# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

			1 0 7 1 1	
The C/OH Instruction G	uide explains how to complete this form	Filer ID (Ethics Commission Filers)  1.	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST	nille	OFFICE USE ONLY	
IACIAIC	NICKNAME LAST	nille Viguez	RECEIVED	
	1,00			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #;	CITÝ; STATE: ZIP CODE	JUL 13 2023  Board of Education	
Change of Address			Board of Education	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered of Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	CReceipt# Amount \$	
TREASURER NAME	M V G e Y	ard	Date Processed 7/1/23 Date Imaged	
	Kod r	19UEZ	7/13/23	
Z CAMBAICNI	STREET ADDRESS (NO PO BOX PLEASE);		STATE; ZIP CODE	
7 CAMPAIGN TREASURER ADDRESS				
(Residence or Business)			Va-	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day	before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day b	efore election Exceeded Modified Reporting Limit	Final Report (Allach C/OH - FR)	
10 PERIOD COVERED	O / 12 / 23	THROUGH 07	Day Year 23	
11 ELECTION	Month Day fear	Primary Runoff Other Descriptio		
<u> </u>	<u> </u>	42 occupation coulous of the	sown)	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if kn	lowi.j	
GO TO PAGE 2				

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1:
Dr. Camille Rodriguez		Filer ID (Ethics Commission Filers)
A Date	_ 7	Amount of contribution (\$)
Lineharger Goggan Blaire Samps on 6 contributor address; City; State; Zip Code 100 Throck mork ton FW, Tk 76/02		\$300 <b>0</b> 400
8 Principal occupation / Job title (See Instructions)  (+++++++++++++++++++++++++++++++++++	tructions	
Date Full name of contributor		Amount of contribution (\$)
Contributor address; City; State; Zip Code	24	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tructions	)
Date Full name of contributor out-of-state_PAC (ID#:	_	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions		5)
Date Full name of contributor out-of-state PAC (ID#:	_	Amount of contribution (\$)
Contributor address; City; State; Zip Code	•	
Principal occupation / Job title (See Instructions) Employer (See Ins	structions	5)
Ŕ		52
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEE	DED orting requirements.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	<b>16</b> File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$-O -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 3294.0.3
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8104.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -
MY C	STIAN ALVARADO DIAMMISSION EXPIRES JULY 15, 2025 Please complete either option below:	e or Officeholder
20 23 to certify the signature of officer administration (2) Unsworn Declaration	this the	Title of officer administering oath
My address is	2	
	(street) (city) (state)	100
Executed in	County, State of, on the day of(month)	20
	Signature of Candidate/C	Officeholder (Declarant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FIL	FILER NAME 20 Filer ID (Ethics C		ommission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2000.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ - O -	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$-0 -	
4.	SCHEDULE E: LOANS		\$ - d -	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3244.93	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ - 0 -	
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$- 0 -	
8.			\$ - 0 -	
9.			\$ ~ 0 -	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ - o -	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ - 0 -	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

FROM POL	FROM POLITICAL CONTRIBUTIONS		
	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a catagory not listed above)	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
4 Date 1/30/23	5 Payee name On-Line Hosting		
6 Amount (\$) \$ 3 3 5. 00	7 Payee address; City; 211 Cardinal Drive montgomery, NY 12549	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  (b) Description	1 to the second second	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held	
Date 1 / 3 0 / 2 3	Dn-Line Hosking		
Amount (\$) \$4 95.00	Payee address; City; 211 Carbined Drive monygomery, NY 12549	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Rupense		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, T		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held	
Date	Payee name		
2/27/23	Mesero		
Amount (\$)	Payee address; City; 4 955 Gage Ave. For work	State; Zip Code T L 7610 9	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)  Consulting Expanse		
	Check if travel outside of Texas. Complete Schedule T. Check if Aust	in, TX, officeholder living expense	
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 NE	EDED	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		avel Out Of District her (enter a category not listed above)
1 Total pages Schedule F1;	Dr. Camille Rodriguez 31	Filer ID (Ethics Commission Filers)
4 Date 03 / 0 &	5 Payee name, 5 am s Club	
6 Amount (\$) 781 6 7. 61	7 Payee address; 6760 Wesk worth Blid Fw	State; Zip Code T X 76114
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule)  EVENE EUPENSE  SCHOOL Fun run	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought	(, officeholder living expense
Date U3/14	Payee name V5 P054W SOTVIGE	
Amount (\$)	Payee address; City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Category (See Categories listed at the top of this schedule)  Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, To	K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
5/24	Target	
Amount (\$)	Payee address; 301 Carroll City;	State; Zip Code  T V 1 (10 7
\$300.00	graduation gifts Fw	TV 16107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX	X. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDE	D

## POLITICAL EXPENDITURES MADE

FROM POLITICAL CONTRIBUTIONS			SCHEDULE F1	
	EXPENDITURE CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	head/Rental Expense ense pense ages/Contract Labor	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel In District ravel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	Dr. Comilla Rodrigo	U 2 3	Filer ID (Ethics Commission Filers)	
4 Date 05   19	5 Payee name Angelo'S			
6 Amoúnt (\$) 6 17 2 . 2 9	7 Payee address; 2533 white seawlem	ent Tw	State; Zip Code TV 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule)  EVENU EXPENSE	(b) Description	77	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, 1	X, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Office Depot			
Amount (\$)	Payee address; 401 Carroll St	Fω	State; Zip Code TV 76109	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)  H drestising Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name USP5			
Amount (\$) 6 1 6 3. 0 4	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)  12 of Verkis my Eupense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Fees Accounting/Banking Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Di. Camille Rodrauez 5 Payee name 4 Date On-Line Hosting 3/15 Zip Code State: 7 Payee address; 6 Amount (\$) 211 Cardina Drive 5500.00 munkgomery, NY 12544 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 web design **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Texas Rangers 6/19 Zip Code State; Citv: Payee address; Amount (\$) 734 Stadium Drive Arlington TV 76011 B. 800.00 Description Category (See Categories listed at the top of this schedule) GIFU FOF VOLUNTARYS/ PURPOSE thickers to game EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; City; Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH