OFFICIAL RECORD **CANDIDATE / OFFICEHOLDER CITY SECRETARY** FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT FT. WORTH, TX Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST CANDIDATE / MS / MRS / MR OFFICE USE ONLY Caleb OFFICEHOLDER NAME Date Received NICKNAME LAST SUFFIX Backholm CSO REC'D APT / SUITE #; ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; CITY: STATE: APR 6'23 PM 1:41 OFFICEHOLDER Fort Worth 76179 8608 Funtier Ct TX **MAILING ADDRESS** Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 360) 581-5881 **PHONE** Receipt # Amount \$ MS / MRS / MR МІ 6 CAMPAIGN Abigail **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Backholm STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** 76179 8608 Funtier Ct Fort Worth, TX (Residence or Business) **EXTENSION** CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** 360 չ 581-8937 **PHONE** 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year Day **COVERED** 2023 THROUGH 15 /2023 01 / **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year X General Special 2023 06 / 13 OFFICE SOUGHT (If known) OFFICE HELD (if any) 12 OFFICE Fort Worth City Council District 7 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME Ca	aleb Backholm 16 F	iler ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,895.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 41,520.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 71,625.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000
	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
req	quired to be reported by me under Title 15, Election Code.	
	Signature of Candida	ate or Officeholder
	Signature of Santalas	
	Signification of Statistics	
	Please complete either option below:	
(1) Affidavit		
(1) Affidavit		
(1) Affidavit NOTARY STAMP/SEA	Please complete either option below:	
	Please complete either option below: L Caleb Backholm	day of
NOTARY STAMP/SEA	Please complete either option below: L Caleb Backholm	April
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify	Please complete either option below: Caleb Backholm this the which, witness my hand and seal of office.	day of,
NOTARY STAMP/SEA	Please complete either option below: Caleb Backholm before me by this the which, witness my hand and seal of office. Printed name of officer administering oath	day of,
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify Signature of officer administe	Please complete either option below: Caleb Backholm before me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR	day of, Title of officer administering oat
NOTARY STAMP/SEAD Sworn to and subscribed 20 23 to certify Signature of officer administer (2) Unsworn Declarati	Please complete either option below: Caleb Backholm before me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR	April Title of officer administering oat
NOTARY STAMP/SEAD Sworn to and subscribed 20 23 to certify Signature of officer administer (2) Unsworn Declarati	Please complete either option below: Caleb Backholm before me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR	April Title of officer administering oal
NOTARY STAMP/SEAD Sworn to and subscribed 20 23 to certify Signature of officer administer (2) Unsworn Declarati	Please complete either option below: Caleb Backholm before me by	day of April Title of officer administering oal 2-26-1974 76179 USA
NOTARY STAMP/SEAD Sworn to and subscribed 20 23 , to certify Signature of officer administer (2) Unsworn Declaration My name is	Please complete either option below: Caleb Backholm before me by	Title of officer administering oat 2-24-1974 76179 USA
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify Signature of officer administe	Please complete either option below: Caleb Backholm before me by	Title of officer administering oat 2-26-1974 , 76179 USA

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co						
	Caleb Backholm						
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	4. SCHEDULE E: LOANS						
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS						
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS						
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$				

SCHEDULE A1

If the reques	ted 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	Caleb Backholm	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1-25-2023	6 Contributor address; City; State; Zip Code 4701 Briarhaven Rd, Fort Worth TX 76109	\$25
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
1-26-2023	Contributor address; City; State; Zip Code 3107 Ocean Beach Rd Pacific Beach WA 98571	100
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
1-27-2023	Contributor address; City; State; Zip Code 1227 Evans Ct Dupont WA 98327	40
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	otlons)
Date	Full name of contributor	Amount of contribution (\$)
1-27-2023	Neil De Boer Contributor address; City; State; Zip Code	50
Principal occu	1500 Water St SW Apt 3 Olympia WA 98501 Dation / Job title (See Instructions) Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Gulde explains how	to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Caleb Backholm			3 Filer ID (Ethics Commission Filers)
1-27-2023	Hugh Mackie		7 Amount of contribution (\$)	
1 21 2020	6 Contributor address;	City;	State; Zip Code	200
	1871 Carmel Bluffs Dr	St George	UT 84790	
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1-27-2023	Joseph Backholm Contributor address;	City;	State; Zip Code	500
	9801 St Stephan Ct	IC 27615		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Brian King	Out-of-state PAC (ID#:)		Amount of contribution (\$)
1-28-2023	Contributor address;	City;	State; Zip Code	100
	6300 Kary Lynn Dr S	Watauga, 7	ΓX 76148	
Principal occu	pation / Job title (See Instructions)	<u></u>	Employer (See Instruc	otions)
Date	Full name of contributor Mike & Angela Gross	☐ out-of-state PA	C (ID#:)	Amount of contribution (\$)
1-28-2023	Contributor address;	City;	State; Zip Code	50
	6701 River Rd	Aberdeen, \	WA 98520	
Principal occu	pation / Job title (See Instructions)	· -	Employer (See Instruc	l otions)
		<u> </u>	1	

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	1 Total pages Schedule A1:				
2 FILER NAME	Caleb Backholm	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
1-28-2023	Douglas Backholm 6 Contributor address; City; 4033 61st Court Southwest Olympia, W	50				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
1-29-2023	Stephen Backholm Contributor address; City; 10716 Indian Scout Trl Austin, TX 78	State; Zip Code	50			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
1-29-2023	Contributor address; City; 11812 NE 102nd Pl Kirkland, WA	State; Zlp Code	250			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)			
1-30-2023	Contributor address; City; 3235 E Easter Pl Centennial, CO	State; Zlp Code 80122	250			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	otions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	e report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Caleb Backholm	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1-31-2023	6 Contributor address; City; State; Zip Code 1521 North B Street #4 Aberdeen, WA 98520	50
3 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
1-31-2023	Contributor address; Clty; State; Zlp Code 1513 Millington St Winfield, KS 67156	100
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	
2-5-2023	Contributor address; City; State; Zlp Code 20455 248th Circle Hutchinson, MN 55350	50
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
2-8-2023	Contributor address; City; State; Zip Code 1418 Mitchell St Aberdee, WA 98520	100
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

1 Date 5 Full Tom 2-8-2023 6 Cor 1308 3 Principal occupation / 3 Date Full 2-9-2023 Ken Cor 316 (eb Backholm name of contributor and Tonya Telesco tributor address; Crimson Glory Ln lob title (See Instructions) name of contributor Miller htributor address; Calais Dr	City; Ke	State; Zip Code eller, TX 76248 9 Employer (See Instruct	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 50 Ions) Amount of contribution (\$)				
Tom 6 Cor 1308 Principal occupation / S Date Full 2-9-2023 Cor 316 (and Tonya Telesco tributor address; Crimson Glory Ln Job title (See Instructions) name of contributor Miller	City; Ke	State; Zip Code eller, TX 76248 9 Employer (See Instruct	50 lons)				
Date Full 2-9-2023 Ken 316 (Crimson Glory Ln Job title (See Instructions) name of contributor Miller htributor address;	Out-of-state PA	eller, TX 76248 9 Employer (See Instruct	ions)				
Date Full 2-9-2023 Ken 316 (name of contributor Miller htributor address;	out-of-state PA	9 Employer (See Instruct					
Date Full 2-9-2023 Ken 316 (name of contributor Miller htributor address;	out-of-state PA						
2-9-2023 Ken 316 (Miller htributor address;		C (ID#:)	Amount of contribution (\$)				
2-9-2023 Cor	ntributor address;							
	Calais Dr		State; Zlp Code	250				
Principal occupation / J		316 Calais Dr Keller, TX 76248						
	ob title (See Instructions)		Employer (See Instruct	lons)				
Date Full	Full name of contributor		Amount of contribution (\$)					
2-11-2023			State; Zip Code	50				
1418	Mitchell St	Aberdeen,	WA 98520					
Principal occupation / .	ob title (See Instructions))	Employer (See Instruct	ilons)				
Date Ful	I name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)				
	ard Perkins	City;	State; Zlp Code	25				
1652	4 Cowboy Trl	Fort Worth	TX 76247					
Principal occupation / .	lob title (See Instructions))	Employer (See Instruc	tlons)				

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

SCHEDULE A1

sted information is not applicable, be NOT inc		- In
Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Caleb Backholm	3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor ut-of-state PAC	7 Amount of contribution (\$)	
Clayton Bradbury		25 ·
6 Contributor address; City;	State; Zip Code	
18637 W Clowuallum Rd Elma, WA 9	8541	
pation / Job title (See instructions)	9 Employer (See Instruct	illons)
Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
Laura Osborn		25
Contributor address; City;		
104th PI NE Marysville, WA 98270		
pation / Job title (See Instructions)	Employer (See Instruc	tions)
Full name of contributor	; (ID#:)	Amount of contribution (\$)
Edward Perkins		
Contributor address; City;	State; Zip Code	25
16524 Cowboy Trl Fort Worth	n, TX 76247	
upation / Job title (See Instructions)	Employer (See Instruc	etions)
Full name of contributor ut-of-state PA	C (ID#:)	Amount of contribution (\$)
Ged West		50
Contributor address; City;	State; Zip Code	
120 hillcrest Dr Elma, WA	A 98541	
upation / Job title (See Instructions)	Employer (See Instruc	ctions)
		
ATTACH ADDITIONAL CODIES	OF THIS SCHEDUL F AS	NEEDED
	Caleb Backholm 5 Full name of contributor out-of-state PAC Clayton Bradbury 6 Contributor address; City; 18637 W Clowuallum Rd Elma, WA 9 pation / Job title (See Instructions) Full name of contributor out-of-state PAC Laura Osborn Contributor address; City; 104th PI NE Marysvil pation / Job title (See Instructions) Full name of contributor out-of-state PAC Contributor address; City; 16524 Cowboy Trl Fort Worth pation / Job title (See Instructions) Full name of contributor out-of-state PAC Contributor address; City; 16524 Cowboy Trl Fort Worth pation / Job title (See Instructions) Full name of contributor out-of-state PAC Ged West Contributor address; City; 120 hillcrest Dr Elma, WA pation / Job title (See Instructions)	5 Full name of contributor

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

SCHEDULE A1

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

	ted information to not applicable, 20 110 1 incl		•
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Caleb Backholm		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (D#:)	7 Amount of contribution (\$)
0.4.0000	Brad Peden	400	
3-4-2023	6 Contributor address; City;	100	
	9800 Air Park Dr Granbu	ry, TX 76049	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)
2 0 2022	Mike Morgan		
3-9-2023	Contributor address; Clty;	State; Zip Code	50
	8849 Arbor Crest Ct Fort Worth, TX 7	76179	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		ID#:)	Amount of contribution (\$)
3-11-2023	Mark Amon		50
0 11 2020	Contributor address; City; 4535 Dalmahoy CT #101 Fort Myer	State; Zip Code	30
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ilons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zlp Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instru	ction guide for additional :	reporting requirements.

SCHEDULE A1

ine	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
FILER NAME	Caleb Backholm			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor [out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3-6-2023	6 Contributor address;	City;	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Devin Backholm	_	(ID#:)	Amount of contribution (\$)
3-6-2023	Contributor address;	City;	State; Zlp Code	30
Principal occup	1900 Rainier eatlon / Job title (See Instructions)	Aberdeen	Employer (See Instruc	tions)
Date			: (ID#:)	Amount of contribution (\$)
3-6-2023	Roger and Lucille Engbre Contributor address; 2700 S Alpine Ave	City;	State; Zlp Code SD 57110	100
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tlons)
Date	Full name of contributor Ben Davis	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1-31-2023	Contributor address;	City;	State; Zip Code	100
	pation / Job title (See Instructions)		Employer (See Instruc	otions)

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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica			Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.		
1 Total pages Schedule F1:		AME leb Backholm			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame				
01-18-2023	City	of Fort Worth				
3 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
100	100 V	V Weatherford		Fort Worth	TX	76196
3	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE	Fees			Campaign f	iling fee	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	In, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
01-23-2023	Kath	y Suarez				
Amount (\$)	Payee a	ddress;	-	City;	State;	Zip Code
150	952 Bentwood Trl Grand Prairie TX 75		75052			
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adve	ertising Expense		Photos		
		Check if travel outside of Texas, Complete	Schedule T.	Check If Aus	tin, TX, officeholder livl	ng expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeer	name			***	
01-31-2023	Ashe	er Gillaspie				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
500	1512	Daisy Ln		Burleson,	ΓX 76028	
	Catego	y (See Categories listed at the top of this	schedule)	Description	-	
PURPOSE OF EXPENDITURE	Con	sultant		Website des	sign	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livi	ing expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	Α'	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	······································
		- "				

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Caleb Backholm		3 Filer ID (Ethics Commission Filers)
4 Date 2-3-2023	5 Payee name Campaign Sidekick		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
275	Campaign Sidekick		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office Overhead	Block walking	арр
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-6-2023	Axiom Strategies		
Amount (\$)	Payee address;	City;	State; Zlp Code
1413.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Pamphlets	
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2-8-2023	Edgerton Strategies		
Amount (\$)	Payee address;	City;	State; Zip Code
1000	1540 Keller Parkway #108-402		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consultant	Website/flye	er design
	Check If travel outside of Texas. Complete Schedule T,	Check If Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

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 Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Caleb Backholm 4 Date 5 Payee name 3-1-2023 Go Daddy City; State; Zip Code 7 Payee address; 6 Amount (\$) 25.19 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Campaign Website Office Overhead EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-2-2023 Campaign Sidekick City; State; Zip Code Amount (\$) Payee address; 275 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Office Overhead OF Block Walking App EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH Payee name 3-7-2023 **UZ Marketing** Zip Code State: City; Payee address; Amount (\$) TX 77092 Houston, 5905 Bingle Rd 254.74 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Campaign Signs OF **Printing Expense** EXPENDITURE Check if Austin, TX, officeholder living expense Check If travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica				Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explain	s how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Caleb Backholm		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
3-10-2023	REVP					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
250	22 Spinks Rd #302		Flower Mound, TX 75022			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
PURPOSE OF EXPENDITURE	Consultant	Consulting				
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Aus	lln, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
3-29-2023	Go Daddy					
Amount (\$)	Payee address;	City;	State;	Zip Code		
2.67						
	Category (See Categories listed at the top of this s	chedule) Description				
PURPOSE OF EXPENDITURE	Office Overhead	Website				
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	Check if Austin, TX, officeholder living expense			
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
4-2-2023	Campaign Sidekick					
Amount (\$)	Payee address;	City;	State;	Zip Code		
275						
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE	Office Overhead	Block Walki	Block Walking App			
	Check if travel outside of Texas, Complete S	Schedule T. Check if Aus	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

LOANS SCHEDULE E

	If the requested information is not applicable, DO NOT include this page in the report.						
	The I	1 Total pages Schedule E:					
2	FILER NAME	3 Filer ID (Ethics Commission Filers)					
4	TOTAL OF UN	\$ 5000					
5	Date of loan 01-18-2023	7 Name of lender □ out-of-state P Caleb Backholm	9 Loan Amount (\$) 5000				
6	Is lender a financial Institution?	8 Lender address; City; 8608 Funtier Ct Fort Wor	State; Zip Code rth TX 76179	10 Interest rate 11 Maturity date			
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)			13 Employer (See Instructions)	<u> </u>			
14	Description of Colla	ateral	15 Check if personal funds were deposited into political account (See Instructions)				
16	GUARANTOR INFORMATION	17 Name of guarantor	19 Amount Guaranteed (\$)				
	not applicable	18 Guarantor address; City;	State; Zip Code				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender		Loan Amount (\$)			
	Is lender a financial Institution?	Lender address; City; State; Zip Code		Interest rate			
	Y N			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
			Check if personal fundaccount (See Instruct	ds were deposited into political ions)			
	GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed (\$)				
	not applicable	Guarantor address; City;	State; Zip Code				
	Principal Occupati	on (See Instructions)	Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						