

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Carolyn	MI
	NICKNAME	LAST Rachaner	SUFFIX
OFFICE USE ONLY			
Date Received			
2023 APR 28 PM 2:39			
ADMIN SERVICES			
DENIONISD			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE redacted for web posting		
	Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 834-6732	EXTENSION
	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Marianna	MI
	NICKNAME	LAST Porter	SUFFIX
Receipt #		Amount \$	
Date Processed		Date Imaged	
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 (972)	PHONE NUMBER 999-5058	EXTENSION
	9 REPORT TYPE		
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED		11 ELECTION	
Month Day Year 03 / 28 / 2023		ELECTION DATE Month Day Year 05 / 06 / 2023	
THROUGH 04 / 26 / 2023		ELECTION TYPE Primary Runoff Other Description General Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Carolyn Rachaner for DISD Board of Trustees, Place 7</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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,970.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,963.71</i>
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.

[Signature]
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 _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is *Carolyn Rachaner* redacted for web posting, and my date of birth is _____, redacted for web posting posting

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

Executed in *Denton* County, State of *TX*, on the *27* day of *April*, 20*23* redacted for web posting

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>2,970.5</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>1,963.71</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	\$

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 2</i>
2 FILER NAME <i>Carolyn Rachner for DISD Board of Trustees Place 7</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28/23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Mike Clardy</i>	7 Amount of contribution (\$) <i>\$25.00</i>
	6 Contributor address; City; State; Zip Code <i>redacted for web posting Lantana, TX 76226</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/19/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jacqueline Adams</i>	Amount of contribution (\$) <i>\$150.00</i>
	Contributor address; City; State; Zip Code <i>redacted for web posting Lantana, TX 76226</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/19/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Angela Thomas</i>	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; City; State; Zip Code <i>redacted for web posting Denton TX 76208</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/20/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Carrie DeBord</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City; State; Zip Code <i>redacted for web posting Savannah, TX 76227</i>	
Principal occupation / Job title (See Instructions)		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>		
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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: pg. 2 of 2
2 FILER NAME Carolyn Rachaner for DTSB Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/23	5 Full name of contributor Lauren Greenwade out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$10.00
6 Contributor address; redacted for web posting City; State; Zip Code Lantana, TX 76226		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/20/23	Full name of contributor Megan Laina out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$10.00
Contributor address; redacted for web posting City; State; Zip Code Argyle TX 76226		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/24/23	Full name of contributor Montgomery J. Bennett out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1,500.00
Contributor address; redacted for web posting City; State; Zip Code Dallas, TX 75254		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/24/23	Full name of contributor Dayna Grunor out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; redacted for web posting City; State; Zip Code Denton, TX 76210		
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: 1 of 3	2 FILER NAME Carolyn Rachaner for DISD Board of Trustees Place 7	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/23	5 Payee name True Texas Project	
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code truetexasproject@gmail.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	(b) Description One ticket for the event
	(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
Date 4/11/23	Payee name Imprint . Com	
Amount (\$) \$97.56	Payee address; City; State; Zip Code 14550 Beechnut St, Houston TX 77083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 12" x 18" Yard Signs (40)
	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
Date 4/8/23	Payee name REVP	
Amount (\$) \$716.97	Payee address; City; State; Zip Code 2201 Spinks Rd., #302 Flower Mound, TX 75022	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website & Printing Expenses	Description Website Fee & push cards printing
	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

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 3	2 FILER NAME Carolyn Rachauer for DISD Board of Trustees Place 7	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/23	5 Payee name Imprint . Com	
6 Amount (\$) \$ 363.12	7 Payee address; City; State; Zip Code 14550 Beechnut St., Houston TX 77083	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description 24" x 24" yard signs & t-shirts
	(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
Date 4/20/23	Payee name Marty B's Restaurant	
Amount (\$) \$ 18.22	Payee address; City; State; Zip Code 2644 E. FM 407 Bartonville TX 76226	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description Food for candidate
	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
Date 4/21/23	Payee name Cross Timbers Gazette	
Amount (\$) \$ 335.75	Payee address; City; State; Zip Code www.CrossTimbersGazette.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Article in May 5 th issue
	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

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: 3 of 3	2 FILER NAME Carolyn Rachaner for DISD Board of Trustees Place 7	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/23	5 Payee name REVP	
6 Amount (\$) \$312.19	7 Payee address; City; State; Zip Code 2201 Spinks Rd. # 302, Flower Mound, TX 75022	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description 2,000 push cards
	(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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 4/26/23	Payee name Anedot	
Amount (\$) \$20.90	Payee address; City; State; Zip Code anedot.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Transactions Fees 3/28/23 - 4/26/23
	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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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 <input type="checkbox"/> Office held <input type="checkbox"/>

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