

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. FIRST Thelma MI L. NICKNAME LAST SUFFIX Rodriguez	OFFICE USE ONLY Date Received FILED FOR RECORD AT M FEB 05 2018 KARA SANDS CLERK COUNTY CLERK, WHEELER COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY Date Hand-delivered or Date Postmarked 4:53 PM	
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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 765-9797		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST John MI R. NICKNAME LAST SUFFIX Rodriguez	Receipt #	Amount \$
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 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"/> 6th 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 01 / 01 / 2018 THROUGH 01 / 25 / 2018		
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	
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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)

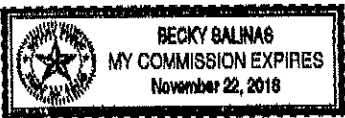
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE: _____ COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____
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17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2400.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1,228.04
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 50.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Thelma L. Rodriguez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Thelma L. Rodriguez this the 5 day of February, 2018, to certify which, witness my hand and seal of office.

Becky Salinas
Signature of officer administering oath

Becky Salinas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3
18 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	\$2600.00	
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	\$50.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 866.00	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 112.04	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 250.00	
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	\$	

LOANS		SCHEDULE E
The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 50.00
5 Date of loan 1-5-18	7 Name of lender: <input type="checkbox"/> out-of-state PAC (ID#: _____) John R. Rodriguez	9 Loan Amount (\$) 50.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 2428 Cricket Hollow Corpus Christi Texas 78414	10 Interest rate 0
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions) Police Officer		13 Employer (See Instructions) City of Corpus Christi
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 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? 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		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.		

EXPENDITURES MADE BY CREDIT CARD		SCHEDULE F4
EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense Transportation Equipment & Related Expenses Travel In District Travel Out Of District Other (enter a category not listed above)		
The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F4:	2. FILER NAME <i>Thelma L. Rodriguez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1-12-18</i>	6 Payee name <i>Sam's Club</i>	
7 Amount (\$) <i>\$ 112.04</i>	8 Payee address; City; State; Zip Code <i>Corpus Christi, Texas</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>Candy for Parade</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
TYPE OF EXPENDITURE	Office held	
PURPOSE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	Description <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		

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 3
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 1-10-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene J. Seaman 6 Contributor address; City; State; Zip Code 55 Lake Shore Dr. Corpus Christi, TX. 78413	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1-17-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Cox Contributor address; City; State; Zip Code 4101 S. Atameda Corpus Christi, TX. 78411	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Date Jan. 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz Barrera Contributor address; City; State; Zip Code Corpus Christi, TX.	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Apartment Manager		Employer (See Instructions) _____
Date 1-1-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Grogan Contributor address; City; State; Zip Code P.O. BOX 17428 Austin, TX. 78760	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorneys At Law		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: 2 of 3
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 1-24-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeba, LLC	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code P.O. BOX 3696 Corpus Christi, TX. 78463		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 1-25-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim A. Voorkamp	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 7614 Loire Blvd. C.C. TX. 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-25-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erik N. Waite	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 721 Louisiana Ave. C.C. TX. 78404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-25-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha Martinez	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code		
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>		

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 3 of 3
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 1-25-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theunis Voorkamp	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 7614 Loire Blvd. C.C., TX. 78414		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		SCHEDULE F1
EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payments	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	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)	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Thelma L. Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 1-5-18	5 Payee name Beto's Screen Printing	
6 Amount (\$) 866.00	7 Payee address; City: State; Zip Code San Juan, Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing (Signs)	(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		
Date	Candidate / Officeholder name	Office sought
Date	Payee name	Office held
Amount (\$)	Payee address; City: State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought
Date	Payee name	Office held
Amount (\$)	Payee address; City: State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought
Date	Payee name	Office held
Amount (\$)	Payee address; City: State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		SCHEDULE G
EXPENDITURE CATEGORIES FOR BOX 6(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	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)		
The Instruction Guide explains how to complete this form.		
1 Total pages Schedule G: 1	2 FILER NAME Thelma L. Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 1-25-18	5 Payee name John Rodriguez	
6 Amount (\$) \$ 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2428 Cricket Hollow Corpus Christi, Texas 78414	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Ad. - Golden Gloves	(b) Description <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 Thelma L. Rodriguez	Office sought J.P.2-2
Office held JP2-2		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <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		