

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Thelma L. NICKNAME LAST SUFFIX Rodriguez	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2428 Cricket Hollow Corpus Christi, Texas 78414	Date Received FILED FOR RECORD AT M JAN 16 2018 KARA SANDS CLERK, COUNTY CLERK, BECKES COUNTY, TEXAS BY: <u>KS</u> DEPUTY 4:50pm Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 765-9797	Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. John R. NICKNAME LAST SUFFIX J.R. Rodriguez	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2428 Cricket Hollow Corpus Christi, Texas 78414	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 229-7979	9 REPORT TYPE <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2017 THROUGH 12 / 31 / 2017		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Justice of The Peace Precinct 2, Place 2	13 OFFICE SOUGHT (if known) Justice of The Peace Precinct 2, Place 2	

GO TO PAGE 2

2018-019

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Thelma L. Rodriguez 15 Filer ID (Ethics Commission Filers) 314978404

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3180.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3428.23
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	\$ 1,500.00

18 AFFIDAVIT

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.

Thelma L. Rodriguez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thelma L. Rodriguez, this the 16th day of January, 2018, to certify which, witness my hand and seal of office.

Samuel C Dalton
Signature of officer administering oath

Samuel C. Dalton
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Thelma L. Rodriguez</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>3,180.00</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>1,550.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,428.23</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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 5

2 FILER NAME

Thelma L. Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

12-4-17

5 Full name of contributor out-of-state PAC (ID#: _____)

David L. Brooks

7 Amount of contribution (\$)

\$150.00

6 Contributor address; City; State; Zip Code

7305 Diamond Ridge Dr. Corpus Christi Texas 78413

8 Principal occupation / Job title (See Instructions) ~~Credit of Texas Bridge Credit Union~~ President

9 Employer (See Instructions) Texas Bridge Credit Union

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Priscilla Ramos

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3818 Cassowary Court Corpus Christi, Texas 78414

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

Incarnate Ward

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Eric Cantu

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. Box 271477 Corpus Christi, Texas 78427

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Martin Deleon

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1541 Dove Lane Corpus Christi, Texas 78418

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

City of Corpus Christi

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 5

2 FILER NAME

Thelma L. Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

12-4-17

5 Full name of contributor out-of-state PAC (ID#: _____)

George K. Taylor

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

P.O. Box 6910 Corpus Christi, TX. 78466

8 Principal occupation / Job title (See Instructions)

Business Man

9 Employer (See Instructions)

—

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Sergio Ramirez

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

7245 Valley Circle
Corpus Christi, Texas 78413

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

City of Corpus Christi

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Samuel C. Dalton

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

8002 Villefranche Dr.
Corpus Christi, Texas 78414

Principal occupation / Job title (See Instructions)

— Retired

Employer (See Instructions)

—

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

David Gonzalez

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4701 Vail
Corpus Christi, Texas 78413

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

City of Corpus Christi

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 5

2 FILER NAME

Thelma L. Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

12-4-17

5 Full name of contributor out-of-state PAC (ID#: _____)

Robund M. Hicks

6 Contributor address; City; State; Zip Code

5313 River Oaks
Corpus Christi, Texas 78443

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

—

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Michael J. Ramos

Contributor address; City; State; Zip Code

5721 Crest Pebble
Corpus Christi, Texas 78415

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

City of Corpus Christi

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Diana Almendarez

Contributor address; City; State; Zip Code

6526 Miranda Drive
Corpus Christi, Texas 78414

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

?

Employer (See Instructions)

—

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Roberto Tamez

Contributor address; City; State; Zip Code

4626 Weiskopf
Corpus Christi, Texas 78413

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 5

2 FILER NAME

Thelma L. Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

12-4-17

5 Full name of contributor out-of-state PAC (ID#: _____)

Rudy Garza

7 Amount of contribution (\$)

150.00

6 Contributor address; City; State; Zip Code

6221 Michaux Dr.
Corpus Christi, Texas 78414

8 Principal occupation / Job title (See Instructions)

Business Man

9 Employer (See Instructions)

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Amador Duran (Rosie)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

3145 Crestwater Drive
Corpus Christi, Texas 78415

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

J. Daniel Hogan (G.S. O'Gorman)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

Corpus Christi, TX.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-4-17

Full name of contributor out-of-state PAC (ID#: _____)

Rose M. Navatta

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

5525 Woodbridge
Corpus Christi, TX. 78413

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 5
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 12-4-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Saavedra 6 Contributor address; City; State; Zip Code 121 Lake Shore Dr. Corpus Christi, TX. 78413	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) ?		9 Employer (See Instructions) _____
Date 12-4-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Cox Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) _____
Date 12-4-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cookie & Manuel Gonzalez Contributor address; City; State; Zip Code	Amount of contribution (\$) 130.00
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Date 12-4-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Val & Diana Sepulveda Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Thelma L. Rodriguez</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>1,500.00</u>
5 Date of loan <u>12-4-17</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John R. Rodriguez</u>	9 Loan Amount (\$) <u>1,500.00</u>
6 Is lender a financial Institution? <u>Y</u> <input type="radio"/> <u>N</u> <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <u>2428 Cricket Hollow Corpus Christi, TX. 78414</u>	10 Interest rate <u>0</u>
		11 Maturity date <u>—</u>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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? <u>Y</u> <input type="radio"/> <u>N</u> <input type="radio"/>	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		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1 of 3	2 FILER NAME Thelma L Rodriguez	3 Filer ID (Ethics Commission Filers)			
4 Date 4-2-17	5 Payee name USPS				
6 Amount (\$) 56.00	7 Payee address; City; State; Zip Code Corpus Christi, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - P.O. Box for campaign	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11-7-17	Payee name Gulf Coast				
Amount (\$) 146.14	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11-10-17	Payee name Nueces County Republican Party				
Amount (\$) 1,000.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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

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 of 3	2 FILER NAME Thelma L. Rodriguez	3 Filer ID (Ethics Commission Filers)
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4 Date 12-4-17	5 Payee name George Edwards
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6 Amount (\$) 1,200.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description <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
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Date 12-15-17	Payee name Susie Saldana
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Amount (\$) 300.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-21-17	Payee name Victory Store
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Amount (\$) 376.09	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense (Signs)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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

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: 3 of 3	2 FILER NAME Thelma L. Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 11-13-17	5 Payee name Raul Medina	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code Robstown, TX. 78380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing (Buttons)	(b) Description <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 7-17-17	Payee name Flour Bluff Athletic Booster	
Amount (\$) 200.00	Payee address; City; State; Zip Code Corpus Christi, TX. 78418	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Donation	Description <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
8 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
	9 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