

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

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Camille Rodriguez

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Gerard Rodriguez

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ 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)

10 PERIOD
COVERED

Month Day Year

Month Day Year

4 / 27 / 2022 THROUGH 6 / 30 / 2022

11 ELECTION

ELECTION DATE

Month Day Year

/ /

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

School Board member

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

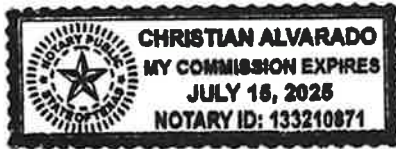
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 18,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,513.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,764.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

[Handwritten Signature]

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Camille Rodriguez this the 14th day of July, 2022, to certify which, witness my hand and seal of office.

Christian Alvarado Christian Alvarado Coordinator
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)

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 Dr. Camille Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 4.29.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric Fox	7 Amount of contribution (\$) \$ 1000.00
6 Contributor address; City; State; Zip Code 3513 Overton Park Dr. E. Fork Worth, Texas 76104		
8 Principal occupation / Job title (See Instructions) Government Relations		9 Employer (See Instructions)
Date 4.29.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Berry	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 6217 Genoa Road Fork Worth, TX 76116		
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions)
Date 4.29.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sarah Tempel	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 3318 Arondale Fork Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-29-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Margaret Johnson	Amount of contribution (\$) \$ 600.00
Contributor address; City; State; Zip Code 211 Park Place Ave Fork Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 Dr. Camille Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 5.16.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Mallico 6 Contributor address; City: State: Zip Code 3715 Camp Bowie Blvd Fork Worth, Texas 76104	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) Dove 10per		9 Employer (See Instructions)
Date 5.10.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peter Philpott Contributor address; City: State: Zip Code 20 Valley Ridge Fork Worth Texas 76107	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 5-7-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom Purvis Contributor address; City: State: Zip Code 222 W. Exchange Ave Fork Worth, TX 76164	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 5.14.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linebarger Goggon Blair & Sampson Contributor address; City: State: Zip Code P.O. Box 17428 Austin, Texas 78760	Amount of contribution (\$) \$2000.00
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Dr. Camille Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 5.2.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Pergande	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1201 Washington Tr Fork Worth, TX 76107		
8 Principal occupation / Job title (See Instructions) Developer		9 Employer (See Instructions)
Date 5.2.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reid Coetz	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3840 AP		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5.3.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosa Navejar	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 2701 Calder Ct Fork Worth, TX 76107		
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions)
Date 4.24.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth Bernoy Holland	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1301 Throckmorton Fork Worth, TX 76102		
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5.	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Kelly Burton 6 Contributor address; City: State: Zip Code 5 Westover Rd. Fort Worth, TX 76107	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Geron Contributor address; City: State: Zip Code 309 Main Street Fort Worth, TX 76102	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Philanthropist		Employer (See Instructions)
Date 6.6.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes Turner Contributor address; City: State: Zip Code 4919 Westover Drive Fort Worth, Texas 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Needham Contributor address; City: State: Zip Code 2005 Klamath Fort Worth, TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6.6.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hon. Carlos Flores 6 Contributor address; City: State: Zip Code 1000 Throckmorton Fort Worth, TX 76114	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6.6.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hon. Bill Koehler Contributor address; City: State: Zip Code 304 Main Street Fort Worth TX 76102	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 6.17.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Domingo Garcia Contributor address; City: State: Zip Code 1111 West Mockingbird Suite 1200, Dallas, TX 75247	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 6.9.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hon. Tobi Jackson Contributor address; City: State: Zip Code 100 North Main Fort Worth, TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6.6.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Pooler 6 Contributor address; City: State: Zip Code 3611 West 5th Street Fort Worth, TX 76107	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6.6.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dee Kelly Contributor address; City: State: Zip Code 5754 Merrymount Rd. Fort Worth, TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Meadows Contributor address; City: State: Zip Code 121 Rivercrest Drive Fort Worth, TX 76107	Amount of contribution (\$) \$250.00
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 align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:		2 FILER NAME Dr. Camille Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date 5.7.2022		5 Payee name Angelo's Barbeque			
6 Amount (\$) 545.07		7 Payee address; City; State; Zip Code 2533 White Settlement Fort Worth, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Lunch for volunteers				
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 5/9		Payee name Monica Wallace			
Amount (\$) 80.12		Payee address; City; State; Zip Code 2019 Houston Fork Worth, TX 76164			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Wages/contract		gas re-imbursment		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/9		Payee name Prebecca Saenz			
Amount (\$) 80.65		Payee address; City; State; Zip Code 4415 Harrington Fort Worth, TX 76164			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Wages/contract		gas re-imbursment		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Dr. Camille Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date 5/10/2022		5 Payee name Tom Thumb			
6 Amount (\$) \$261.31		7 Payee address; City; State; Zip Code 2400 West 7th Fort Worth, Texas 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift		(b) Description thank you flowers		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5.4.2022		Payee name Barnes & Noble			
Amount (\$) 26.72		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) thank you cards		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 5.1.2022		Payee name Wonsite Hosting Fee			
Amount (\$) \$187.00		Payee address; City; State; Zip Code Daily Professional 2110 Cardinal Drive Montgomery, NY 12549			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Dr. Camille Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date 5.31.2022		5 Payee name Office Denov			
6 Amount (\$) 5.51.2022 125.34		7 Payee address; 401 Carroll Fork Worth, TX 76107		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 6.9.2022		Payee name Angelo's			
Amount (\$) 675.20		Payee address; 2533 White Settlement Rd Fork Worth, TX 76107		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6.20.22		Payee name Canales Furniture			
Amount (\$) 200.00		Payee address; 2755 Ellis Avenue Fork Worth, TX 76164		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution		Description Backpack give-away		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 5.5.2022		2 FILER NAME Dr. Camille Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name M u l l a n d s			
6 Amount (\$) 246.12		7 Payee address; 1332 North Main Fork Worth, TX 76164		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description t-shirts		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5.5.2022		Payee name JOHNSONS, Pioss			
Amount (\$) 2154.22		Payee address; 3300 South Fwy Fort Worth, TX 76110		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description campaign signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5.7.2022		Payee name Pocumoms Restaurant			
Amount (\$) 61262.33		Payee address; 2020 North Main Fort Worth, TX 76164		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description 'Watch' Party		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dr. Camille Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 5.4.2022	5 Payee name Upward Public Affairs		
6 Amount (\$) \$2500.00	7 Payee address; City; State; Zip Code 2211 Weatherbee Fort Worth, TX 76110		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/11/2022	Payee name Upward Public Affairs		
Amount (\$) \$4500	Payee address; City; State; Zip Code 2211 Weatherbee Fort Worth, TX 76110		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5.27.22	Payee name United States Postal Service		
Amount (\$) 187.93	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Dr. Camille Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date 6.22.22		5 Payee name Trimbis Tech Culinary Team			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 1003 West Cannon Fort Worth, TX 76104			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 6.8.22		Payee name Torchy's			
Amount (\$) 85.79		Payee address; City; State; Zip Code 920 Northton St. Fort Worth, TX 76104			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		Description campaign team		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 6.13.22		Payee name Johnson's Press			
Amount (\$) 811.00		Payee address; City; State; Zip Code 3300 South Fwy Fort Worth, Texas 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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:	2 FILER NAME Dr. Camille Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 6.1.2022	5 Payee name Daily Professional	
6 Amount (\$) \$950.00	7 Payee address; City; State; Zip Code 211 Cardinal Drive Montgomery, NY 12549	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5.1.22	Payee name Johnson's Press	
Amount (\$) \$2686.20	Payee address; City; State; Zip Code 3300 South Fwy Fork Worth TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5.1.22	Payee name Udward Public Affairs	
Amount (\$) \$3700.00	Payee address; City; State; Zip Code 2211 Weatherbee Fork Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED