

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: 45
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Nancy NICKNAME LAST SUFFIX Rodriguez	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="text-align: right; font-size: small;"> 2020 NOV 30 PM 2 24 RECEIVED BOARD SERVICES DALLAS ISD </div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 6725 Bob O Link Dr., Dallas, Tx. 75214 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 308-1881		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Zahra NICKNAME LAST SUFFIX Darwish		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 5126 Columbia Ave., Dallas, Tx. 75214		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 448-1956		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 THROUGH Month Day Year 10 / 25 / 2020 11 / 28 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 12 / 08 / 2020	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas ISD Trustee, District 2	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Nancy 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.

<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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19672.63
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 43092.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17464.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20100.00

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.

Nancy Rodriguez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nancy Rodriguez, this the 30th day of November, 2020, to certify which, witness my hand and seal of office.

Dianna Thompson
Signature of officer administering oath

Dianna Thompson
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <p style="text-align: center;">Nancy Rodriguez</p>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19152.63
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 520.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 20100.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28117.13
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 14975.03
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
10/25/20

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

Luann Golden

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

PO Box 112445, Carrollton, Tx. 75011

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

10/28/20

Marsha Gordon

250.00

Contributor address; City; State; Zip Code

6139 Waggoner Drive, Dallas, Tx. 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/3/20

Tiffany Samuels

50.00

Contributor address; City; State; Zip Code

120 East Grubb Drive, Mesquite, Tx. 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/4/20

Rudy & Katherine Karimi

\$500.00

Contributor address; City; State; Zip Code

306 S. Glasgow Dr, Dallas, Tx. 75214

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 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/5/20

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

Larry Lee Offutt

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code

6038 Bryan Pkwy, Dallas, Tx. 75206

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/5/20

Glenn Offutt

300.00

Contributor address; City; State; Zip Code

6038 Bryan Pkwy, Dallas, Tx. 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/8/20

Sally King

50.00

Contributor address; City; State; Zip Code

5958 Lewis St., Dallas, Tx. 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/5/20

Laura Michelle Hernandez-Erbeyi

25.00

Contributor address; City; State; Zip Code

517 W Celeste Dr, Garland, Tx. 75041

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:
3 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/5/20

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

7 Amount of contribution (\$)
100.00

Amy Patrick

6 Contributor address; City; State; Zip Code

8434 Bellingham, Dallas, Tx. 75228

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/5/20

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

Amount of contribution (\$)
100.00

Cori Dehghanpisheh

Contributor address; City; State; Zip Code

6640 Avalon Ave, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/5/20

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

Amount of contribution (\$)
50.00

Chandler Grace

Contributor address; City; State; Zip Code

5605 Goodwin Ave, Dallas, Tx. 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/6/20

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

Amount of contribution (\$)
500.00

Roxanne McCreery

Contributor address; City; State; Zip Code

7035 Coronado Ave, Dallas, Tx. 75214

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:

4 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/6/20

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

Mary Mesh

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

5837 VICTOR ST, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/6/20

Jimmy Hashem

50.00

Contributor address; City; State; Zip Code

9259 Peninsula Drive, Dallas, Tx. 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/6/20

Delia Garza

40.00

Contributor address; City; State; Zip Code

209 Sandra St., Austin, Tx. 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/6/20

Cassandra Hernandez

25.00

Contributor address; City; State; Zip Code

308 Stewart Dr, El Paso, Tx. 79915

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:
5 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/6/20

5 Full name of contributor out-of-state PAC (ID#: _____)
Marissa Alanis
6 Contributor address; City; State; Zip Code
**160 E. Vista Ridge Mall Dr., Apt. 226,
Lewisville, Tx. 75067**

7 Amount of contribution (\$)
50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/6/20

Full name of contributor out-of-state PAC (ID#: _____)
Alexandra Guio
Contributor address; City; State; Zip Code
9201 Garland Rd Apt 528, Dallas, Tx. 75218

Amount of contribution (\$)
30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/6/20

Full name of contributor out-of-state PAC (ID#: _____)
Valerie Martinez-Ebers
Contributor address; City; State; Zip Code
1155 Union Circle 305888, Denton, Tx. 76203

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/6/20

Full name of contributor out-of-state PAC (ID#: _____)
Celina Vasquez
Contributor address; City; State; Zip Code
2703 Allen Forest Drive, Bryan, Tx. 77803

Amount of contribution (\$)
100.00

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:

6 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/7/20

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

Melissa Garza

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

176 Broadway, 6F, NY, NY 10038

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/7/20

Noemi Acevedo

25.00

Contributor address; City; State; Zip Code

1122 Swinton Avenue, Bronx, NY 10465

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/7/20

Lori Kirkpatrick

500.00

Contributor address; City; State; Zip Code

6705 BRAEBURN DR, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/7/20

Hewette Stringer

25.00

Contributor address; City; State; Zip Code

4638 Travis St., 213, Dallas, Tx. 75205

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:
7 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/8/20

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

7 Amount of contribution (\$)
25.00

Annalise Kean

6 Contributor address; City; State; Zip Code

7510 HOLLY HILL DR, #151, Dallas, Tx. 75231

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/8/20

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

Amount of contribution (\$)
25.00

Melanie Voss

Contributor address; City; State; Zip Code

6546 Oriole Drive, Dallas, Tx. 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/8/20

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

Amount of contribution (\$)
500.00

Evan Schnittman

Contributor address; City; State; Zip Code

6302 Monticello Ave, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/9/20

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

Amount of contribution (\$)
300.00

Jacqueline Espinal

Contributor address; City; State; Zip Code

1200 Main Street, Dallas, Tx. 75202

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:

8 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/9/20

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

Chantel Parker-Bright

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

3637 Flair Drive, Dallas, Tx. 75229

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/9/20

Victor Aves

250.00

Contributor address; City; State; Zip Code

5942 Lewis St, Dallas, Tx. 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/9/20

Olga Pope

100.00

Contributor address; City; State; Zip Code

4432 Rawlins St., Dallas, Tx. 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/9/20

Myrta Acevedo

100.00

Contributor address; City; State; Zip Code

5925 Ridge Ford Drive, Burke, VA 22015

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:

9 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/9/20

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

Courtney Marcus

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

5548 Wateka Dr., Dallas, Tx. 75209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/9/20

Ann Sansone

100.00

Contributor address; City; State; Zip Code

9922 Cloister Dr., Dallas, Tx. 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/9/20

Elizabeth Russ

100.00

Contributor address; City; State; Zip Code

6862 Clayton Ave, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/9/20

Megan Bollner

50.00

Contributor address; City; State; Zip Code

5711 Anita St, Dallas, Tx. 75214

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:

10 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/10/20

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

Bill R Betzen

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code

6717 Cliffwood Dr, Dallas, Tx. 75237

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/10/20

Chris Hamilton

1000.00

Contributor address; City; State; Zip Code

5521 Swiss Avenue, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/10/20

Lora Cuccia

200.00

Contributor address; City; State; Zip Code

2134 Springhill Dr., Dallas, Tx. 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/10/20

Tammy Feferman

100.00

Contributor address; City; State; Zip Code

6122 Woodland Drive, Dallas, Tx 75225

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:

11 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/10/20

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

Bridget Shippey

7 Amount of contribution (\$)

10.00

6 Contributor address; City; State; Zip Code

7367 Inglecliff Drive, Dallas, Tx. 75230

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/10/20

Deborah Michel

100.00

Contributor address; City; State; Zip Code

4755 Chapel Hill Rd, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/10/20

David Sparrow

75.00

Contributor address; City; State; Zip Code

5958 Lewis St., Dallas, Tx. 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/10/20

Tami Walker

25.00

Contributor address; City; State; Zip Code

5534 Goodwin Avenue, Dallas, Tx. 75206

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:
12 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/10/20

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

Karen Muncy

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code

2614 Lakeforest Court, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/10/20

Kimberly Boyce

40.00

Contributor address; City; State; Zip Code

6016 oram st, #201, Dallas, Tx. 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/11/20

Gloria Eisenstadt

100.00

Contributor address; City; State; Zip Code

5528 Belmont Ave, Dallas, Tx. 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/11/20

Hasani Burton

1000.00

Contributor address; City; State; Zip Code

5334 Bexar St, Dallas, Tx. 75215

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:

13 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/12/20

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

Larry Praeger

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

2608 State Street, Dallas, Tx. 75204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/12/20

Mary Ann Macsisak

100.00

Contributor address; City; State; Zip Code

6439 Sunnyland Ln, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/13/20

Zahra Darwish

500.00

Contributor address; City; State; Zip Code

5126 Columbia Ave, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/13/20

Berge Tasian

500.00

Contributor address; City; State; Zip Code

3831 Turtle Creek Blvd No. 15A, Dallas, Tx. 75219

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:

14 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/13/20

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

Mary Ann Climer

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

1322 Rainbow, Dallas, Tx. 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/14/20

Christine Shannon Weirich

50.00

Contributor address; City; State; Zip Code

5110 Junius St, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/14/20

Renny Rodriguez

300.00

Contributor address; City; State; Zip Code

1955 1st Ave. apt 235, NY, NY 10019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/15/20

Pamela Copeland

100.00

Contributor address; City; State; Zip Code

6972 Town North Drive, Dallas, Tx. 75231

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:

15 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/15/20

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

Rose Alsup

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

8923 Angora Street, Dallas, Tx. 75218

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/15/20

Kimberly Lloyd

100.00

Contributor address; City; State; Zip Code

3527 Thunderbird st, Mo. City, Tx. 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/16/20

Judith Shure

250.00

Contributor address; City; State; Zip Code

4501 Pomona Rd, Dallas, Tx. 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/16/20

Steven and Kathryn Rivera

100.00

Contributor address; City; State; Zip Code

5609 Marblehead Drive, Dallas, Tx. 75232

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:

16 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/16/20

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

Audrey Pinkerton

7 Amount of contribution (\$)

450.00

6 Contributor address; City; State; Zip Code

434 W. Greenbriar Ln., Dallas, Tx. 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/17/20

Rachel Ball-Phillips

100.00

Contributor address; City; State; Zip Code

6151 E Mockingbird Lane, Apt 207, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/17/20

Jasmine Crockett

100.00

Contributor address; City; State; Zip Code

3530 Melinda Hills, Dallas, Tx. 75212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/17/20

Michael P LoVuolo

50.00

Contributor address; City; State; Zip Code

2140 Medical District Dr. Apt 1031, Dallas, Tx. 75235

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:

17 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/17/20

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

Michael Williamson

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

PO box 191676, Dallas, Tx. 75219

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/18/20

Kelly and Jeff Gordon

500.00

Contributor address; City; State; Zip Code

5921 Swiss Avenue, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/18/20

Megan Airitam

100.00

Contributor address; City; State; Zip Code

7206 Brennans Dr., Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/18/20

Robyn Schaub

50.00

Contributor address; City; State; Zip Code

**5948 Bryan Parkway, Dallas, Tx.
75206**

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:
18 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/18/20

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

7 Amount of contribution (\$)
15.00

Pamela Bissic

6 Contributor address; City; State; Zip Code

7164 RADCLIFF DR, Dallas, Tx. 75227

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/19/20

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

Amount of contribution (\$)
50.00

Joseph Krause

Contributor address; City; State; Zip Code

7011 Meadow Lake Ave., Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/19/20

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

Amount of contribution (\$)
1000.00

Minister Dominique Alexander

Contributor address; City; State; Zip Code

2512 East Overton Road, Dallas, Tx. 75216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/20/20

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

Amount of contribution (\$)
250.00

Michele Gossman

Contributor address; City; State; Zip Code

6777 Lakefair Cir, Dallas, Tx. 75214

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:

19 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/20/20

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

Sarah Freedman

7 Amount of contribution (\$)

20.00

6 Contributor address; City; State; Zip Code

6254 Belmont Ave, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/20/20

Valerie Tagoe

25.00

Contributor address; City; State; Zip Code

611 Oriole Blvd #1904, Duncanville, Tx. 75116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/20/20

Courtenay Davis

30.00

Contributor address; City; State; Zip Code

8603 Glencrest Lane, Dallas, Tx. 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/22/20

Joey Cade

25.00

Contributor address; City; State; Zip Code

859 Sylvania Drive, Dallas, Tx. 75218

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:

20 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/23/20

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

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

7133 Bob O Link Drive, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/23/20

Full name of contributor out-of-state PAC (ID#: _____)
Catalina E. Garcia, M.D.

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

POB 821388-314, Dallas, Tx. 75382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/24/20

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

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

3219 San Jacinto Street, Dallas, Tx. 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/27/20

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

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

1089 Tanland dr #113, Palo Alto, Ca. 94303

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:

21 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/27/20

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

Christopher Craig

7 Amount of contribution (\$)

44.00

6 Contributor address; City; State; Zip Code

1540 McCoy St, Dallas, Tx. 75204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/28/20

Jennifer Jackson

50.00

Contributor address; City; State; Zip Code

6112 anita, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/29/20

Gary Foster

50.00

Contributor address; City; State; Zip Code

3004 ADOLPH ST, Dallas, Tx. 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/6/20

Delia Garcia

40.00

Contributor address; City; State; Zip Code

1118 W 27th St North, Wichita, KS 67204

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:

22 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/17/20

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

Brent P. McDougal

7 Amount of contribution (\$)

1477.63

6 Contributor address; City; State; Zip Code

119 S. Winetka Dr., Dallas, Tx. 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/18/20

Texas Latina List Botas On

250.00

Contributor address; City; State; Zip Code

PO Box 64025, Ft. Worth, Tx. 76164

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/17/20

The Preston Hollow Democrats

200.00

Contributor address; City; State; Zip Code

P.O. Box 670631, Dallas, Tx. 75367

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/20/20

Sigridur Helgason

50.00

Contributor address; City; State; Zip Code

1332 Cedar Hill Ave, Dallas, Tx. 75208

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:

23 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/18/20

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

Farrah N. White

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

7156 Pasadena, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/20/20

Alicia McClung

2000.00

Contributor address; City; State; Zip Code

PO Box 14025, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

10/27/20

Roy Rivera & Norma Cardenas Rivera

50.00

Contributor address; City; State; Zip Code

2519 Auburn Ave, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

10/27/20

New American Pac

300.00

Contributor address; City; State; Zip Code

400 S. Zang Blvd., Dallas, Tx. 75208

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:

24 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/6/20

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

Sarah Namani

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code

7324 Gaston Ave 110, Dallas, TX 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/20/20

Richard Brownjohn

10.00

Contributor address; City; State; Zip Code

6334 Belmont, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/17/20

Cory Anderson

20.00

Contributor address; City; State; Zip Code

6846 Chantilly Lane, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/17/20

Isa Reynolds

50.00

Contributor address; City; State; Zip Code

6953 Bob O Link, Dallas, Tx 75214

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:

25 of 25

2 FILER NAME **Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date
11/15/20

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

Christian Ryan

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

3953 Dalgreen, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/10/20

James Cochran

20.00

Contributor address; City; State; Zip Code

7575 Benedict Dr., Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/14/20

Carlos Gomez

36.00

Contributor address; City; State; Zip Code

5727 Worth St., Dallas, Tx. 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Nancy Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/20/20	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Richardson	8 Amount of Contribution \$ 520.00	9 In-kind contribution description Photography
7 Contributor address; City; State; Zip Code 5607 Richmond, Dallas, Tx. 75206		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) photographer		11 Employer (FOR NON-JUDICIAL)(See Instructions) self	
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		
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
2

2 FILER NAME
Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **0**

5 Date of loan
12/13/19

7 Name of lender out-of-state PAC (ID#: _____)
Nancy Rodriguez

9 Loan Amount (\$)
100.00

6 Is lender a financial Institution?
Y N

8 Lender address; City; State; Zip Code
6725 Bob O Link, Dallas, Tx 75214

10 Interest rate

n/a

11 Maturity date

n/a

12 Principal occupation / Job title (See Instructions)
Social Worker

13 Employer (See Instructions)
Children's Health

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
1/14/2020

Name of lender out-of-state PAC (ID#: _____)
Nancy Rodriguez

Loan Amount (\$)
10,000.00

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code
6725 Bob O Link, Dallas, Tx 75214

Interest rate

n/a

Maturity date

n/a

Principal occupation / Job title (See Instructions)
Social Worker

Employer (See Instructions)
Children's Health

Description of Collateral
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Nancy Rodriguez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 11/20/20	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Rodriguez	9 Loan Amount (\$) 10,000.00
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 6725 Bob O Link, Dallas, Tx 75214	10 Interest rate n/a
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions) Social Worker		13 Employer (See Instructions) Children's Health
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: pg. 1 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 11/29/20*	5 Payee name Stripe
-----------------------------------	--------------------------------------

6 Amount (\$) 435.30	7 Payee address; City; State; Zip Code 510 Townsend St., S.F. Ca., 95103
---------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/banking	(b) Description Contribution acceptance fees *fees charged as of the date of contribution. Amount shown represents total for period.
	(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 10/27/20	Payee name Barclays
-------------------------	-------------------------------

Amount (\$) 723.60	Payee address; City; State; Zip Code P.O. Box 60517, City of Industry, CA 90716
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Reimbursement of Credit Card expense dated 10/17/20 (Hotcards)
	<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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Date 10/27/20	Payee name Barclays
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Amount (\$) 1080.00	Payee address; City; State; Zip Code P.O. Box 60517, City of Industry, CA 90716
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Reimbursement of Credit Card expense dated 10/17/20 (Hotcards)
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: pg. 2 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
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4 Date 11/29/20	5 Payee name Barclays
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6 Amount (\$) 7548.00	7 Payee address; City; State; Zip Code P.O. Box 60517, City of Industry, CA 90716
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Reimbursement of Credit Card expense dated 10/21/20 (Hotcards)
	(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
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Date 11/24/20	Payee name Barclays
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Amount (\$) 5564.63	Payee address; City; State; Zip Code P.O. Box 60517, City of Industry, CA 90716
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Reimbursement of Credit Card expense dated 11/17/20 (Hotcards)
	<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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Date 11/24/20	Payee name Barclays
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Amount (\$) 615.60	Payee address; City; State; Zip Code P.O. Box 60517, City of Industry, CA 90716
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Reimbursement of Credit Card expense dated 10/19/20 (Hotcards)
	<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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: pg. 3 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 11/24/20	5 Payee name Barclays	
6 Amount (\$) 5661.00	7 Payee address; City; State; Zip Code P.O. Box 60517, City of Industry, CA 90716	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Reimbursement of Credit Card expense dated 11/20/20 (Hotcards)
	(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 11/25/20	Payee name Barclays	
Amount (\$) 1046.15	Payee address; City; State; Zip Code P.O. Box 60517, City of Industry, CA 90716	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Reimbursement of Credit Card expense dated 11/4/20 (Hustle)
	<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 11/5/2020	Payee name Collective Campaigns	
Amount (\$) 2250.00	Payee address; City; State; Zip Code 2106 Blalock Dr, Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer design
	<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

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; pg. 4 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 11/19/20	5 Payee name Graysen Design	
6 Amount (\$) 194.85	7 Payee address; City; State; Zip Code 9022 A, Garland Rd, Dallas, TX 75218	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/25/20	Payee name PEERLY INC	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 303 WILLIAMS AVE SW, SUITE 821, Huntsville, Alabama, 35801	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Texting Service
	<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 11/5/2020	Payee name Veritex Bank	
Amount (\$) 18.00	Payee address; City; State; Zip Code 2101 Abrams Road Dallas, Texas 75214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Wire Transfer Fee
	<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

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: pg. 5 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/20	5 Payee name Millie Domenech	
6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 5750 University #527, Dallas, Tx. 7520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(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 11/3/20	Payee name Jennifer Mendoza	
Amount (\$) 110.00	Payee address; City; State; Zip Code 6125 Military Pkwy, Dallas, Tx. 75227	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Poll Greeter
	<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 11/3/2020	Payee name Shelby Koenn	
Amount (\$) 50.00	Payee address; City; State; Zip Code 3905 Coronado Dr., Plano, Tx.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Poll Greeter
	<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

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: pg. 6 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 11/3/20	5 Payee name Shannon Loenn	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 3905 Coronado Dr., Plano, Tx.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Poll Greeter
	(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 11/3/20	Payee name Nyx Mendoza	
Amount (\$) 50.00	Payee address; City; State; Zip Code 9633 City Rd., #800, Royse City, Tx. 75189	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Poll Greeter
	<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 11/3/2020	Payee name Spencer Slayton	
Amount (\$) 50.00	Payee address; City; State; Zip Code 121 Touchstone Rd. Wiley, Tx. 75098	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Poll Greeter
	<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

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: pg. 7 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 11/3/20	5 Payee name 7-11	
6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 5671 E MOCKINGBIRD LN in DALLAS, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Snacks for Poll Greeters
	(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	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 <u>ONLY</u> 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 <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 Date 11/9/20	6 Payee name The Rocket Science Group
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7 Amount (\$) 53.29	8 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE, #5000, Atlanta, GA 30308
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description email service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/5/20	Payee name Poliengine
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Amount (\$) 35.00	Payee address; City; State; Zip Code 621 NW 12th Avenue, Gainesville, Fla. 32601
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website hosting
	<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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 Date 11/04/20	6 Payee name Hustle, Inc.
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7 Amount (\$) 1046.15	8 Payee address; City; State; Zip Code 595 Market St., Suite 920, S.F., Ca. 94105
--	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texting service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/23/20	Payee name Hustle, Inc.
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Amount (\$) 100.00	Payee address; City; State; Zip Code 595 Market St., Suite 920, S.F., Ca. 94105
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Texting service
	<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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 Date 11/13/20	6 Payee name Hotcards
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7 Amount (\$) 615.60	8 Payee address; City; State; Zip Code 2400 Superior Ave, Cleveland, OH 44114
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/20	Payee name Hotcards
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Amount (\$) 5564.63	Payee address; City; State; Zip Code 2400 Superior Ave, Cleveland, OH 44114
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 Date 11/19/20	6 Payee name Hotcards
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7 Amount (\$) 615.60	8 Payee address; City; State; Zip Code 2400 Superior Ave, Cleveland, OH 44114
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/20/20	Payee name Hotcards
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Amount (\$) 5661.00	Payee address; City; State; Zip Code 2400 Superior Ave, Cleveland, OH 44114
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 5 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 Date 11/20/20	6 Payee name Print Noise	
7 Amount (\$) 341.80	8 Payee address; City; State; Zip Code 800 E Arapaho Rd Ste 112B, Richardson, TX 75081	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Door hangers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/13/20	Payee name Print Noise	
Amount (\$) 160.64	Payee address; City; State; Zip Code 800 E Arapaho Rd Ste 112B, Richardson, TX 75081	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Door hangers
	<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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 6 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 Date 11/12/20	6 Payee name Print Noise	
7 Amount (\$) 98.32	8 Payee address; City; State; Zip Code 800 E Arapaho Rd Ste 112B, Richardson, TX 75081	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postcards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/13/20	Payee name Signage Systems	
Amount (\$) 433.00	Payee address; City; State; Zip Code 7900 Ferguson Rd, Dallas, TX 75228	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	<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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 7 of 7	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 Date 10/29/20	6 Payee name DS Political	
7 Amount (\$) 250.00	8 Payee address; City; State; Zip Code 1250 H St. NW, Ste. 200, Washington, DC 20005	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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

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