

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: <u>Camille</u> MI: _____ NICKNAME: _____ LAST: <u>Rodriguez</u> SUFFIX: _____	OFFICE USE ONLY Date Received <div style="text-align: center; color: red; font-size: 1.2em;"> RECEIVED APR 7 2022 Board of Education </div> Date Hand-delivered or Date Postmarked <u>4-7-2022</u> Receipt # _____ Amount \$ _____ Date Processed <u>4-7-2022</u> Date Imaged _____	
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: <u>Mr</u> FIRST: <u>Gerard</u> MI: _____ NICKNAME: _____ LAST: <u>Rodriguez</u> SUFFIX: _____		
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 checked="" 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 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 Month Day Year <u>3 / 23 / 2022</u> THROUGH <u>4 / 15 / 2022</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 7 / 2022</u>	ELECTION TYPE <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) <u>FWISD, School Board District 1</u>	

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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)

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.

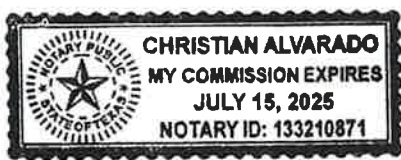
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 320.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,350
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,199.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,550.12
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

CA

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Camille Rodriguez, this the 07 day of April, 2022, to certify which, witness my hand and seal of office.

Christian Alvarado

Signature of officer administering oath

Christian Alvarado

Printed name of officer administering oath

Coordinator

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 March 23, 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Azzah Perez	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3737 Bellair Circle FW, TX 76109		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date March 23, 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Hicks	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 19165 FW TX 76119		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date March 03, 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Garcia	Amount of contribution (\$) 2750.00
Contributor address; City; State; Zip Code 8936 Camp Bowie FW, TX 76116		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date March 23, 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Camille Rodriguez	Amount of contribution (\$) \$1500.00
Contributor address; City; State; Zip Code 2005 Clinton Ft Worth 76165		

Principal occupation / Job title (See Instructions) 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 Rodrigues

3 Filer ID (Ethics Commission Filers)

4 Date

March 28
2022

5 Full name of contributor

Zibby Manning

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

2500

6 Contributor address;

2217 Windsor Fort Worth TX 76110

City;

State; Zip Code

8 Principal occupation / Job title (See Instructions)

Frinky works

9 Employer (See Instructions)

Date

March
29,
2022

Full name of contributor

Garland M. Laster

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$5000.

Contributor address;

3015 Lisbon St Ste 203
Fork Worth, TX 76107

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

March
29,
2022

Full name of contributor

Petra Rodriguez

out-of-state PAC (ID# _____)

Amount of contribution (\$)

6200.00

Contributor address;

1609 Harrington
Fork Worth

City;

State; Zip Code

TX 76164

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

March
29,
2022

Full name of contributor

Gloria van Vlienderen

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50.00

Contributor address;

2019 North Houston
Fort Worth

City;

State; Zip Code

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.

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 3/27/22		5 Payee name Dollar Tree			
6 Amount (\$) 1540.59		7 Payee address; 367 Carroll Street Fork Worth, TX 76107		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Event		(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 3/29/2022		Payee name Office Depot			
Amount (\$) 36.73		Payee address; Fork Worth 76107		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Supplies		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 3/29/22		Payee name Angelos			
Amount (\$) 11042.50		Payee address; 2533 White Settlement Fort Worth		City; State; Zip Code TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED