#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Camille Ms. NAME Date Received LAST SUFFIX NICKNAME Rodriguez RECEIVED APT / SUITE / STATE ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX **OFFICEHOLDER** JAN 17 2023 MAILING **ADDRESS Board of Education** Change of Address PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked AREA CODE 5 CANDIDATE/ OFFICEHOLDER 1-17-23 PHONE Receipt # Amount 5 MI 6 CAMPAIGN MS / MRS / MR Gerard **TREASURER** mr Date Processed NAME SUFFIX NICKNAME Date Imaged Rodrigues STATE ZIP CODE STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) EXTENSION PHONE NUMBER CAMPAIGN AREA CODE TREASURER PHONE 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Final Report (Atlach C/OH - FR) Exceeded Modified July 15 8th day before election Reporting Limit Day Year 10 PERIOD Month COVERED 2022 THROUGH ろのさて ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Primary Month Day Year Description Special General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE school board member 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME                   |  | 16 Filer ID (Ethics Commission Filers)     |
|--------------------------------|--|--|
| 17 CONTRIBUTION<br>TOTALS      | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ ~                                       |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 500,00                                  |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ -                                       |
|                                | 4. TOTAL POLITICAL EXPENDITURES  | \$2,264.61                                 |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD  | \$11,999.81                                |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | THE \$ ~                                   |
| 18 SIGNATURE I s               | wear, or affirm, under penalty of perjury, that the accompanying report is true  | e and correct and includes all information |
| rec                            | quired to be reported by me under Title 15, Election Code.   |  |
|                                | ( o d  |  |
|                                | Signature of Ca  | ndidate or Officeholder                    |
| CHRIST                         | IAN ALVARADO   |  |
| MY COM                         | MISSION EXPIRES  |  |
|                                | LY 15, 2025 YID: 133210871 Please complete either option below   | ı.   |
| Marie Constitution             |  |  |
|                                |  |  |
|                                |  |  |
| (1) Affidavit                  |  |  |
|                                |  |  |
| NOTARY STAMP/SEA               |  |  |
| Swom to and subscribed         | before me by <u>Camille Rodriguez</u> this the   | 17 day of January.                         |
| 22                             | which, witness my hand and seal of office.   | 20   |
| Christian (                    | Alvarado Christian Alvarado  | Condinator.                                |
| Signature of officer administr |  | Title of officer administering oath        |
|                                | OR OR  |  |
| (2) Unsworn Declarati          | on   |  |
| My name is                     | and my date of birth is  |  |
|                                | , and my date of birth is  |  |
|                                | (street) (city) (  | state) (zip code) (country)                |
| Executed in                    | County, State of, on the day of  | . 20<br>(year)                             |
| No.                            | (mont  | n) (year)                                  |
|                                | Signature of Candi   | date/Officeholder (Declarant)              |

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

| 19 FIL | ER NAME 20 Filer ID (Ethics Co  |                    | mission | ı Filers)        |
|--------|---|--------------------|---------|------------------|
|        | HEDULE SUBTOTALS<br>ME OF SCHEDULE                                      |                    |         | JBTOTAL<br>MOUNT |
| 1      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           |                    | \$ 5    | 00.00            |
| 2      | SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |                    | 5       | `                |
| 3      | SCHEDULE B: PLEDGED CONTRIBUTIONS                                       |                    | \$      | _                |
| 4      | SCHEDULE E: LOANS   |                    | \$      | `                |
| 5      | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO              | NTRIBUTIONS        | \$ 2    | 26461            |
| 6      | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                |                    | \$      |                  |
| 7.     | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL                | CONTRIBUTIONS      | \$      | -                |
| 8.     | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           |                    | \$      | <b>\</b>         |
| 9      | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU                | NDS                | \$      | -                |
| 10     | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO                | A BUSINESS OF C/OH | \$      | `                |
| 11     | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO           | ONTRIBUTIONS       | \$      |                  |
| 12     | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU<br>TO FILER | TIONS RETURNED     | S .     | `                |

### 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 FILER NAME    |  |                          | 3 Filer ID (Ethlos Commission Filers) |
| Date            | 5 Full name of contributor out-of-state PAC  O'Hanlon De merath a Cas  6 Contributor address; City:  426 W Caffery Phare | State; Zip Code TV 18577 | 7 Amount of contribution (\$)         |
| Principal occup | pation / Job title (See Instructions)  | 9 Employer (See Instruc  | tions)                                |
| Date            |  | C (ID#:                  | Amount of contribution (\$)           |
|                 |  | State; Zip Code          |                                       |
| Principal occup | ation / Job title (See Instructions)   | Employer (See Instruc    | tions)                                |
| Date            | Full name of contributor   | State; Zip Code          | Amount of contribution (\$)           |
| Principal occup | ation / Job title (See Instructions)   | Employer (See Instruc    | tions)                                |
| Date            | Full name of contributor   | : (ID#:)                 | Amount of contribution (\$)           |
|                 | Contributor address; City;   | State; Zip Code          |                                       |
| Principal occup | ation / Job title (See Instructions)   | Employer (See Instruc    | tions)                                |
|                 |  |                          |                                       |
|                 | ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see instru   |                          |                                       |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

### SCHEDULE F1

|  | EXPENDITURE CATEGO  | RIES FOR BOX 8(a)  |   |
|--|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica | Fees C<br>Food/Beverage Expense P<br>y Gil/DAwards/Memonals Expense P<br>I Committee Legal Services S | oan Rapaymen/Reimbursement<br>Office Overhead/Renta: Expense<br>Polling Expense<br>Printing Expense<br>Salanies/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out Of District<br>Other (enter a category not listed above) |
| Credit Card Payment  | The Instruction Guide explains h  | now to complete this form.   |   |
| Total pages Schedule F1;   | Dr. Camille Rodrig  | 412  | 3 Filer ID (Ethics Commission Filers)   |
| 1 Date   | 5 Payee name  | •  |   |
| Dr Dec 3033  | On-Line Hosting   |  |   |
| 5 Amount (\$)<br>\$ 174  | 7 Payee address.  | Cily   | State Zip Code  |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Calegories Island at the top of this sch<br>Ad voux ISING Eupense                   |  |   |
|  | (c) Check if travel pulside of Texas Complete Scho  | edule T Check if Aus   | tin TX officeholder living expense  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate / Officeholder name   | Office sought  | Office held   |
| Date   | Payee name  |  |   |
| 4 Hug  | Office Depok  |  | State Zip Code  |
| Amount (\$)  | Payee address;  | City:  | State Zip Code  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this sch  | edule) Description   |   |
|  | Check if travel outside of Texas, Complete Schi   | edule T Check if Aus   | stin, TX, officeholder Lving expense  |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H  | Office sought  | Office held   |
| Date 4 Aug   | Payee name  |  |   |
| 694,23   | US Postal "   | Sorvice  |   |
| Amount (\$)  | Payee address.  | City   | State, Zip Code   |
|  | Category (See Calegories listed at the top of this sof  | nedule) Description  |   |
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|  | Check if travel outside of Texas. Complete Sch  | nedule T Check if Au   | stin TX afficeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  | Candidate / Officeholder name<br>OH   | Office sought  | Office held   |
|  | ATTACH ADDITIONAL COPIES (  | OF THIS SCHEDULE AS N  | EEDED   |
|  |   |  |   |

#### SCHEDULE F1

|  | EXPENDITURE CATEGOR   | RIES FOR BOX 8(a)  |   |                        |
|--|---|--|---|------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Foos Offi Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri Continue Lagal Services Sa | an Repsyment/Reimbursement<br>ice Overhoad/Rental Expense<br>Illing Expense<br>inting Expense<br>Icines/Wages/Contract Lapor | Solicitation/Fundraising<br>Transportation Equiping<br>Travel In District<br>Fravel Out Of District<br>Other (enter a calegory) | nent & Related Expense |
| Credit Card Faying .   | The Instruction Guide explains ho   | ow to complete this form   |   |                        |
| 1 Total pages Schedule F1.   | Dr. Camelle Ro  | driguez  | 3 Filer ID (Ethics  | Commission Filers)     |
| 4 Date   | 5 Payee name  |  |   |                        |
| 15 Aug   | Trade Jo's  |  | Slate   | Zip Code               |
| 6 Amount (\$)  | 7 Payee address   | City   | State   | 2.10 0000              |
| 56.59  |   |  |   |                        |
| 8  | (a) Category (See Calegories ) sted at the top of this school                                   | dale) (b) Description  |   |                        |
| PURPOSE<br>OF<br>EXPENDITURE   | Coifts For voluntee   | 115  |   |                        |
|  | (c) Check if travel outside of Texas. Complete Schedi   | ulo'T Check if Aus   | tin IX officeholder living  | expense                |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ot   | Candidate / Officeholder name   | Office sought  |   | Office held            |
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| Date 3.00 5.0  | Bacocpack drive of  | langtion - 1   | 0001  | Comment                |
| 30 July  | Back arive of   | ionarcon -   | Jana las  | curniture              |
| Amount (\$)  | Payee address;  | City;  | State;  | Zip Code               |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate / Officeholder name   | Office sought  |   | Office held            |
|  | Payee name  |  | 1010 341  |                        |
| Date   |   | D  |   | 21 V ( )               |
| 10 Sept  | Song for Ces  | sear (Joe  | OMENE   | 7                      |
| Amount (\$)  | Payee address:  | City   | State   | Zip Code               |
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| PURPOSE<br>OF<br>EXPENDITURE   | Dunation  |  |   |                        |
|  | Check (travel outside of Texas, Complete Sche   | culeT Check if Au  | astını TX officeholder Evin   | ng expense             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  | Candidate / Officeholder name<br>DH   | Office sought  |   | Office held            |
|  | ATTACH ADDITIONAL COPIES O  | F THIS SCHEDULE AS N   | EEDED   |                        |

#### SCHEDULE F1

|   | EXPENDITURE CATEGORIE  | S FOR BOX 8(a)   |  |
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| dvertising Expense<br>counting/Banking<br>onsulting Expense<br>ontributions/Ponations Made B<br>andidate/Officeholder/Pohice<br>edil Card Payment | Fees Office C Food/Beverage Expense Polling Od/VAwards/Memorials Expense Printing  | epayment/Reinibursement<br>overhead/Rental Expense<br>Expense<br>Expense<br>st/Vages/Contract Labor<br>o complete this form. | Solicitation/Fundraising Exponse Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above) |
| Total pages Schedule F1   | Dr. Camille Rodi   | quez   | 3 Filer ID (Ethics Commission Filers)  |
| Dale<br>21 Sept   | Charlestor's   |  | State; Zip Code  |
| Amount (\$)   | 7 Payee address.   | Сііу   | State: Zip Code  |
| PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  Food express   |  | in TX officeholder sving expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O   | (c) Check of traverous side of Texas Corriptete Schedula T  Candidate / Officeholder name  H   | Office sought  | Office held  |
| Date  | Payee name   |  | Maakunia   |
| 18 Och  | Workhside Legacy   | rourdat  | ion wicexing   |
| 18 Och Amount (\$) 62.89  | Norkhside Legacy Payee address: Blue Mesa  | Fourdat<br>City  | State. Zip Code  |
|   | Payee address;   | City   | State. Zip Code  |
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### SCHEDULE F1

|   | EXPENDITURE CATEGORIES   | FOR BOX 8(a)  |   |
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| divertising Expense ecounting/Banking onsulting Expense ontributions/Donations Made B Candidate/Officeholder/Politicaredii Card Payment | Fees Office Over Fees Office Over Fees Office Over Fees Polling Expense Printing Expense Pr | xpense<br>Vages/Contract Labor                                    | Solicitation/Fundraising Exponse<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
| Total pages Schedule F1   | Dr. Camille Rodrig   | les   | 3 Filer ID (Ethics Coinmission Filers)  |
| 3 May.  | 5 Payee name   |   | Slate Zip Code  |
| Amount (S) 256.91   | 7 Payee addless:   | City  | State Zip Code  |
| PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  EVIND EXPENSES   |   | eer dinnen  |
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| 17 Nov  | Kirkpatrick Gleme  | nxary Lo  | veria avana   |
| Amount (\$)   | Payee address;   | City  | State, Zip Code   |
| Amount (\$)   |  |   |   |
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#### SCHEDULE F1

|   | EXPENDITURE CATEG                                      | ORIES FOR BOX 8(a)   |   |
|---|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica |  | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salarics/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| Cradit Card Paymont   | The Instruction Guide explains                         | s how to complete this form.   |   |
| Total pages Schedule F1   | 2 FILER NAME   |  | 3 Filer ID (Elhics Commission Filers)   |
| Date  | 5 Payee name  Casa Azul Co                             |  | 70 000  |
| 640.00  | 7 Payee address  | City   | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this | (b) Description  |   |
|   | (c) Check if travel on to de of Toxas Complete S       | chaduleT Creck if Au   | stin TX officeholder living expense   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate / Officeholder name                          | Office sought  | Office held   |
| Date  | Payee name   |  |   |
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|   | ATTACH ADDITIONAL COPIE                                | S OF THIS SCHEDULE AS N  | IEEDED  |
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### SCHEDULE F1

|  | EXPENDITURE CATEGORI   | ES FOR BOX 8(a)   |   |  |
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| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officoholder/Politica<br>Credi Card Payment | Fees Offic<br>Food/Beverage Expense Pollin<br>y Gift/Awards/Memonals Expense Print   | Repayment/Reimbursenient a Overhoad/Rental Expense ing Expense ing Expense ing Expense it o complete this form. | Travel In District<br>Travel Out Of Distr | ipment & Related Expense                     |
| Total pages Schedule F1  | or Camille Rod   | riquez  | 3 Filer ID (Ethi                          | cs Commission Filers)                        |
| Dale De o  | 5 Payee name US Postal S   |   |   |  |
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| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Calegories listed at the top of this school  | (b) Description   |   |  |
|  | (c) Check if travel outside of Texas. Complete Schedule  | T Check if Aus  | in TX officeholder live                   | ng expense                                   |
| Complete ONLY if direct . expenditure to benefit C/Ol  | Candidate / Officeholder name<br>H   | Office sought   |   | Office held                                  |
| Deta   | Payee name   |   |   |  |
| Date   |  |   |   |  |
| 12 gan   | Hispanic Chambs  | er of comm  | nerce                                     |  |
| Mount (\$)   | Hispanic Chambs  | city.   | nerce<br>Slate;                           | Zip Code                                     |
|  |  |   |   | Zip Code                                     |
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| Amount (\$) \$ 2 5 0  PURPOSE OF   | Payce address.  Category (See Categories listed at the top of this schedul   | Description Fresto  | State;                                    | e Rodeo                                      |
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