

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Jennifer	MI Rodriguez
	NICKNAME	LAST Rodriguez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6730 Melody Canyon Dr. San Antonio, TX 78239		
	OFFICE USE ONLY		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 861-7991	EXTENSION
	Date Received RECEIVED MAY 01 2017 <i>fw</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Nicolas	MI E
	NICKNAME	LAST Garcia	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1244 Old Milton Dr. San Antonio, TX 78260		
	Date Hand-delivered or Date Postmarked		
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 793-3256	EXTENSION
	Receipt #		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	Date Processed		
10 PERIOD COVERED	Date Imaged		
	Month Day Year THROUGH Month Day Year 04 / 06 / 2017 04 / 30 / 2017		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 05 / 06 / 2017	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judson ISD Board of Trustee Place #5	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 420. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,320. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 148. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,194. ⁴⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,486.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Jennifer Rodriguez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JENNIFER RODRIGUEZ, this the 1st day of MAY, 2017, to certify which, witness my hand and seal of office.

Rose Saldivar
Signature of officer administering oath

Rose SALDIVAR
Printed name of officer administering oath

NOTARY
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 2
2 FILER NAME Jennifer Rodriguez		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/06/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Gerard	7 Amount of contribution (\$) \$ 100. ⁰⁰
6 Contributor address; City; State; Zip Code 4435 Crestway Dr. Lot #58 SAN ANTONIO, TX 78239 6435		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany O'Neill	Amount of contribution (\$) \$ 100. ⁰⁰
Contributor address; City; State; Zip Code 610 E. Carson St. SAN ANTONIO, TX 78208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Glick	Amount of contribution (\$) \$ 100. ⁰⁰
Contributor address; City; State; Zip Code 20617 28th Ave W. Apt. 2F Lynnwood, WA 98036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey Imbier	Amount of contribution (\$) \$ 250. ⁰⁰
Contributor address; City; State; Zip Code 3836 37th Ave. SW Seattle, WA 98126		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2.2
2 FILER NAME Jennifer Rodriguez		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/12/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Zinn 6 Contributor address; City; State; Zip Code 423 Blue Star # 3416 San Antonio, TX 78204	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Saldivar Luna Contributor address; City; State; Zip Code 5103 Slayden San Antonio, TX 78228	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2017	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 68703) LEADERSHIP FOR EDUCATIONAL EQUITY Contributor address; City; State; Zip Code 1805 7th St. NW Washington D.C. 20001	Amount of contribution (\$) \$ 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 1 of 1 2 FILER NAME Jennifer Rodriguez 3 Filer ID (Ethics Commission Filers) N/A

4 Date 04/18/2017 5 Payee name Wildfire Printing

6 Amount (\$) \$1,046.47 7 Payee address; City; State; Zip Code 400 E. Court Ave. Ste. # 108 Des Moines, IA 50309

8 **PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule) Mailpiece: Design, printing, postage.

(b) Description
 Check if travel outside of Texas, Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

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, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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Amount (\$) Payee address; City; State; Zip Code

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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED