

OFFICIAL RECORD

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY SECRETARY FT. WORTH, TX

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 FIRST MI NICKNAME LAST SUFFIX Caleb Backholm

OFFICE USE ONLY

Date Received

CSO REC'D APR 6 '23 PM 1:41

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8608 Funtier Ct Fort Worth TX 76179

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION (360) 581-5881

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Abigail Backholm

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8608 Funtier Ct Fort Worth, TX 76179

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (360) 581-8937

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 01 / 15 / 2023 THROUGH Month Day Year 04 / 06 / 2023

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council District 7

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Caleb Backholm

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)	\$ 2,895.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,520.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,625.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Caleb Backholm this the _____ day of April, 20 23, 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 Caleb Backholm and my date of birth is 2-26-1974

My address is 8608 Furtier Ct, Fort Worth, TX, 76179, USA
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of TX, on the 6 day of April, 20 23
(month) (year)

Caleb Backholm
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Caleb Backholm		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,895
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	\$ 5,000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,520.60
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:
2 FILER NAME Caleb Backholm		3 Filer ID (Ethics Commission Filers)
4 Date 1-25-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Curry <hr/> 6 Contributor address; City; State; Zip Code 4701 Briarhaven Rd, Fort Worth TX 76109	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-26-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dudrey <hr/> Contributor address; City; State; Zip Code 3107 Ocean Beach Rd Pacific Beach WA 98571	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-27-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Burgher <hr/> Contributor address; City; State; Zip Code 1227 Evans Ct Dupont WA 98327	Amount of contribution (\$) 40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-27-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neil De Boer <hr/> Contributor address; City; State; Zip Code 1500 Water St SW Apt 3 Olympia WA 98501	Amount of contribution (\$) 50
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

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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 1-27-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hugh Mackie 6 Contributor address; City; State; Zip Code 1871 Carmel Bluffs Dr St George UT 84790	7 Amount of contribution (\$) 200
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-27-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Backholm Contributor address; City; State; Zip Code 9801 St Stephan Ct Raleigh, NC 27615	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-28-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian King Contributor address; City; State; Zip Code 6300 Kary Lynn Dr S Watauga, TX 76148	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-28-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike & Angela Gross Contributor address; City; State; Zip Code 6701 River Rd Aberdeen, WA 98520	Amount of contribution (\$) 50
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 Caleb Backholm		3 Filer ID (Ethics Commission Filers)
4 Date 1-28-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas Backholm <hr/> 6 Contributor address; City; State; Zip Code 4033 61st Court Southwest Olympia, WA 98512	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-29-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Backholm <hr/> Contributor address; City; State; Zip Code 10716 Indian Scout Trl Austin, TX 78736	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-29-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean Backholm <hr/> Contributor address; City; State; Zip Code 11812 NE 102nd Pl Kirkland, WA 98033	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-30-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaimie Cartwright <hr/> Contributor address; City; State; Zip Code 3235 E Easter Pl Centennial, CO 80122	Amount of contribution (\$) 250
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 Caleb Backholm		3 Filer ID (Ethics Commission Filers)
4 Date 1-31-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn O'Neill 6 Contributor address; City; State; Zip Code 1521 North B Street #4 Aberdeen, WA 98520	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-31-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim West Contributor address; City; State; Zip Code 1513 Millington St Winfield, KS 67156	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-5-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Yates Contributor address; City; State; Zip Code 20455 248th Circle Hutchinson, MN 55350	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-8-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Cotton Contributor address; City; State; Zip Code 1418 Mitchell St Aberdeen, WA 98520	Amount of contribution (\$) 100
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

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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 2-8-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom and Tonya Telesco <hr/> 6 Contributor address; City; State; Zip Code 1308 Crimson Glory Ln Keller, TX 76248	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-9-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Miller <hr/> Contributor address; City; State; Zip Code 316 Calais Dr Keller, TX 76248	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-11-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lois Cotton <hr/> Contributor address; City; State; Zip Code 1418 Mitchell St Aberdeen, WA 98520	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-13-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Perkins <hr/> Contributor address; City; State; Zip Code 16524 Cowboy Trl Fort Worth TX 76247	Amount of contribution (\$) 25
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

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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 2-13-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton Bradbury 6 Contributor address; City; State; Zip Code 18637 W Clowuallum Rd Elma, WA 98541	7 Amount of contribution (\$) 25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-26-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Osborn Contributor address; City; State; Zip Code 104th PI NE Marysville, WA 98270	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-26-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Perkins Contributor address; City; State; Zip Code 16524 Cowboy Trl Fort Worth, TX 76247	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-26-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ged West Contributor address; City; State; Zip Code 120 hillcrest Dr Elma, WA 98541	Amount of contribution (\$) 50
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 Caleb Backholm		3 Filer ID (Ethics Commission Filers)
4 Date 3-4-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Peden <hr/> 6 Contributor address; City; State; Zip Code 9800 Air Park Dr Granbury, TX 76049	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-9-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Morgan <hr/> Contributor address; City; State; Zip Code 8849 Arbor Crest Ct Fort Worth, TX 76179	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-11-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Amon <hr/> Contributor address; City; State; Zip Code 4535 Dalmahoy CT #101 Fort Myers, FL 33916	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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

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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 3-6-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Kimball <hr/> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-6-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devin Backholm <hr/> Contributor address; City; State; Zip Code 1900 Rainier Aberdeen, WA 98520	Amount of contribution (\$) 30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-6-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger and Lucille Engbrecht <hr/> Contributor address; City; State; Zip Code 2700 S Alpine Ave Sioux Falls, SD 57110	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-31-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Davis <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 Caleb Backholm	3 Filer ID (Ethics Commission Filers)
4 Date 01-18-2023	5 Payee name City of Fort Worth	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 100 W Weatherford Fort Worth TX 76196	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Campaign filing fee
	(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 01-23-2023	Payee name Kathy Suarez	
Amount (\$) 150	Payee address; City; State; Zip Code 952 Bentwood Trl Grand Prairie TX 75052	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Photos
	<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 01-31-2023	Payee name Asher Gillaspie	
Amount (\$) 500	Payee address; City; State; Zip Code 1512 Daisy Ln Burleson, TX 76028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consultant	Description Website design
	<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

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 Caleb Backholm	3 Filer ID (Ethics Commission Filers)
4 Date 2-3-2023	5 Payee name Campaign Sidekick	
6 Amount (\$) 275	7 Payee address; City; State; Zip Code Campaign Sidekick	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Block walking app
	(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 2-6-2023	Payee name Axiom Strategies	
Amount (\$) 1413.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Pamphlets
	<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 2-8-2023	Payee name Edgerton Strategies	
Amount (\$) 1000	Payee address; City; State; Zip Code 1540 Keller Parkway #108-402	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consultant	Description Website/flyer design
	<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

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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 Caleb Backholm	3 Filer ID (Ethics Commission Filers)
4 Date 3-1-2023	5 Payee name Go Daddy	
6 Amount (\$) 25.19	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Campaign Website
	(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 3-2-2023	Payee name Campaign Sidekick	
Amount (\$) 275	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Block Walking App
	<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 3-7-2023	Payee name UZ Marketing	
Amount (\$) 254.74	Payee address; City; State; Zip Code 5905 Bingle Rd Houston, TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Caleb Backholm	3 Filer ID (Ethics Commission Filers)
4 Date 3-10-2023	5 Payee name REVP	
6 Amount (\$) 250	7 Payee address; 22 Spinks Rd #302	City; State; Zip Code Flower Mound, TX 75022
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Consulting
	(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

Date 3-29-2023	Payee name Go Daddy	
Amount (\$) 2.67	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Website
	<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

Date 4-2-2023	Payee name Campaign Sidekick	
Amount (\$) 275	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Block Walking App
	<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

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 Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Caleb Backholm		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5000
5 Date of loan 01-18-2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Caleb Backholm	9 Loan Amount (\$) 5000
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	8 Lender address; City; State; Zip Code 8608 Funtier Ct Fort Worth TX 76179	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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