CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME		nifer	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN	ADDRESS / PO BOX; APT / SUITE #; 6730 Melody Canyon Dr. SA AREA CODE PHONE NUMBER (210) 861-7991	CITY: STATE; ZIP CODE	Paceipt # Amount \$	
TREASURER NAME		SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1244 Bld Milton Drive SAN ANTONIO, TX 78260			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 793-3256	EXTENSION		
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year OZ / 17 / 2017	Month THROUGH 64	Day Year / 2017	
11 ELECTION	ELECTION DATE Month Day Year Primary 05 / 66 / 2017 Genera	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT know) Judson ISD	School Board Place #5	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Jennifer F	Rodriguez	15 Filer ID (Ethics Commission Filers)	
16 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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	sed \$ 1,085. "	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,285.**	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 305."			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,495. ⁵²	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LASTORTING PERIOD	TDAY \$ 1,489.48	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
Betty Holmes Notary Public State of Texas My Comm. Exp. 12/8/20 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 Cede.				
Notary ID 12922354-3 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said				
Bettytolm	W	BETTY HOLMES	NOTARY	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME O		3 ACCOUNT # (E	thics Commission Filers)		
Jenniter Rodriguez		^	1 /A		
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
			contribution (\$)	description (if applicable)	
1.1	Dana Felton				
04/02/2017	6 Contributor address; City; State; Zip Code		\$ 100, *		
	2-42 428P 1 5 444	Souttle, WA	. , , ,		
	2040 43ª Ave E # 411	98/22	/16 t1 avitable	of Towar complete Cabe dula T\	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)	
C : iiiio,pai occap	salati, too allo (oco mediacione)	10 Employor (Boo I			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
. ,	Matthew Obermeier Contributor address; City; State; Zip Code	1920.000 EEE			
03/25/2017			\$100.00		
·	9306 York Creek Circle Saula	TANIO TK 78230			
	135 & TOLK CLEAR CLOSE DANK	1011 7210 4 9200	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	***************************************	or rexas, complete ochedula ry	
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution	
	Mandi Wolfes		contribution (\$)	description (if applicable)	
, ,	Mandi Wolfes Contributor address; City; State; Zip Code	4 4 8 8 8 8 8 8 8 8	4 1/2 45 108		
03/24/2017	225 0 101 115 11 1 1 5	×	\$ 100.00		
	205 Ascot PI NE Washington, [1 20002			
			(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Bryan Gerard Contributor address; City; State; Zip Code			, (app)	
03/02/2017	Contributor address; City; State; Zip Code		\$ 100.00		
0 5/00/20 1	1.10 = 0 1 0 11 = 8	10216	\$ (UU.		
	6435 Crestway Dr. #58 SANAN	170NIU,TX 48239			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
T Timoipar occup	additing the time (ede instructions)	Employer (ede 1	not dottons)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
1 1	Hugh Hawthome Farr Contributor address; City: State; Zip Code		# 16/2 **		
04/02/2017	Continuator address, City, State, Zip Code		\$100		
	1035 Fulton San Antonio, TX	78201			
	500.700.070.0777	·	(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See In					

Austin, Texas 78711-2070

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

Texas Ethics Commission

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 2 £ 2		
2 FILER NAME Jennifer Rodriguez		l `.	thics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of	8 In-kind contribution	
	Robin Tanner		contribution (\$)	description (if applicable)	
,				E	
04/03/2017	6 Contributor address; City; State; Zip Code	_	\$100.00	Ì	
	16170 Tanea Dr, Reno, NV	89511	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or reads, complete conductory	
3 Trinopar occu	paranty des rue (eee menderen)	10 Employer (ede			
Date	Full name of contributor)	Amount of	In-kind contribution	
	Candice Towe		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code	9 5 5 5 5 6 6 6 WESS		1	
04/05/2017	Contributor address; City; State; Zip Code		\$100.°°	10	
01/05/2011	3011 Fall Way Dr. San Antonio, 7	TY 78747	1.10		
	DOTE THE LONG DY. SAN HIPBITTO, 1	7 702.1			
	W (17 W (2 1 1 1 1 2	F I (0		of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)		
J-9402	<u>'</u>				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Charles Butt		CONTIDUTION (4)	description (ii applicable)	
03/30/2017	Contributor address; City; State; Zip Code		\$500.		
	335 King William SANANJOND,	TX 118204			
	1 1/11/2 boillian 24/2 1/10/10/01	111 10201	(If traval outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See		or rexas, complete schedule 1)	
1 molpar occu					
Date	Full name of contributor 💢 out-of-state PAC (ID#:_	68703	Amount of	In-kind contribution	
	· •		contribution (\$)	description (if applicable)	
1 1	Leadership for Educational Eq Contributor address; City; State; Zip Code	W T 9		Î	
03/10/2017	Contributor address; City; State; Zip Code	/	\$1,000.	li: Ti	
	In a other way in a second	0.00	. ,	I	
	1805 7th St. NW Washington, DC	20001			
Dringland and	paties / Joh title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	mstructions)		
Date	Full name of contributor ut-of-state PAC (ID#:	1	Amount of	In-kind contribution	
54.0	, an name of south sets.		contribution (\$)	description (if applicable)	
	* 04 04 04 04 04 04 04 04 04 04 04 04 04	OF OF OF 18 OF ORTOGENIAL PS &		J.	
	Contributor address; City; State; Zip Code			I	
	<u> </u>			of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		

Austin, Texas 78711-2070

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

PLEDGED CONTRIBUTIONS		5	SCHEDULE B
The Instruction Guide explains how to complete this	form.	1 Total pages Sched	dule B:
2 FILER NAME D D I		3 ACCOUNT # (Eth	ics Commission Filers)
Jennifer Rodriguez		HIM	A
4 TOTAL OF UNITEMIZED PLEDGES: ⇒	$\Rightarrow \Rightarrow \Rightarrow$	$\Rightarrow \Rightarrow$	\$ Ø
5 Date 6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description
7 Pledgor address; City; State; Zip Code	3 6 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1	(if applicable)
40 Dringing Leaguestics / Joh title (See Instructions)	11 Employer (See I		Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions)	11 Employer (See II	instructions)	
Date Full name of pledgor out-of-state PAC (ID#:		Amount of	In-kind description
		pledge (\$)	(if applicable)
Pledgor address; City; State; Zip Code			
		i i	
Principal occupation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
Date Full name of pledgor out-of-state PAC(iD#:)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		İ	
			Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		Texas, complete ouriedule 1)
Date Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code	3 3 3 3 4 5 5 5 5 5	(Change I and all a	There are blocked to T
Principal occupation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
This par occupation 7 our title (Gee manucione)	Employer (See II	ioa douoiio)	
ATTACH ADDITIONAL COPIES C			requirements.

LOANS	a.		SCHEDULE E
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2 FILER NAME	Jennifer Rodriguez		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	⇒	\$ Ø
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; 2	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral none 15 Check if personal funds were deposited		deposited into political account	
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; S	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)			
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Zip Code		Interest rate
Y N	7		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Check if personal funds were	deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; State; Zip Code		
Principal Occupati	on (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

Texas Ethics Commission

SCHEDULE F

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/		payment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fund		rtation Equipment & Related Expense	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contano	tions/Donations Made By idate/Officeholder/Political Committee	
Fees	• .		(enter a category not listed above)	
	The Instruction Guide explains how to	•		
1 Total pages Schedule F:	2 FILER NAME	3	ACCOUNT # (Ethics Commission Filers)	
	Jennifer Rodrigu	162	NIA	
4 Date 4/3/17	5 Payee name Wildfire Printing			
	2			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$ 990.41	400 E. Court Ave, Ste#108 (De Moines, 1A 5	0309	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel or	utside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	Printed "Walk cards	" Design of printing & shipping	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	A LA			
Date,	Payee name	1 , 1 , - ,	,	
3/15/17	Leadership for Ec	Jucational Equity	/	
Amount (\$)	Payee address; City; State; Zip Code			
\$500.**	1805 7th St. NW Washin	gton, DC 200	01	
# 500.	7 54. 1410 WISHIN			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel or	utside of Texas, complete Schedule T)	
OF EXPENDITURE	Services	Logo Deign, Websi	te Creation, consulting	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	H			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel or	utside of Texas, complete Schedule T)	
OF	Category (coc ostogonos natos at the top of this solidatio)	a description (maars, et	and a read of the second of th	
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
			I	
DUDDOS#	Category (See categories listed at the top of this schedule)	Description (Street -	steide of Tayan complete Schoolsto T)	
PURPOSE OF	Oategory (See categories listed at the top of this schedule)	Description (If travel of	itside of Texas, complete Schedule T)	
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		ŭ		
	ATTACH ADDITIONAL CODIES OF THIS	S SCHEDIII E AS NEEDE	n	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				