

30 day flight
dlc 412

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:

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MRS FIRST: ELDA MI:
NICKNAME: LAST: RATA SUFFIX:

OFFICE USE ONLY

Date Received
RECEIVED
MAR 30 2026
BY: [Signature]

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
304 EASTWOOD DR KELLER TX 76248
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(201) 960 1115

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR FIRST: STEVE MI: EUGENE
NICKNAME: LAST: ANDERSON SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2810 Wildcreek Ct Keller TX 76248

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(214) 914 9905

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
2 / 18 / 26 THROUGH 3 / 23 / 26

11 ELECTION
ELECTION DATE: Month Day Year 5 / 2 / 26
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE OFFICE HELD (if any) **13** OFFICE SOUGHT (if known)

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: GENERAL SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME ELDA RATA		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,656.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9852.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD AS OF 3/23/26	\$ 25804.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

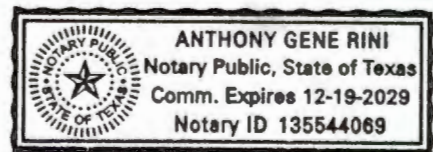
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Elda Rata

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Anthony Rini ELDA RATA* this the *26* day of *MARCH*

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

Signature of officer administering oath: *Anthony Gene Rini*
 Printed name of officer administering oath: *Anthony Gene Rini*
 Title of officer administering oath: *Notary Public, State of Texas*

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____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>ELDA RATA</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>10156.78</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>25500</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9852.68</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 3 (6)
2 FILER NAME ELAA RATA		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Cenalia	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 110 Ayer Ct Montgomery NY 12549	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Lee Alfors	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1812 St. Philippe Southlake TX 76092	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Whiddon	Amount of contribution (\$) \$1000.00
	Contributor address; City; State; Zip Code 8121 Belzire Ct NRH TX 76182	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Kenney	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 1410 Ditzler Keller TX 76248	
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

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 FILER NAME ELDA RATA		3 Filer ID (Ethics Commission Filers)
4 Date 3/01/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL ALFARO	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1812 St. Philip Ave Southlake TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/02/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler McKibben	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 1613 Buckingham Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/09/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Kennedy FLznag2	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 2432 Southern Hills Dr. Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SLA LOURIDO	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 601 Parkwood Dr Southlake TX 76092		
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:
2 FILER NAME ELDA RATA		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri FRAZE	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 3210 Creek Rd Keller TX 76248	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teuta Doko dokosehotwari	Amount of contribution (\$) \$105.75
	Contributor address; City; State; Zip Code 220 Tipperzy Dr Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Stallcup	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1901 Zavla Rd Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Meshi	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 7419 Strawberry Ck Ln Fort Worth TX 76135	
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:
2 FILER NAME ELDA RATA		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Haberman 6 Contributor address; City; State; Zip Code 206 Manor Pl Southlake TX 76092	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adriana Diko Contributor address; City; State; Zip Code 291 E. Rovno Grove Rd Lewisville TX 75067	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARDEN HOXA Contributor address; City; State; Zip Code 1020 Taylor Dr Allen TX 75013	Amount of contribution (\$) \$ 316.61
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANA LOESCH Contributor address; City; State; Zip Code 150 Lilac Ln Southlake TX 76092	Amount of contribution (\$) \$ 1000.00
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:
2 FILER NAME ELDA RATA		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrat KRAN KRASNIPI	7 Amount of contribution (\$) \$ 211.18
6 Contributor address; City; State; Zip Code 6320 Fieldcrest Ln Sachse TX 75048		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD DAVILLA	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4608 Jim Mitchell Tr. W Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN ADAMS	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 913 Aspen Ridge Dr Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. DIBRA	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 7001 Culver Ave Fort Worth TX 76116		
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:
2 FILER NAME ELDA RATA		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIMOZA ALICKOLLI	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 848 Kilbridge Ln Coppell TX 75019		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Mullipi	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 2601 Idlewood Wylie TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENVER KABA	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1100 CALANS DR Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/26 2/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELDA RATA / SHANE MAXWELL	Amount of contribution (\$) \$ 17.49
Contributor address; City; State; Zip Code (TO TEST STRIPE)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 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:	2 FILER NAME ELDA RATA	3 Filer ID (Ethics Commission Filers)
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4 Date 3/18/26	5 Payee name TEAM SPORTS / TEAM WORKS
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6 Amount (\$) 259.80	7 Payee address: 875 KELLER PKWY <input type="checkbox"/> Check if individual's residence address.	City: KELLER TX	State:	Zip Code 76248
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description CAPS / SHIRTS
	(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 3/19/26	Payee name GREAT LIGHT CREATIVE
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Amount (\$) 125.00	Payee address: 11645 Aspen Creek <input type="checkbox"/> Check if individual's residence address.	City: TX	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Video / Mic
	<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 3/12/26	Payee name TEXAS TRANS GRAPHICS
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Amount (\$) 2457.28	Payee address: 2935 Irving Suite 201 <input type="checkbox"/> Check if individual's residence address.	City: Dallas TX	State:	Zip Code 75247
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Signage
	<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: 2 FILER NAME **ELDA RATA** 3 Filer ID (Ethics Commission Filers)

4 Date **3/18/26** 5 Payee name **MINUTEMAN PRESS**

6 Amount (\$) **172.38** 7 Payee address; City: State: Zip Code
8849 N TARRANT PKWY NRH TX 76182
 Check if individual's residence address.

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Printing Exp** (b) Description **BUS CARDS**
 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 **3/21/26** Payee name **INSTALL CONNECT**

Amount (\$) **1000.00** Payee address; City: State: Zip Code
505 W. STATE ST GALLIANO TX 75040
 Check if individual's residence address.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Exp** Description **SIGNAGE INSTALL**
 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 **2/19/26** Payee name **TEAMWORKS**

Amount (\$) **240.00** Payee address; City: State: Zip Code
~~**259.80**~~ **875 KELLER PKWY KELLER TX 76248**
 Check if individual's residence address.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising** Description **SHIRTS/CAPS**
 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

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 FILER NAME ELAA RATA	3 Filer ID (Ethics Commission Filers)
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4 Date 3/11/26	6 Payee name IMAGING PRODUCTS
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6 Amount (\$) 373.02	7 Payee address; City; State; Zip Code 1850 EMPIRE CENTRAL DALLAS TX 75235
<input type="checkbox"/> Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Exp	(b) Description Push CARAS
	(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 3/13/26	Payee name Shzue Maxwell
------------------------	------------------------------------

Amount (\$) 3000.00	Payee address; City; State; Zip Code 411 HAROLD ST. Apt 1219 Fort Worth TX 76107
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description CAMPAIGN SUPPORT
	<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 3/16/26	Payee name GREATLIGHT Creative
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Amount (\$) 1000.00	Payee address; City; State; Zip Code 11645 Aspen Creek TX
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) VIDEO/Advertising	Description Produce Video
	<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:	2 FILER NAME ELDA RATA	3 Filer ID (Ethics Commission Filers)
4 Date 3/13/26	6 Payee name TRISTAN TANNICH	
6 Amount (\$) \$600.00	7 Payee address; City: State: Zip Code 21 SADALE CLUB Midland TX 79705 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description VIDEO
	(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 2/23/26	Payee name WIX.com	
Amount (\$) 10.71	Payee address; City: State: Zip Code 500 Terry A Francois NYC NY 10014 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Domain/Name	Description create domain name
	<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 2/23/26	Payee name WIX.COM / WIXCORPS.COM	
Amount (\$) 49.79	Payee address; City: State: Zip Code 500 Terry A Francois NYC NY 10014 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website/Advertising	Description create website
	<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

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 FILER NAME ELDA RATA		3 Filer ID (Ethics Commission Filers)	
4 Date 2/24/26		5 Payee name TRB BANK			
6 Amount (\$) 37.00		7 Payee address; City: State: Zip Code SOUTHLAKE TX 76092 <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Acct/ Banking		(b) Description create checks		
	<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					
Date		Candidate / Officeholder name			
Payee name VISTA Print		Office sought			
Amount (\$) 58.44		Office held			
Payee address; City: State: Zip Code 275 Wymen St Wilhzm MASS WALTAM 02451 <input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description CARDS		
	<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					
Date 3/23/26 3/19/26		Candidate / Officeholder name			
Payee name TEAMWORKS STRIPE Fees (TOTLled)		Office sought			
Amount (\$) 410.36		Office held			
Payee address; City: State: Zip Code 354 Oyster Pt Blvd So. Sm CA 94060 FRANCISCO <input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description STRIPE Fees for Donations		
	<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

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 FILER NAME **ELDA KATA** 3 Filer ID (Ethics Commission Filers)

4 Date **3/20/26** 5 Payee name **WLX.COM**

6 Amount (\$) **58.88** 7 Payee address: **500 Terry A Francois NYC** City: **NY** State: **NY** Zip Code: **10014**
 Check if individual's residence address.

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description
 (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 Payee name

Amount (\$) Payee address: City: State: Zip Code
 Check if individual's residence address.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 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 Payee name

Amount (\$) Payee address: City: State: Zip Code
 Check if individual's residence address.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 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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3044th Agent
LOANS From FILER
FEB 18 - 3/23

LOANS

SCHEDULE E

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 E:
2 FILER NAME ELDA RATA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/18/26	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ELDA RATA	9 Loan Amount (\$) 500.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 304 EASTWOOD DR Keller TX 76248	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none CASH INTO CAMPAIGN ACCOUNT		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/4/26	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ELDA RATA	Loan Amount (\$) 5000.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 314 EASTWOOD DR Keller TX 76248	Interest rate 0
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none CASH INTO CAMPAIGN ACCOUNT		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">ELDA RATA</p>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <p style="font-size: 1.2em;">3/20/26</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">ELDA RATA</p>	9 Loan Amount (\$) <p style="font-size: 1.2em;">20,000.00</p>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <p style="font-size: 1.2em;">304 EASTWOOD DR Keller TX 76248</p>	10 Interest rate <p style="text-align: center;">8</p>
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none <p style="font-size: 1.2em;">CASH INTO CAMPAIGN ACCOUNT</p>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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