

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>9</u>		OFFICE USE ONLY															
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; text-align: center;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;"><u>Mrs. Marsha</u></td> <td style="text-align: center;"><u>L</u></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;"><u>Landry</u></td> <td></td> </tr> </table>			MS / MRS / MR	FIRST	MI		<u>Mrs. Marsha</u>	<u>L</u>	NICKNAME	LAST	SUFFIX		<u>Landry</u>		Date Received <div style="text-align: center; font-size: 1.2em;">4/13/2022</div>			
MS / MRS / MR	FIRST	MI																	
	<u>Mrs. Marsha</u>	<u>L</u>																	
NICKNAME	LAST	SUFFIX																	
	<u>Landry</u>																		
4 ORIGINAL REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Final report</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td>Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Other (specify) _____	<input type="checkbox"/> 8th day before election			Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> </table>		Receipt #	Amount \$
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5 ORIGINAL PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: x-small;">Month</td> <td style="width:15%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:15%; font-size: x-small;">Month</td> <td style="width:15%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td><u>02</u></td> <td><u>16</u></td> <td><u>2022</u></td> <td></td> <td><u>03</u></td> <td><u>29</u></td> <td><u>2022</u></td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	<u>02</u>	<u>16</u>	<u>2022</u>		<u>03</u>	<u>29</u>	<u>2022</u>	Date Processed Date Imaged	
Month	Day	Year	THROUGH	Month	Day	Year													
<u>02</u>	<u>16</u>	<u>2022</u>		<u>03</u>	<u>29</u>	<u>2022</u>													
6 EXPLANATION OF CORRECTION <u>The original report was filed incomplete. I am including Schedule A, E and G reports.</u>																			
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: <input type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. <input checked="" type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. <div style="text-align: right; margin-right: 100px;"> Signature of Candidate/Officeholder </div>																			
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. <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; font-size: x-small;">Signature of officer administering oath</td> <td style="width:33%; font-size: x-small;">Printed name of officer administering oath</td> <td style="width:33%; font-size: x-small;">Title of officer administering oath</td> </tr> <tr> <td colspan="3" style="text-align: center; background-color: black; color: white; padding: 5px;">OR</td> </tr> </table>						Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath	OR										
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath																	
OR																			
(2) Unsworn Declaration My name is <u>Marsha Landry</u> , and my date of birth is <u>August 26, 1974</u> . My address is <u>5819 Lost Creek St.</u> , <u>San Antonio</u> , <u>TX</u> , <u>78247</u> , <u>USA</u> . <div style="text-align: center; font-size: x-small;"> (street) (city) (state) (zip code) (country) </div> Executed in <u>Bexar</u> County, State of <u>Texas</u> , on the <u>13</u> day of <u>April</u> , 20 <u>22</u> . <div style="text-align: right; margin-right: 100px;"> Signature of Candidate/Officeholder (Declarant) </div>																			
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections																			

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:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Marsha L NICKNAME LAST SUFFIX Landry	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em;">4/13/2022</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
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 5819 Lost Crk San Antonio TX 78247									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 710-1722									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Rodney G NICKNAME LAST SUFFIX Landry Jr.									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5819 Lost Crk San Antonio TX 78247									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 852-9532									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">02 / 16 / 2022</td> <td></td> <td style="text-align: center;">03 / 29 / 2022</td> </tr> </table>		Month Day Year	THROUGH	Month Day Year	02 / 16 / 2022		03 / 29 / 2022		
Month Day Year	THROUGH	Month Day Year								
02 / 16 / 2022		03 / 29 / 2022								
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td style="width: 70%;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td style="text-align: center;">05 / 07 / 2022</td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	05 / 07 / 2022			
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Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
05 / 07 / 2022										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) School Board Trustee									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.									
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: none;">COMMITTEE TYPE</td> <td style="border: none;">COMMITTEE NAME</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> GENERAL</td> <td style="border: none;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> SPECIFIC</td> <td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME									
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Marsha L. Landry</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>287.30</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>268.40</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>627.30</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>340.00</u>

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.

Marsha Landry
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 Marsha Landry, and my date of birth is August 26, 1974.
My address is 5819 Lost Creek St, San Antonio, TX, 78247, USA.
(street) (city) (state) (zip code) (country)
Executed in Bexar County, State of Texas, on the 12 day of April, 20 22.
(month) (year)
Marsha Landry
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 287.30
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 340.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 268.40
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	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: 1
2 FILER NAME Rodney Gienest Landry Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rodney Gienest Landry Jr.	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5819 Lost Crk San Antonio TX 78247		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kyle Bolch	Amount of contribution (\$) \$46.75
Contributor address; City; State; Zip Code 25538 Seven Winds San Antonio TX 78258		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) USAA
Date 03/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Mapes	Amount of contribution (\$) \$46.75
Contributor address; City; State; Zip Code 13702 Oak Pebble San Antonio TX 78232		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryant Vardeman	Amount of contribution (\$) \$93.80
Contributor address; City; State; Zip Code 1311 Lower Seguin Rd. Marion TX 78124		
Principal occupation / Job title (See Instructions) Allied Trades		Employer (See Instructions) Ft Sam Civil Service
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**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 E: 23
2 FILER NAME Rodney Genest Landry Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ \$0.00
5 Date of loan 02/24/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha L. Landry	9 Loan Amount (\$) \$50.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 5819 Lost Crk San Antonio TX 78247	10 Interest rate \$0.00
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Work Force Management		13 Employer (See Instructions) USAA
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
<hr/>		
Date of loan 03/14/22	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha L. Landry	Loan Amount (\$) \$15.00
Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code 5819 Lost Crk San Antonio TX 78247	Interest rate \$0.00
		Maturity date N/A
Principal occupation / Job title (See Instructions) Work Force Management		Employer (See Instructions) USAA
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<hr/>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**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 E: 3
2 FILER NAME Rodney Genest Landry Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 03/25/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha L. Landry	9 Loan Amount (\$) \$150.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 5819 Lost Crk San Antonio TX 78247	10 Interest rate 0.00
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Work Force Management		13 Employer (See Instructions) USAA
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E: 3	
2 FILER NAME Rodney Genest Landry Jr.				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan 03/29/22		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha L. Landry		9 Loan Amount (\$) \$125.00	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N		8 Lender address; City; State; Zip Code 5819 Lost Crk San Antonio TX 78247		10 Interest rate \$10.00	
				11 Maturity date N/A	
12 Principal occupation / Job title (See Instructions) Work Force Management			13 Employer (See Instructions) USAA		
14 Description of Collateral <input checked="" type="checkbox"/> none			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <div style="text-align: center; font-size: 1.5em;">1</div>	2 FILER NAME <div style="font-size: 1.2em;">Rodney Genest Landry Jr.</div>	3 Filer ID (Ethics Commission Filers)				
4 Date <div style="font-size: 1.2em;">02/17/22</div>	5 Payee name <div style="font-size: 1.2em;">Allied Plastics Supply, LLC.</div>					
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. Box 641052 Dallas, TX 75264-1052</div>					
8 PURPOSE OF EXPENDITURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div> </td> <td style="width:50%; vertical-align: top;"> (b) Description <div style="font-size: 1.2em;">Expenditure to make Campaign Signs</div> </td> </tr> <tr> <td style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	(b) Description <div style="font-size: 1.2em;">Expenditure to make Campaign Signs</div>	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <div style="font-size: 1.2em;">03/25/22</div>	Payee name <div style="font-size: 1.2em;">The UPS store #0343</div>						
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">14080 Nacogdoches Rd. San Antonio TX 78247-1944</div>						
PURPOSE OF EXPENDITURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div> </td> <td style="width:50%; vertical-align: top;"> Description <div style="font-size: 1.2em;">Door hangers</div> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	Description <div style="font-size: 1.2em;">Door hangers</div>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <div style="font-size: 1.2em;">03/25/22</div>	Payee name <div style="font-size: 1.2em;">Walmart</div>						
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">16503 Nacogdoches Rd. San Antonio TX 78247</div>						
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED