: Zip Code <i>76226</i>	
Principal occupation / Job title (See Instructions) <i>Homemaker</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 2 of 6
2 FILER NAME Carolyn Raehner for DISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/23	5 Full name of contributor Jacqueline Adams <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 250.00
	6 Contributor address; redacted for web posting City: Lantana, TX State: TX Zip Code: 76226	
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 3/8/23	Full name of contributor Tobie Carcano <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 50.00
	Contributor address; redacted for web posting City: Deuton, TX State: TX Zip Code: 76207	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 3/15/23	Full name of contributor Colleen Headley <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 25.00
	Contributor address; redacted for web posting City: Argyle, TX State: TX Zip Code: 76226	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 3/15/23	Full name of contributor Carolyn Jones <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 15.00
	Contributor address; redacted for web posting City: Argyle, TX State: TX Zip Code: 76226	
Principal occupation / Job title (See Instructions) Homemaker		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: 3 of 6
2 FILER NAME Carolyn Kachaner for DISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/23	5 Full name of contributor out-of-state PAC (ID#: _____) Tom Carroll	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code redacted for web posting Lantana, TX 76226		
8 Principal occupation / Job title (See Instructions) Group Manager		9 Employer (See Instructions) Panasonic Connect N America
Date 3/15/23	Full name of contributor out-of-state PAC (ID#: _____) Ron Cossette	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code redacted for web posting , Aubrey, TX 76227		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/16/23	Full name of contributor out-of-state PAC (ID#: _____) Chelsey Echols	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code redacted for web posting Denton, TX 76210		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 3/16/23	Full name of contributor out-of-state PAC (ID#: _____) Julie Franke	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code redacted for web posting Lantana, TX 76226		
Principal occupation / Job title (See Instructions) Homemaker		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: 4 of 6
2 FILER NAME Carolyn Rachaner for DISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/23	5 Full name of contributor out-of-state PAC (ID#: _____) Spencer Broolsma	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code redacted for web posting Denton, TX 76210	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/16/23	Full name of contributor out-of-state PAC (ID#: _____) Kerri Dakin	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code redacted for web posting Lantana, TX 76226	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/16/23	Full name of contributor out-of-state PAC (ID#: _____) Teresa Lansberry	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code redacted for web posting Lantana, TX 76226	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/18/23	Full name of contributor out-of-state PAC (ID#: _____) Susan Griffith	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code redacted for web posting Corinth, TX 76210	
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: 5 of 6
2 FILER NAME Carolyn Rachaner for DISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/23	5 Full name of contributor Amy Melhorn out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; redacted for web posting City: Justin, TX State: TX Zip Code 76247		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/20/23	Full name of contributor Terry Gooch out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; redacted for web posting City: Little Elm, TX State: TX Zip Code 75068		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) CCDF-Denton County
Date 3/20/23	Full name of contributor Melinda Preston out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; redacted for web posting City: Frisco, TX State: TX Zip Code 75034		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 3/20/23	Full name of contributor Day Marie Smith out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; redacted for web posting City: The Colony, TX State: TX Zip Code 75056		
Principal occupation / Job title (See Instructions) Homemaker		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: 6 of 6
2 FILER NAME Carolyn Raebaner for DISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/23	5 Full name of contributor Julie Heuer out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 15.00
	6 Contributor address; redacted for web posting City: Lantana, TX 76226 State: TX Zip Code: 76226	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/24/23	Full name of contributor Erika van Zyl out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
	Contributor address; redacted for web posting City: Deaton, TX 76201 State: TX Zip Code: 76201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/23	Full name of contributor Suzanne Gilbert out-of-state PAC (ID#: _____)	Amount of contribution (\$) 665.00
	Contributor address; redacted for web posting City: Lantana, TX 76226 State: TX Zip Code: 76226	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/25/23	Full name of contributor Marina May out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
	Contributor address; redacted for web posting City: Lantana, TX 76226 State: TX Zip Code: 76226	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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