

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:												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Rhonda</u> FIRST <u>N.</u> MI NICKNAME <u>Rowland</u> LAST SUFFIX	OFFICE USE ONLY Date Received <u>5/3/2024</u> <u>DC</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													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: <u>6010 Winterhaven Dr. Windcrest, Tx</u> APT / SUITE #: CITY: STATE: ZIP CODE <u>78239</u>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(706)</u> PHONE NUMBER <u>501 - 6182</u> EXTENSION														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Tresa</u> FIRST <u>Fey</u> MI NICKNAME LAST SUFFIX														
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): <u>8531 Eaglecrest Blvd. Windcrest TX</u> CITY: STATE: ZIP CODE <u>78239</u> APT / SUITE #:														
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(210)</u> PHONE NUMBER <u>394 - 7044</u> EXTENSION														
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">January 15</td> <td style="width:25%; text-align: center;"><u>30th day before election</u></td> <td style="width:25%; text-align: center;">Runoff</td> <td style="width:25%; text-align: center;">15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td style="text-align: center;">July 15</td> <td style="text-align: center;">8th day before election</td> <td style="text-align: center;">Exceeded Modified Reporting Limit</td> <td style="text-align: center;">Final Report (Attach C/OH - FR)</td> </tr> </table>			January 15	<u>30th day before election</u>	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Month Day Year</td> <td style="width:25%; text-align: center;">THROUGH</td> <td style="width:25%; text-align: center;">Month Day Year</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;"><u>3</u> <u>26</u> <u>24</u></td> <td></td> <td style="text-align: center;"><u>4</u> <u>26</u> <u>24</u></td> <td></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year		<u>3</u> <u>26</u> <u>24</u>		<u>4</u> <u>26</u> <u>24</u>					
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; text-align: center;">ELECTION DATE</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">Primary</td> <td style="text-align: center;">Runoff</td> <td style="text-align: center;">Other Description</td> </tr> <tr> <td style="text-align: center;"><u>5</u> <u>4</u> <u>24</u></td> <td style="text-align: center;"><u>General</u></td> <td style="text-align: center;">Special</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month Day Year	Primary	Runoff	Other Description	<u>5</u> <u>4</u> <u>24</u>	<u>General</u>	Special	
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>NEED Bd. of Trustees #2</u>													
14 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.														
Additional Pages	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
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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)	\$	<i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	<i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>0</i>

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	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 0
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



Certificate of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Rhonda Rowland
6010 Winterhaven
Windcrest, TX 78239
To: NEISD
8961 Tesoro Dr.
San Antonio, TX 78219
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

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

Preview your Mail
Track your Packages
Sign up for FREE @
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All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 487949-0233
Receipt #: 840-57800260-3-6864453-2
Clerk: 60