

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 Rogelio NICKNAME LAST SUFFIX Rodriguez		OFFICE USE ONLY Date Received RECEIVED MAY 04 REC'D Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1118 Hadbury lane 78248		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 843-3900		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Patti NICKNAME LAST SUFFIX Mezzatesta		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 386-6443		
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 checked="" 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 THROUGH Month Day Year 04 / 13 / 2012 05 / 04 / 2012		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special 05 / 12 / 2012		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) NETSD Dist. 6 Board of Trustees	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Rogelio Rodriguez 16 ACCOUNT # (Ethics Commission Filers)

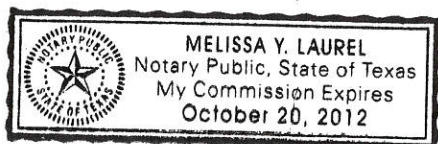
17 NOTICE FROM POLITICAL COMMITTEE(S)

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

18 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)	\$ 1550 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1553 ⁵³
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

19 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 4th day of May, 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
Title of officer administering oath

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: 4		2 FILER NAME Rogelio Rodriguez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/03		5 Payee name Nadler's Bakery			
6 Amount (\$) \$38 ⁷⁰		7 Payee address; City; State; Zip Code 17595 Blanco Rd - 78232			
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) small cakes	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 05/03		Payee name Fed EX OFFICE			
Amount (\$) \$4 ⁷⁶		Payee address; City; State; Zip Code 13420 San Pedro 78232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) copies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 05/03		Payee name PC Mailing			
Amount (\$) \$446 ⁰⁰		Payee address; City; State; Zip Code 10711 Hillpoint 78217			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) mailer	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 05/02		Payee name Fed EX OFFICE			
Amount (\$) \$15 ⁰⁵		Payee address; City; State; Zip Code 13420 San Pedro 78232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) copies	
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: 4 2 FILER NAME Rogelio Rodriguez 3 ACCOUNT # (Ethics Commission Filers)

4 Date
4/30

5 Payee name
Chase Bank

6 Amount (\$)

\$1500

7 Payee address; City; State; Zip Code

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)

Bank Fees

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
4/30

Payee name
Fed EX OFFICE

Amount (\$)

\$32.45

Payee address; City; State; Zip Code

13420 San Pedro

PURPOSE
OF
EXPENDITURE

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

Printing Expense

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

Printing

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
4/30

Payee name
Starbucks

Amount (\$)

\$14.00

Payee address; City; State; Zip Code

22610 US 281 78259

PURPOSE
OF
EXPENDITURE

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

Event Expense

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

coffee for event

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
4/30

Payee name
River City

Amount (\$)

\$14.98

Payee address; City; State; Zip Code

1419 SW Military Drive 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)

Food for event

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: <u>4</u>		2 FILER NAME <u>Rogelio Rodriguez</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/30</u>		5 Payee name <u>HEB</u>			
6 Amount (\$) <u>\$301</u>		7 Payee address; City; State; Zip Code <u>735 SW Military Drive</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Event Expenses</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Napkins, plates</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/26</u>		Payee name <u>Auto graphics & Signs</u>			
Amount (\$) <u>\$150</u>		Payee address; City; State; Zip Code <u>19821 Kurz St. Somerset TX 78069</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Signs</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/24</u>		Payee name <u>Walmart</u>			
Amount (\$) <u>\$41.09</u>		Payee address; City; State; Zip Code <u>3150 SW Military</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Office overhead</u>		Description (If travel outside of Texas, complete Schedule T) <u>Printer</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/19</u>		Payee name <u>Travis Wholesale</u>			
Amount (\$) <u>\$28.49</u>		Payee address; City; State; Zip Code <u>240 W Josephine 78212</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>curly ribbon, wire stars</u>	
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: <u>4</u>		2 FILER NAME <u>Rogelio Rodriguez</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/18</u>		5 Payee name <u>Allied</u>			
6 Amount (\$) <u>\$425⁰⁰</u>		7 Payee address; City; State; Zip Code <u>30700 Blanco 78212</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Printing Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Signs</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/16</u>		Payee name <u>Walgreens</u>			
Amount (\$) <u>\$1⁰¹</u>		Payee address; City; State; Zip Code <u>14882 Blanco</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Forks Plates</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/16</u>		Payee name <u>TEB T.</u>			
Amount (\$) <u>\$117⁹⁹</u>		Payee address; City; State; Zip Code <u>735 SW military</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>cake</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/12</u>		Payee name <u>Melissa Rodriguez</u>			
Amount (\$) <u>\$300</u>		Payee address; City; State; Zip Code <u>530 Tidewind San Antonio 78221</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Consulting Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Consulting</u>	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Rogelio Rodriguez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/30

5 Full name of contributor

Reed Lee

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

125^W

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2115 E laundale 78209

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30

Full name of contributor

Susan Nidam

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

125^W

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7331 Westler Way Dallas TX 75248

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30

Full name of contributor

Alfred Arce

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

125^W

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13124 mystic Saddler TX 78023

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30

Full name of contributor

Cynthia Whitehead

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

125^W

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

222 Yosemite Dr 78232

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23

Full name of contributor

David Strahan

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100^W

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1004 Wurzbach 78230

(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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Rogelio Rodriguez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/23

5 Full name of contributor

☐ out-of-state PAC (ID#)

Rene Gonzalez

6 Contributor address; City; State; Zip Code

9114 Fairland 78230

7 Amount of contribution (\$)

\$100^w

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/23

Full name of contributor

☐ out-of-state PAC (ID#)

Ismael Davila

Contributor address; City; State; Zip Code

6727 lazyridge dr 78228

Amount of contribution (\$)

\$250^w

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23

Full name of contributor

☐ out-of-state PAC (ID#)

Damien Herrera

Contributor address; City; State; Zip Code

13130 Blanco Rd #601 78216

Amount of contribution (\$)

\$100^w

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13

Full name of contributor

☐ out-of-state PAC (ID#)

Hispanic Republicans of Texas

Contributor address; City; State; Zip Code

PO Box 28881 Austin TX 78755

Amount of contribution (\$)

\$500^w

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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

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