

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Camille	MI
	NICKNAME	LAST Rodriguez	SUFFIX
OFFICE USE ONLY			
Date Received 4/29/2022			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
[REDACTED]			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
[REDACTED]			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Gerard	MI
	NICKNAME	LAST Rodriguez	SUFFIX
Receipt #		Amount \$ 0	
Date Processed		4/29/2022	
Date Imaged		4/29/2022	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
[REDACTED]			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
[REDACTED]			
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
4 / 16 / 22		THROUGH	4 / 26 / 22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05 / 01 / 22		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input type="checkbox"/> General <input checked="" type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
[REDACTED]			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Dr. Camille 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 230.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 17,660

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ ~~230.00~~

4. TOTAL POLITICAL EXPENDITURES

\$ 12,192.08

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 17,127.92

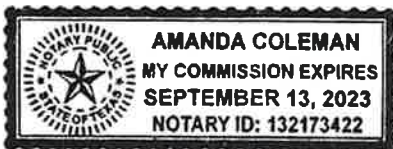
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Camille Rodriguez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Camille Rodriguez, this the 29th day of April, 2022, to certify which, witness my hand and seal of office.

Amanda Coleman
Signature of officer administering oath

Amanda Coleman
Printed name of officer administering oath

Elections Officer
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

4.12.22

5 Full name of contributor out-of-state PAC (ID#: _____)

John Goff

7 Amount of contribution (\$)

\$10,000

6 Contributor address; City; State; Zip Code

500 Commerce Fk. Worth, TX
76102

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

Own

Date

4.14.22

Full name of contributor out-of-state PAC (ID#: _____)

Dr. Michael Sorum

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

3517 Dorothy Lane
Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Own

Date

4.4.22

Full name of contributor out-of-state PAC (ID#: _____)

Wesley Turner

Amount of contribution (\$)

\$1000.00

Contributor address; City; State; Zip Code

4919 Westbrook
Fork Worth TX 76109

Principal occupation / Job title (See Instructions)

Media

Employer (See Instructions)

Date

4.21.22

Full name of contributor out-of-state PAC (ID#: _____)

Judge Marysean O'Reilly

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

P.O. Box 136034 Fort Worth, TX
76136

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

4.12.22

5 Full name of contributor

out-of-state PAC (ID#: _____)

Great Cities Great Schools PAC

6 Contributor address;

City;

State; Zip Code

634 Klamath Ft. Worth, TX 76107

7 Amount of contribution (\$)

\$5000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4.21.22

Full name of contributor

out-of-state PAC (ID#: _____)

Karen Lee Hicks

Contributor address;

City;

State; Zip Code

P.O. Box 19165
Fork Worth, TX 76119

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

non-profit

Employer (See Instructions)

Date

4.11.22

Full name of contributor

out-of-state PAC (ID#: _____)

Tom Harris

Contributor address;

City;

State; Zip Code

2221 Alliance Blvd
Fork Worth, TX 76177

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Business

Employer (See Instructions)

Date

4.21.22

Full name of contributor

out-of-state PAC (ID#: _____)

Pete Geren

Contributor address;

City;

State; Zip Code

1200 Washington Terrace
Fort Worth, Texas 76107

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Philanthropise

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Dr. Camille Rodriguez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4.25.22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy Needham</i>	8 Amount of Contribution \$ <i>\$2000.00</i>	9 In-kind contribution description <i>mailing</i>
7 Contributor address; City; State; Zip Code <i>6341 Klamath Ft Worth TX 76107</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 2 FILER NAME Dr. Camille Rodriguez 3 Filer ID (Ethics Commission Filers)

4 Date 4.8.22 5 Payee name Mullinollonds

6 Amount (\$) \$539.76 7 Payee address; City; State; Zip Code
1332 W. Main St City; State; Zip Code 76164
Fork Worth, TX

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Advertising t-shirts
(c) 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 4.20.2022 Payee name Office Depot

Amount (\$) \$256.68 Payee address; City; State; Zip Code
401 Carroll Street City; State; Zip Code
Fork Worth TX TX 76107

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Advertising supplies,
Expense copies
 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 4.18.2022 Payee name Upward Public Affairs

Amount (\$) \$740.00 Payee address; City; State; Zip Code
2211 weatherbee City; State; Zip Code
Fork worth, TX 76110

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Advertising mailings
 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 4.13.22		5 Payee name Lucillos			
6 Amount (\$) \$87.63		7 Payee address; 4700 Camp Bowie Fwartz TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense		(b) Description Campaign mtg		
	<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	
Date 3.15.22		Payee name Johnson's Press			
Amount (\$) \$3536.51		Payee address; 3300 South Twy Fwartz TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Signs, push cards		
	<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	
Date 4.20.22		Payee name Tom Thumby			
Amount (\$) 131.85		Payee address; 3100 S. Hulen Fwartz TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 4. 19. 22		5 Payee name Walmart			
6 Amount (\$) \$163.14		7 Payee address; 1732 Precinct Line Road Fort Worth, Tx 76054		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(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 4. 07. 22		Payee name United States Postal Service			
Amount (\$) \$92.51		Payee address; 3101 W. 6th Fort Worth		City; State; Zip Code TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expenses		Description Mailing		
	<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		Payee name			
Amount (\$)		Payee address;		City; State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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