

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: <u>8</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>Rhonda</u>	MI <u>n</u>
	NICKNAME	LAST <u>Rowland</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: <u>6010 Winterhaven, Windcrest, TX 78239</u>		OFFICE USE ONLY Date Received <u>5/3/2024</u> <u>re</u> Certificate of mailing shows Postmark Apr. 25, 2024 Date Hand-delivered or Date Postmarked <u>See Enclosed</u> Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
	APT / SUITE #:	CITY:	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(706)</u>	PHONE NUMBER <u>581-6182</u>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Tresa</u>	MI
	NICKNAME	LAST <u>Fey</u>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>8531 Eaglecrest Blvd.</u>		CITY: <u>Windcrest</u> STATE: <u>TX</u> ZIP CODE: <u>78239</u>
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(210)</u>	PHONE NUMBER <u>394-7044</u>	EXTENSION
9 REPORT TYPE	January 15 30th day before election Runoff		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 <u>8th day before election</u> Exceeded Modified Reporting Limit		Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year <u>4</u> / <u>5</u> / <u>24</u>	THROUGH	Month Day Year <u>4</u> / <u>26</u> / <u>24</u>
11 ELECTION	ELECTION DATE Month Day Year <u>5</u> / <u>4</u> / <u>24</u>		ELECTION TYPE Primary Runoff Other Description <u>General</u> Special
	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>NEISD Board of Trustees #2</u>
12 OFFICE			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Rhonda N. Rowland</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,815.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3302.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 415.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rhonda N. Rowland
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Rhonda N. Rowland

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 415.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,400.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,808.97
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 493.24
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Rhonda N. Rowland		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/24	5 Full name of contributor Bonnie Leonard out-of-state PAC (ID#: 6 Contributor address; 5059 merlin Dr. San Antonio TX 78218 City; State; Zip Code	7 Amount of contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/22/24	Full name of contributor Tresa Fey out-of-state PAC (ID#: Contributor address; 8331 Eaglecrest Blvd. Windcrest, TX 78239 City; State; Zip Code	Amount of contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/24	Full name of contributor Bonnie K. Leonard out-of-state PAC (ID#: Contributor address; 5059 merlin Dr. San Antonio TX 78218 City; State; Zip Code	Amount of contribution (\$) \$85.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/24	Full name of contributor Frances Robinson out-of-state PAC (ID#: Contributor address; 4015 Knollgate San Antonio, TX 78247 City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>Rhonda N. Rowland</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/18/24</u>	5 Full name of contributor out-of-state PAC (ID#: <u>Claudette Barnett</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>3512 Hamilton PL Schertz TX 78154</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/21/24</u>	Full name of contributor out-of-state PAC (ID#: <u>Lois Jean Wooton</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>413 Zephyr Windcrest TX 78239</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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 Instructions)
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 Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Rhonda N. Rowland		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1400.00	
5 Date 4/20/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texas Family Action, COM	8 Amount of Contribution \$ 1400.00	9 In-kind contribution description consulting, marketing, get out the vote
7 Contributor address; City; State; Zip Code 10903 Gulfport St. S.A. TX 78216		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Rhonda N. Rowland</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/20/24</u>	5 Payee name <u>Texas Family Action. Com</u>	
6 Amount (\$) <u>1,001.80</u>	7 Payee address; City; State; Zip Code <u>10803 Gulfdale St S.A. TX 78216</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	(b) Description <u>mailer, texts, design</u>	
(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <u>Rhonda N. Rowland NEISD Bd. of Trustees</u> Office sought <u>NEISD Bd. of Trustees</u> Office held <u></u>		
Date <u>4/20/24</u>	Payee name <u>Texas Family Action. Com</u>	
Amount (\$) <u>764.79</u>	Payee address; City; State; Zip Code <u>10803 Gulfdale St, S.A. TX 78216</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	
	Description <u>Signs, Push Cards</u>	
Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <u>Rhonda N. Rowland NEISD Bd. of Trustees</u> Office sought <u>NEISD Bd. of Trustees</u> Office held <u></u>		
Date <u>4/20/24</u>	Payee name <u>Family Action. Com</u>	
Amount (\$) <u>162.38</u>	Payee address; City; State; Zip Code <u>10803 Gulfdale St. S.A. TX 78216</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	
	Description <u>Push Cards</u>	
Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <u>Rhonda N. Rowland NEISD Bd. of Trustees</u> Office sought <u>NEISD Bd. of Trustees</u> Office held <u></u>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Rhonda N. Rowland	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/24	5 Payee name Office Depot	
6 Amount (\$) 142.53 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 8510 Four Winds Dr. Windcrest TX 78239	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Brochures
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Rhonda N. Rowland NEISD Bd. of Trustees #2	
Date 4/11/24	Payee name Office Depot	
Amount (\$) 313.93 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 8510 Four Winds Dr. Windcrest TX 78239	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Brochures
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Rhonda N. Rowland NEISD Bd. of Trustees	
Date 4/12/24	Payee name Vista Print	
Amount (\$) 36.78 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code www.vistaprint.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Rhonda N. Rowland NEISD Bd. of Trustees	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Certificate of Mailing

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From:

Rhonda Rowland

6010 Winterhaven

Winderest, TX 78239

NEISD

8961 Tesoro Dr.

San Antonio, TX 78217

Attn: Deborah Caldwell

PS Form 3817, April 2007 PSN 7530-02-000-9065



GMF SAN ANTONIO
10410 PERRIN BEITEL RD
SAN ANTONIO, TX 78284-9765
(800)275-8777

04/25/2024

03:59 PM

Product	Qty	Unit Price	Price
CTOM - Individual - Domestic	1		\$2.00
Grand Total:			\$2.00
Cash			\$10.00
Change			-\$8.00

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