OFFICEHOLDER NAME NICKNAME LAST HUYNH RABE ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE OFFICEHOLDER MAILING ADDRESS Change of Address Change of Address CANDIDATE / OFFICEHOLDER PHONE NUMBER CANDIDATE / OFFICEHOLDER PHONE PHONE AREA CODE PHONE NUMBER EXTENSION Date Received PASADENA IS APR 2 3 2021 ACCOUNTABILITY & Date Post Date Hand dull veloc by Date Post Receipt # Amount \$ MS / MRS / MR FIRST MI MR Edgar NAME NICKNAME LAST NICKNAME LAST Allen Date Processed Date Imaged			CEHOLDER E REPORT			ORM C/OH HEET PG 1	
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	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME YEN HUYNH RABE		16 Filer ID (Ethics Commission Filers)
17 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)	\$ 6,851.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,355.59
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	st DAY \$ -504.09
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
(1) Affidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed		day of,
Signature of officer administ	ering oath Printed name of officer administering oath OR	Title of officer administering oat
(2) Unsworn Declarat		
My name is	Yen Huyah Rabe and my date of birth i	s 7-21-69
My address is 96	signed Ln . Honston . (city)	7 77089 USA
Executed in Har	(city) (city) (city) (city) (city) (mon	(state) (zip code) (country)
	- AP	Mark Office halder (5

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Revised 8/17/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	Filer NAME ZO Filer ID (Ethics Com ZEN HUYNH RABE					
	IEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS	\$	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	7,355.59			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os \$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	SUSINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Principal occupation Date	cull name of contributor contributor address; / Job title (See Instructions)	City;	State; Zip Code 9 Employer (See Instructi	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) ons) Amount of contribution (\$)
Principal occupation Date	Contributor address; / Job title (See Instructions) Full name of contributor	City; out-of-state PAC	State; Zip Code 9 Employer (See Instructi	ons)
Principal occupation	contributor address; / Job title (See Instructions) Full name of contributor	City;	State; Zip Code 9 Employer (See Instructi	
Date F	full name of contributor		C (ID#:)	
				Amount of contribution (\$)
Principal occupation			State; Zip Code	
	/ Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code	
Principal occupation	/ Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupation	/ Job title (See Instructions)		Employer (See Instruc	tions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Date	First Name of contributor	Last Name of contributor	Contributor Adress	City	State	Zip	Amount of Contribution
4/2/2021	Kelly	Ruemmele	13914 Marbledale ct	Houston	TX	77059	\$25.0
4/8/2021	David	Do	9000 E MT Houston	Houston	TX	77050	\$500.0
4/6/2021	Alexandra	Spencer	36 Cousteau In	austin	TX	78748	\$200.0
4/9/2021	Gilberto	Granados	4202 Iroquois	Pasadena	TX	77504	\$23.7
4/19/2021	Justin	Riel	2323 CLEAR LAKE CITY BLVD	Houston	TX	77062	\$95.7
4/19/2021	Frederick	Tran	3827 Holland Avenue A	Dallas	TX	75219	\$23.7
4/19/2021	Jerre	Van Den Bent	1630 Junior Drive	Dallas	TX	75208	\$959.7
4/20/2021	Nam	Le	109 Florida Street	Boston	MA	02124	\$23.7
							\$1,851.5

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office Over Food/Beverage Expense Polling E Printing II	Expense Wages/Contract Labor	a Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$		
5 Date 04/03/2021	6 Payee name PostNet Pasadena				
7 Amount (\$) 6,495.00	8 Payee address; 6725 Fairmont Parkway, Pasadena,	City; TX 77505	State;	Zip Code	
9 TYPE OF EXPENDITURE	■ Political Non-I	Political			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description mailers	ustin, TX, officeholder livin	1 expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h		
Date	Payee name				
04/05/2021	Carroll Business Forms & Printing				
Amount (\$) 860.59	Payee address; 2907 Canal Street, Houston, TX 77	City: 003	State;	Zip Code	
TYPE OF EXPENDITURE	Political Non-	-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Pescription Yard signs			
	Check if travel outside of Texas. Complete Schedule T.	Check if A	Austin, TX, afficeholder livir	ig expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office t	neld	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED