CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

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/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr Rogelio		Date Received ECEIVED		
	NICKNAME LAST	SUFFIX	1 1 7 - 1 7 - 1 7		
	Radriguez		MAY 0 4 REC'D		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE			
MAILING			Date Hand-delivered or Postmarked		
ADDRESS change of address	Mis Hadbury lane 7	8248	Receipt # Amount		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	-		
OFFICEHOLDER PHONE	(210) 843-3900		Date Processed		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER NAME	Mrs. Path				
	NICKNAME LAST	SUFFIX			
	Mezzatesto		710.0005		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
ADDRESS (residence or business)					
(reduction of pasifices)					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(210) 386-6443	t t			
9 REPORTTYPE	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	Month Day Year	Month Day	Year		
COVERED	04/13/2012 THROUGH	05/04	2012		
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)		
		NETSD DIST.	6 Board of Trustees		
14 NOTICE OF DIRECT	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES.	URES MADE BY OTHERS WITHOUT TH	E CANDIDATE'S PRIOR CONSENT OR APPROVAL.		
CAMPAIGN EXPENDITURE	CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	ON ONL! IF THE RECEIVE NOTIFICAL	THE DIRECT CAMPAIGN EXPENDITORE.		
BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Co	ode			
additional pages	u u				
	GO TO PA	GE 2	20		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Rogelio		ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS				
21	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages	ti e	COMMITTEE CAMPAIGN TREASURER ADDRESS	7		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1550*		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		ED \$ -0-		
	4. TOTAL POLITICAL EXPENDITURES \$ \553				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ →		
19 AFFIDAVIT		l swear or affirm under negalty of r	perium, that the accompanying report		
MELISSA Y. LAUREL Notary Public, State of Texas My Commission Expires October 20, 2012 Notary Public State of Texas My Commission Expires October 20, 2012 Signature of Candidate or Office holder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said 2000 Collinguez, this the					
Melissa y Laure / Notary Public					
Signature of öfficer administering oath Printed name of officer administering oath Title of officer administering oath					

SCHEDULE F

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/W	Vages/Contract Labor	oan Repayment/Reimbursement
Accounting/Banking			Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In I		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	,	t Of District erhead/Rental Expense (OTHER (enter a category not listed above)
1 303	The Instruction Guide explains	×	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4	Rogelio Rodriguez		
4 Date	5 Payee name	(A)	
05/03	Andrer's Bakery	1	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
==0			
\$ 34 10	17595 Blanca R	d - 78232	•
8 PURPOSE	(a) Category (See categories listed at the top of this schedu		If travel outside of Texas, complete Schedule T)
OF			20 ST ST
EXPENDITURE	Event Expense	small	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	x 1		
Date	Payee name		
05/03	Fed Ex Office		
Amount (\$)	Payee address; City; State; Zip C	ode	
v. 21			
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EXPENDITURE	Printing Expense	Copie	S
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expenditure to benefit C/C)H		
Date ,	Payee name		
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Amount (\$)	Payee address; City; State; Zip C	ode	
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47 TU	10.111 211110011		1
PURPOSE OF	Category (See categories listed at the top of this schedu		If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Expense	Wailer	
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expenditure to benefit C/C	ж		
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\$15	12450 San 4	edro 182	34
PURPOSE	Category (See categories listed at the top of this schedu	ule) Description (I	If travel outside of Texas, complete Schedule T)
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EXPENDITURE	riming expense	COME	5
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expenditure to benefit C/			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	IEEDED

SCHEDULE F

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ntract Labor Loa	n Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundrai		nsportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Travel In District		tributions/Donations Made By Candidate/Officeholder/Political Committee	
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Distr Office Overhead/R	158.40	HER (enter a category not listed above)	
1 000	The Instruction Guide		**	ten (enter a category not listed above)	
4 Total pages Cabadula E		- CAPIGNIO NOW CO		2 ACCOUNT # (Fibin Commission Files)	
1 Total pages Schedule F:	2 FILER NAME	r:0120		3 ACCOUNT # (Ethics Commission Filers)	
4		riguez			
4 Date	5 Payee name	١.,			
9/30	CHase Ban	برد			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
11 15700					
(K) (D)					
413	(5) 6-1	7	a . 5		
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)	
EXPENDITURE	Fees		Bank	Fees	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	
expenditure to benefit C/C			ooo ooug	555 1.514	
Date //	Payee name				
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Amount (\$)	Payee address; City; Sta	ate; Zip Code			
11 6/2					
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Partintho	nce	Printer	V0	
	Candidate / Office bilder name	1150	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Onice sought	Office field	
	0.00				
Date	Payee name				
4/30	Hachicks				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
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414-	20	c sol	78259		
HIT	22610	7 981	10 657		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FUP. H FVO	02/20	0-86-01	c (- / e. no +	
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appenditure to benefit O/C					
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A 17:50	14 19 SW M	iliteury 1	Drive 1	8221	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
OF	DIO + MOONING			1	
EXPENDITURE	EVENT EXPENS	rc	FOOD	for event	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	
expenditure to benefit C/C	DH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By 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)
2	Rogelio Rodriguez
4 Date 2 (2)	5 Payee name J
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$391	735 SW Military Drive
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Expenses Napkins, Plates
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Payee name C
4/26 Amount (\$)	Payee address; City; State; Zib Code
Amount (\$)	Payee address; City; State; Zib Code
d 150"	19821 KUTL St. Somerset TX 78069
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense Sons
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date,,	Payee name
4/24	Walnot
Amount (\$)	Payee address; City; State; Zip Code
\$ 41 °9	3150 Se) Military
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office overhead + Printer
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date,	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
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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			
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
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4 Date	5 Payee name	J			
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8 PURPOSE	(a) Category (See categories listed at the to		ption (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Ex	Rence Sic	2005		
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office s	Office field		
Date /	Payee name				
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4/16	AEB	<u> </u>			
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this	1 Total pages Schedule A: 2				
Rogelia Rodricuez		3 ACCOUNT # (Et	hics Commission Filers)		
4 Date 5 Full name of contributor but-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code		125			
2115 Flaundale	78209	(If travel outside o	of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)	10 Employer (See In	nstructions)			
Date Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
4/30 Contributor address; City; State; Zip Code	Dallas TX	125.			
7331 Westler Way	175248	(If travel outside o	f Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Ir	nstructions)			
Date Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City: State; Zip Code	Hel Otes	125	of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Ir		rexas, complete scriedule 1)		
Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(4)	accomplian (ii applicazio)		
1/30 aaa yosemite Dr	18232	(If travel outside of	of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See In	nstructions)			
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
1004 Wurzbach 78	730	(If travel outside of	of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Ir				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE /

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	jelio Rodriguez		3 ACCOUNT # (Ethics Commission	on Filers)	
4 Date	5 Full name of contributor out-of-state PAC(ID#_)		contribution (if applicable)	
4/23	6 Contributor address; City; State; Zip Code) 7 /5	41000		
	9114 rairiana 100		(If travel outside of Texas, comple	ete Schedule T)	
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor Out-of-state PAC (ID#_			contribution (if applicable)	
4/	Iony Doulla				
123	Contributor address; City; State; Zip Code		#7575 <u>w</u>		
	6727 lazyridge dr	78228		. 01 11 7	
Principal occup	pation / Job title (See Instructions)	Employer (See	(If travel outside of Texas, completinstructions)	ete Schedule I)	
	Additional Consession and Consession Consess				
Date	Full name of contributor out-of-state PAC (ID#:)		contribution	
. ,	Danien Herrera		contribution (\$) description	ı (if applicable)	
4/	Contributor address: City; State; Zip Code		4)		
123			MINNO		
-	13130 Blanco Ratio	N MC711-	\$1100		
Driveries I.	T 1.00 4	11 1044	(If travel outside of Texas, complete the complete travel)	ete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)		
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4/	Contributor address; City; State; Zip Code		M W		
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.