

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 <input checked="" type="checkbox"/> FIRST LAST MI SUFFIX <i>Dr. A. Lillian Rauch</i>	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</div> <div style="text-align: center;">APR 28 2023</div> NORTHWEST ISD Superintendent's Office <small>Date Hand-delivered or Date Postmarked</small> <div style="text-align: center;">4-28-23</div> Receipt # Amount \$ Date Processed <i>4-28-23</i> Date Imaged <i>4-28-23</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2 Overhill Dr. Trophy Club TX 76262</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 371-2228</i>		
6 CAMPAIGN TREASURER NAME	MS / (MRS) / MR <input checked="" type="checkbox"/> FIRST LAST MI SUFFIX <i>Dr. A. Lillian Rauch</i>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2 Overhill Dr. Trophy Club TX 76262</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 371-2228</i>		
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	Month Day Year THROUGH Month Day Year <i>3 / 28 / 2023 THROUGH 4 / 26 / 2023</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 06 / 2023</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>NISD Board of Trustees 6 Place</i>	13 OFFICE SOUGHT (if known) <i>NISD Board of Trustees Place 6</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID
4 Date 04/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kate <hr/> 6 Contributor address; City; State; Zip Code 1036 Mesa Crest Drive Haslet, TX 76052	7 Amount of Contribution (\$) \$21.13
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kougias, Kristen <hr/> Contributor address; City; State; Zip Code 1769 Rio Penasco Road Haslet, TX 76052	Amount of Contribution (\$) \$10.72
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legere, Caroline <hr/> Contributor address; City; State; Zip Code 12729 Connemara Lane Fort Worth, TX 76244	Amount of Contribution (\$) \$52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Norma <hr/> Contributor address; City; State; Zip Code 3500 Confidence Dr Fort Worth, TX 76244	Amount of Contribution (\$) \$52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, Amy <hr/> Contributor address; City; State; Zip Code 1363 Osborne Ct Roanoke, TX 76262	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID
4 Date 04/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergeron, Lisa	7 Amount of Contribution (\$) \$26.34
6 Contributor address; City; State; Zip Code 12608 Saratoga Springs Circle Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Jennifer	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code 1106 BENTLEY DR ROANOKE, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Jenny	Amount of Contribution (\$) \$4.51
Contributor address; City; State; Zip Code 1078 Springwood Drive Saginaw, TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotten, Autumn	Amount of Contribution (\$) \$26.34
Contributor address; City; State; Zip Code 12724 Outlook Avenue Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Angelique	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 3241 Outlook Court Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID
4 Date 04/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Jenny <hr/> 6 Contributor address; City; State; Zip Code 3600 Hudgins Ranch Road Roanoke, TX 76262	7 Amount of Contribution (\$) \$5.01
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Rachel <hr/> Contributor address; City; State; Zip Code 12725 Lizzie Place Fort Worth, TX 76244	Amount of Contribution (\$) \$4.51
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pry, Alyssa <hr/> Contributor address; City; State; Zip Code 4128 River Birch Road Fort Worth, TX 76137	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Melissa <hr/> Contributor address; City; State; Zip Code 1109 Indian Trail Ct Roanoke, TX 76262	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherrard, Dennis <hr/> Contributor address; City; State; Zip Code 3819 Ashbury Ln Bedford, TX 76021	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID
4 Date 04/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDorn, Erica	7 Amount of Contribution (\$) \$26.34
6 Contributor address; City; State; Zip Code 12733 Connemara Ln Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Elizabeth	Amount of Contribution (\$) \$47.27
Contributor address; City; State; Zip Code 406 Austin Street Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washam, Joseph A	Amount of Contribution (\$) \$469.86
Contributor address; City; State; Zip Code 9310 Avery Ranch Way Justin, TX 76247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Joshua	Amount of Contribution (\$) \$104.42
Contributor address; City; State; Zip Code 4741 S FM 14 Hawkins, TX 75765		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jessica	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code 1540 Westview Lane Northlake, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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)

\$

1062.63

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

9,348.83

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

\$

7,000.00

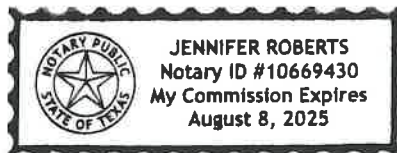
18 SIGNATURE

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.

Lillian Rauch
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lillian Rauch this the 28th day of April,

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

Jennifer Roberts Jennifer Roberts Exec. Assistant
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>A. Lillian Rauch</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	\$ 1062. ⁶³
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,000. ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,74. ⁸⁸
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 974. ⁰³
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7,000. ⁰⁰
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>1</i>	2 FILER NAME <i>A. Lillian Rauch</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>0</i>
5 Date <i>4/13/2023</i>	6 Payee name <i>Amazon</i>	
7 Amount (\$) <i>\$ 124.48</i>	8 Payee address; City; State; Zip Code <i>410 Terry Ave N Seattle WA 98109</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>yard sign stakes</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>A. Lillian Rauch</i>	Office sought <i>NISD School Board Trustee Place 6</i>
		Office held <i>NISD School Board Trustee Place 6</i>
Date <i>4/13/23</i>	Payee name <i>Signs on the Cheap</i>	
Amount (\$) <i>\$ 849.55</i>	Payee address; City; State; Zip Code <i>11525 Stonehollow Dr. Austin TX 78758</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>yard signs</i>
	<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 <i>A. Lillian Rauch</i>	Office sought <i>NISD School Board Trustee Place 6</i>
		Office held <i>NISD School Board Trustee Pl 6</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 3	2 FILER NAME A. Lillian Rauch	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2023	5 Payee name Discount Banners & Signs	
6 Amount (\$) \$959.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; P.O. Box 115	City; State; Zip Code Keller TX 76244
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political 4x4 Road Signs
	(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 A. Lillian Rauch	Office sought WISD Board of Trustees Place 6
		Office held WISD Board of Trustees Place 6
Date 4/13/2023	Payee name Lone Star Campaign Management	
Amount (\$) \$260.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 538 W. Commerce St Suite 539	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Management
	<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 A. Lillian Rauch	Office sought WISD School Board Trustee 6
		Office held WISD School Board Trustee 6
Date 4/18/2023	Payee name Lone Star Campaign Management	
Amount (\$) \$834.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 538 W. Commerce St	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Canvassing
	<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 A. Lillian Rauch	Office sought WISD School Board Trustee 6
		Office held WISD School Board Trustee 6

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>3</i>	2 FILER NAME <i>A Lillian Rauch</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/6/23</i>	5 Payee name <i>Speak Easy Political Inc</i>	
6 Amount (\$) <i>\$4,447.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1902 Van Ness Ave San Francisco CA 94109</i> <i>Floor 3</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>mailers</i>
	(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 <i>A Lillian Rauch</i>	Office sought <i>NISD Board of Trustees Place 6</i>
		Office held <i>NISD Board of Trustees pl 6</i>
Date <i>4/07/23</i>	Payee name <i>Speak Easy Political Inc</i>	
Amount (\$) <i>\$800.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1902 Van Ness Ave San Francisco CA 94109</i> <i>Floor 3</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Digital Ads</i>
	<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 <i>A Lillian Rauch</i>	Office sought <i>NISD Board of Trustees Place 6</i>
		Office held <i>NISD Board of Trustees Pl 6</i>
Date <i>4/20/23</i>	Payee name <i>Lone Star Campaign Management</i>	
Amount (\$) <i>120.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>538 W Commerce St Dallas TX 75208</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Posts for highway signs</i>
	<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 <i>Advertising</i>	Office sought <i>NISD School Board Trustee 6</i>
		Office held <i>NISD School Board Trustee 6</i>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>3</i>	2 FILER NAME <i>A. Lillian Rauch</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/21/2023</i>	5 Payee name <i>Lone Star Campaign Management</i>	
6 Amount (\$) <i>\$834.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>538 W. Commerce St Dallas Tx 75208</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Concessing Team</i>
	(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 <i>A. Lillian Rauch</i>	Office sought <i>NISD School Board Trustee 6</i>
		Office held <i>NISD School Board Trustee 6</i>
Date <i>4/25/2023</i>	Payee name <i>Lone Star Campaign Management</i>	
Amount (\$) <i>\$120.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>538 W Commerce St Dallas Tx 75208</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Additional Posts for Highway Sign</i>
	<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 <i>A. Lillian Rauch</i>	Office sought <i>NISD School Board Trustee 6</i>
		Office held <i>NISD School Board Trustee 6</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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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