

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)
2 Total pages filed:**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

Mr.
NICKNAMERogelio
LAST

SUFFIX

Rodriguez

OFFICE USE ONLY

Date Received

4/12/12

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ change of address

1718 Hadbury lane San Antonio TX 78248

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(210)

281-1203

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

Mrs.
NICKNAMEPatti
LAST

SUFFIX

Mezzatesta

Date Imaged

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

28011 Rocky Hollow San Antonio TX 78258

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(210)

386-6443

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 \$500
limit☐ Final report (Attach C/OH - FR)**10 PERIOD
COVERED**

Month

Day

Year

01 / 26 / 2012

THROUGH

Month

Day

Year

04 / 11 / 2012

11 ELECTION

Month

ELECTION DATE

Day

Year

05 / 12 / 2012

ELECTION TYPE☐ Primary☐ Runoff☐ General☒ Special**12 OFFICE**

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

NEISD Board Trustee, Dist. 6

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Rogelio Rodriguez

15 ACCOUNT # (Ethics Commission Filers)

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.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,160.20

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 5,095.48

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

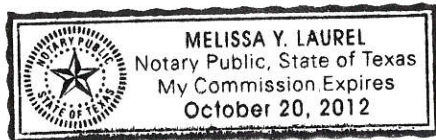
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.

Rogelio Rodriguez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rogelio Rodriguez, this the 13th day of April, 20 12, to certify which, witness my hand and seal of office.

Melissa Y. Laurel
Signature of officer administering oath

Melissa Y. Laurel
Printed name of officer administering oath

Notary Public, State of Texas
County of Bexar
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center; font-size: 2em;">1</div>	2 FILER NAME <div style="font-size: 1.2em;">Rogelio Rodriguez</div>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">3/14/12</div>	5 Payee name <div style="font-size: 1.2em;">Rodriguez 4 NEJSD</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$420</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. BOX</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <div style="font-size: 1.2em;">printing expense</div>	(b) Description (If travel outside of Texas, complete Schedule T) <div style="font-size: 1.2em;">postcards, buisness cards</div>
Date <div style="font-size: 1.2em;">2/28</div>	Payee name <div style="font-size: 1.2em;">Alphagraphics</div>	
Amount (\$) <div style="font-size: 1.2em;">\$111.43</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">9991 FH 10 West San Antonio TX 78230</div>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="font-size: 1.2em;">Printing Expense</div>	Description (If travel outside of Texas, complete Schedule T) <div style="font-size: 1.2em;">pushcards</div>
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)	Description (If travel outside of Texas, complete Schedule T)
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)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

3 (1 of 3)

2 FILER NAME

Rogelio Rodriguez

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:

Henry Muñoz

8 Amount of pledge (\$)

9 In-kind description (if applicable)

4/6/12

7 Pledgor address; City; State; Zip Code

San Antonio TX

\$ 500^W

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

CEO

11 Employer (See Instructions)

Kell Muñoz Architects

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Matt Starr

Amount of pledge (\$)

In-kind description (if applicable)

3/28/12

Pledgor address; City; State; Zip Code

7334 Blanco SATX 78214

\$ 500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Thomas Spurgeon

Amount of pledge (\$)

In-kind description (if applicable)

3/28/12

Pledgor address; City; State; Zip Code

5 Osborn Hill SATX 78209

\$ 250^W

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Cynthia Hernandez Whitehead

Amount of pledge (\$)

In-kind description (if applicable)

3/19/12

Pledgor address; City; State; Zip Code

222 Yosemite Dr, SATX 78232

\$ 125

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Govt relationships

HWR

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Madaí Guerra

Amount of pledge (\$)

In-kind description (if applicable)

3/19/12

Pledgor address; City; State; Zip Code

5006 W Chapin Rd SATX 78581

\$ 1,250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

personal trainer

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

3 (2 of 3)

2 FILER NAME

Rogelio Rodriguez

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:

8 Amount of pledge (\$)

9 In-kind description (if applicable)

3/2/12

Rene Gonzalez

7 Pledgor address; City; State; Zip Code

9114 Fairland San Antonio TX 78230

\$ 200^W

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

CPA

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

2/23/12

M Paul Martin

Pledgor address; City; State; Zip Code

18411 Apache Springs San Antonio TX 78259

\$ 150^W

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Winstead PC

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

2/23/12

Daniel Martinez

Pledgor address; City; State; Zip Code

10314 Charter Grove St, SATX 78230

\$ 150^W

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Winstead PC

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

2/23/12

Joeris

Pledgor address; City; State; Zip Code

1390 Bitters San Antonio TX 78219

\$ 250^W

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Joeris

General

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

2/8/12

Raba-Kistner PAC

Pledgor address; City; State; Zip Code

PO BOX 69 0287

\$ 500^W

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

3 (3 of 3)

2 FILER NAME

Rogelio Rodriguez

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

1/26/12

6 Full name of pledgor

Sam Mullen

☐ out-of-state PAC (ID#:

8 Amount of pledge (\$)

\$1000

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

12758 Ciamarron Path Ste 118
San Antonio 78249

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

CEO

11 Employer (See Instructions)

Mullen Pension Group

Date

1/26/12

Full name of pledgor

Noel Valdez

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

\$300

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

607 Robinhood Pl
San Antonio TX 78209

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 OF 11	2 FILER NAME Rogelio Rodriguez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-6-12	5 Payee name Pay Pal
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6 Amount (\$) \$14.80	7 Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) transfer Fees
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-6-12	Payee name Dan Herrera
----------------	---------------------------

Amount (\$) \$300	Payee address; City; State; Zip Code 8703 Honora San Antonio TX 78221
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) literature/material
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-5-12	Payee name Melissa Rodriguez
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Amount (\$) \$300	Payee address; City; State; Zip Code 530 Tidewind San Antonio TX- 78221
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting expense	Description (If travel outside of Texas, complete Schedule T) consulting
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-3-12	Payee name Tolentinos Italian
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Amount (\$) 44.14	Payee address; City; State; Zip Code 16607 Huebner Rd San Antonio TX 78248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) volunteers/Blockwalkers lunch
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Complete ONLY 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 2 of 11		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-2-12		5 Payee name Allied Advertisement			
6 Amount (\$) \$469.97		7 Payee address; City; State; Zip Code 3700 Blanco Rd San Antonio TX 78212			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-30-12		Payee name Expertees Printing			
Amount (\$) \$99.28		Payee address; City; State; Zip Code 10505 O'Connor Rd Ste. 7 live OAK 78233			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-27-12		Payee name Expertees Printing			
Amount (\$) \$99.28		Payee address; City; State; Zip Code 1050 O'Connor Rd Ste. 7 live OAK 78233			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-26-12		Payee name Beijing Restaurant			
Amount (\$) \$49.06		Payee address; City; State; Zip Code 13730 Embassy Row San Antonio TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Lunch for Blackwalkers	
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 30 of 11		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-23-12		5 Payee name Allied Advestiment			
6 Amount (\$) \$400 ^W		7 Payee address; City; State; Zip Code 3700 Blanco Rd San Antonio TX 78212			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-20-12		Payee name Melissa Rodriguez			
Amount (\$) \$250 ^W		Payee address; City; State; Zip Code 530 Tidewind San Antonio TX 78221			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting fees		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-20-12		Payee name Aurden's Kitchen			
Amount (\$) \$54.39		Payee address; City; State; Zip Code 700 E Sonterra Blvd San Antonio TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) lunch for Bookwalkers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-19-12		Payee name PIZZA Hut			
Amount (\$) \$62.11		Payee address; City; State; Zip Code 1008 SW military San Antonio TX 78221			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage		Description (If travel outside of Texas, complete Schedule T) event vol nteers lunch.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 40F11		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-19-12		5 Payee name Walmart #1313			
6 Amount (\$) \$13.93		7 Payee address; City; State; Zip Code 1200 SE military Dr SAN Antonio TX 78214			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event expense		(b) Description (If travel outside of Texas, complete Schedule T) name tags, pens, envelopes	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-19-12		Payee name OFFICE Depot			
Amount (\$) \$82.14		Payee address; City; State; Zip Code 2321 SW military Drive san Antonio TX 78214			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) Printer ink, tape, markers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-19-12		Payee name Exxon Mobil			
Amount (\$) \$10 ⁰⁰		Payee address; City; State; Zip Code 1063 SE Military Dr San Antonio TX 78223			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel in district		Description (If travel outside of Texas, complete Schedule T) Gas-	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-16-12		Payee name Las Chintas Resturant			
Amount (\$) \$45.53		Payee address; City; State; Zip Code 1012 Avondale Ave San Antonio TX 78223			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) volunteers Blockwalkers/lunch.	
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **11** 50F11 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date **3-16-12** 5 Payee name **PC mail**

6 Amount (\$) **\$373⁰³** 7 Payee address; City; State; Zip Code **10711 drillpoint ste 100 San Antonio TX 78217**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Printing expense** (b) Description (If travel outside of Texas, complete Schedule T) **Postcards**

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **3-15-12** Payee name **Valero**

Amount (\$) **\$20⁰⁰** Payee address; City; State; Zip Code **12303 Wetmore Rd San Antonio TX 78217**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Travel** Description (If travel outside of Texas, complete Schedule T) **gas**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **3-15-12** Payee name **Gibson Costume**

Amount (\$) **\$91⁹¹** Payee address; City; State; Zip Code **111 Allensworth St. San Antonio 78209**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **event expense** Description (If travel outside of Texas, complete Schedule T) **Elmo rental**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **3-15-2012** Payee name **Chevron**

Amount (\$) **\$20⁰⁴** Payee address; City; State; Zip Code **San Antonio TX**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **TRAVEL** Description (If travel outside of Texas, complete Schedule T) **GAS**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 6 OF 11	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3-13-12	5 Payee name Amals Specialty
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6 Amount (\$) \$10.01	7 Payee address; City; State; Zip Code 710 S Flores San Antonio TX 78204
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) beads, flats
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-13-12	Payee name CHASE Bank
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Amount (\$) \$34.00	Payee address; City; State; Zip Code SE loop 410 loop San Antonio TX 78221
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) Bank FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-8-12	Payee name Al phagraphics
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Amount (\$) \$11.30	Payee address; City; State; Zip Code 9991 W Interstate 10 San Antonio TX 78230
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) posters
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-5-12	Payee name Wal Mart
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Amount (\$) \$6.42	Payee address; City; State; Zip Code 1200 SE Military Drive San Antonio TX 78214
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event supplies	Description (If travel outside of Texas, complete Schedule T) ribbons,
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 70F11 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 3-5-12 5 Payee name Walmart

6 Amount (\$) 20⁰¹ 7 Payee address; City; State; Zip Code 1200 SE Military Dr San Antonio TX 78214

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) travel (b) Description (If travel outside of Texas, complete Schedule T) GAS

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3-5-12 Payee name Melissa Rodriguez

Amount (\$) 200⁰⁰ Payee address; City; State; Zip Code 530 Tidewind San Antonio TX 78221

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Event Expense Description (If travel outside of Texas, complete Schedule T) design work

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 2-28-12 Payee name Allied Advertisement

Amount (\$) 8352 Payee address; City; State; Zip Code 3700 Blanco Rd SATX 78212

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Printing Expense Description (If travel outside of Texas, complete Schedule T) Signs

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 2-23-12 Payee name Melissa Rodriguez

Amount (\$) \$100⁰⁰ Payee address; City; State; Zip Code 530 Tidewind San Antonio TX 78221

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Consulting Service Description (If travel outside of Texas, complete Schedule T) Consulting

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **11** 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date **2-22-12** 5 Payee name **Shell Oil**

6 Amount (\$) **\$10⁰⁰** 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Travel** (b) Description (If travel outside of Texas, complete Schedule T) **Gas / Blockwalkers**

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **2-21-12** Payee name **Diamond Shamrock**

Amount (\$) **\$17⁰²** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Travel** Description (If travel outside of Texas, complete Schedule T) **Gas / Blockwalkers**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **2-21-12** Payee name **Office Depot**

Amount (\$) **6³⁸** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **printing expense** Description (If travel outside of Texas, complete Schedule T) **Thank you cards**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **2-21-12** Payee name **Javier Muñoz**

Amount (\$) **\$350⁰⁰** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Advertising Expense** Description (If travel outside of Texas, complete Schedule T) **Graphic designs**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

11 90F11

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-21-12

5 Payee name

Geo Jarmillo/Sign Busters

6 Amount (\$)

\$108³⁹

7 Payee address;

City; State; Zip Code

PO Box 241018

San Antonio TX 78224

8 PURPOSE
OF
EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

Advertising Expense

(b) Description (If travel outside of Texas, complete Schedule T)

Sign maintenance

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

2-17-12

Payee name

Dollar Tree

Amount (\$)

\$541

Payee address;

City; State; Zip Code

3127 SE Military Dr #131 San Antonio TX 78223

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Event Expense

Description (If travel outside of Texas, complete Schedule T)

Baskets

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

2-17-12

Payee name

Wal Mart

Amount (\$)

\$852

Payee address;

City; State; Zip Code

1200 SE Military Dr San Antonio TX 78214

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Event Expense

Description (If travel outside of Texas, complete Schedule T)

Baskets, wrapping

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

2-17-12

Payee name

NORMA Denham & Associates

Amount (\$)

\$130⁰⁰

Payee address;

City; State; Zip Code

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Consulting Expense

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10 10 of 11	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-14-12	5 Payee name Murphys Gas/walmart
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6 Amount (\$) \$10 ⁰⁰	7 Payee address; City; State; Zip Code 1200 SE military san antonio TX 78214
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel	(b) Description (If travel outside of Texas, complete Schedule T) GAS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-15-12	Payee name CHASE Bank
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Amount (\$) \$2 ⁰⁰	Payee address; City; State; Zip Code SE loop 410 San Antonio TX 78221
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Bank Fee
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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 2-1-12	Payee name Melissa Rodriguez
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Amount (\$) \$500	Payee address; City; State; Zip Code 530 Tidewind San Antonio TX 78221
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Fee	Description (If travel outside of Texas, complete Schedule T) consulting
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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11 110F11

4 Date	5 Payee name
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1-31-12

Allied Advertisement

6 Amount (\$)	7 Payee address; City; State; Zip Code
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\$451⁴⁷

3700 Blanco Rd, San Antonio TX 78212

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Printing Expense

Signs

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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1-31-12

Geo Jarmillo

Amount (\$)	Payee address; City; State; Zip Code
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\$200^W

P.O. Box 241018 San Antonio TX 78224

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Advertising Expense

Sign maintenance

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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