

**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: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Nancy	MI
	NICKNAME	LAST Rodriguez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	6725 Bob O Link Dr., Dallas, Tx. 75214		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	817	308-1881	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Zahra Darwish	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE
	5126 Columbia Avenue, 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 type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 09 / 25 / 2020	THROUGH	Month Day Year 10 / 24 / 2020
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas ISD Trustee, District 2	

RECEIVED
BOARD SERVICES
DALLAS ISD
2020 OCT 26 PM 1:59

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.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2813.40
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$ 36104.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16429.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10100.00

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 26 day of October, 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 Nancy Rodriguez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2813.40
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0
4. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$10100.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$12454.26
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 checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$23650.14
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:
pg. 1 of 8

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/2020

5 Full name of contributor

Joe Parziale

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

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

3953 Frontier Lane, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/27/2020

Full name of contributor

Kathy Walz

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

6722 Anita Street, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/2020

Full name of contributor

David Bradley

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2504 Summit Drive, Irving, Tx. 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/2020

Full name of contributor

Jorge A Colunga

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

3450 Shady Hollow Ln, Dallas, Tx. 75233

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:
pg. 2 of 8

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/2020

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

Forrest Hancock

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

6502 Ellsworth Avenue, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/30/2020

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

Greg Cardenas

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

6848 Lakeshore Drive, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/2020

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

Omar Uriel Jimenez

Amount of contribution (\$)

20.20

Contributor address; City; State; Zip Code

1639 Cedar Bluff LN, Dallas, Tx. 75253

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/2020

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

Alfida Cambero

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

1384 Grand Concourse #2A, Bx, NY 10456

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:
pg. 3 of 8

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/2020

5 Full name of contributor

Hewette Stringer

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

7 Amount of contribution (\$)

20.20

6 Contributor address;

City;

State;

Zip Code

4638 Travis St Apt 213, Dallas, Tx. 75205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/2020

Full name of contributor

Susan Stanford

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

6808 Santa Maria, Dallas, Tx. 75215

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/2020

Full name of contributor

Alicia McClung

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4718 Reiger Avenue, Apt 211, Dallas, Tx. 75246

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/2020

Full name of contributor

Doris Hunt

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

7130 Forest Mist Dr, Arlington, Tx. 76001

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:
pg. 4 of 8

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

10/6/2020

5 Full name of contributor

Barbara Leveridge

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

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

4811 March Avenue, Dallas, Tx. 75209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/6/2020

Full name of contributor

Bernadette Nutall

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

6603 Prairie Flower Tr., Dallas Tx. 75227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/2020

Full name of contributor

Barry Jacobs

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

Amount of contribution (\$)

3.00

Contributor address; City; State; Zip Code

6725 Bob O Link Dr., Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/2020

Full name of contributor

Amy McGinnis

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3505 Emerald Cove Dr, Flower Md., Tx. 75022

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:
pg. 5 of 8

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/2020

5 Full name of contributor

Sarah Lamb

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

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

5630 Willis Ave, Dallas, Tx. 75206

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/2020

Full name of contributor

Makisha Clark

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

278 Water Meadow Ct, Waxahachie, Tx. 75165

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2020

Full name of contributor

Adam Bazaldua

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

6926 Belteau Lane, Dallas, Tx. 75227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2020

Full name of contributor

Karen Fisher

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1638 Broadmoor Dr., Allen, Tx. 75002

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:
pg. 6 of 8

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/2020

5 Full name of contributor

Walter Manns

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

1577 W 29th , 403, Cleveland, Oh, 44113

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/2020

Full name of contributor

Walter Manns

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

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1577 W 29th , 403, Cleveland, Oh, 44113

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2020

Full name of contributor

Carmen Cerrillo

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

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

5553 Richmond Ave., Dallas Tx. 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2020

Full name of contributor

Amy Dennis

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

6165 Ravendale Lane, 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:
pg. 7 of 8

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/2020

5 Full name of contributor

Kate Mosely

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

6743 Gaston Ave, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/23/2020

Full name of contributor

Gary Foster

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

3004 ADOLPH ST, Dallas, Tx. 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2020

Full name of contributor

Isela Rodriguez

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1002 Santa Fe Trail, Grand Prairie, Tx. 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2020

Full name of contributor

Maria Elba Garcia

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

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

618 W. Jefferson, 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:
pg. 8 of 8

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/2020

5 Full name of contributor

Justin T Bolton

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

3083 Herschel Av, Dallas, Tx. 75219

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/2020

Full name of contributor

Norma Cardenas Rivera

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

Amount of contribution (\$)

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 (\$)

Contributor address;

City;

State;

Zip Code

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.

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 12/13/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Rodriguez	9 Loan Amount (\$) 100.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> 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 <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 1/14/2020	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Rodriguez	Loan Amount (\$) 10,000.00
Is lender a financial Institution? Y <input checked="" type="radio"/> 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 <input checked="" type="checkbox"/> none		<input checked="" 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	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. 1 of 3	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 10/7/2020	5 Payee name Barclays	
6 Amount (\$) 300.00	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 cc expenditure made 10/4/2020 (Koikoi Photography)
	(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 10/7/2020	Payee name Barclays	
Amount (\$) 861.00	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 cc expenditure made 10/4/2020 (Hustle, Inc.)
	<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 10/7/2020	Payee name Barclays	
Amount (\$) 1579.93	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 cc expenditure made 10/1/2020 (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

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 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. 2 of 3	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2020	5 Payee name Barclays	
6 Amount (\$) 6572.46	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 cc expenditure made 10/1/2020 (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 09/30/2020	Payee name American Express	
Amount (\$) 1058.40	Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Reimbursement of cc expenditure made 09/25/2020 (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
Date 10/23/2020	Payee name American Express	
Amount (\$) 2000.00	Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Reimbursement of cc expenditure made 10/22/2020 (DSPolitical LLC)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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. 3 of 3	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2020*	5 Payee name Stripe	
6 Amount (\$) 82.47	7 Payee address; City; State; Zip Code 510 Townsend St, San Francisco, CA 95103	
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 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	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 8	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 10/9/2020	6 Payee name The Rocket Science Group, LLC dba MailChimp
----------------------------	--

7 Amount (\$) 53.29	8 Payee address; 675 Ponce de Leon Ave NE, #5000, Atlanta, GA 30308
-------------------------------	---

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 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
---	-------------------------------	---------------	-------------

Date 10/5/2020	Payee name PoliEngine
-------------------	--------------------------

Amount (\$) 35.00	Payee address; 621 NW 12th Ave, Gainseville, FL, 32601
----------------------	---

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 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
--	-------------------------------	---------------	-------------

--

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: 2 of 8	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 10/7/2020	6 Payee name Hustle, Inc.
-----------------------------------	--

7 Amount (\$) 861.00	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
------------------------------	--

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
---	-------------------------------	---------------	-------------

Date 10/22/2020	Payee name DS Political
---------------------------	-----------------------------------

Amount (\$) 2000.00	Payee address; City; State; Zip Code 1250 H. St. NW, Ste 200, Washington, DC 20005
-------------------------------	--

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 Digital Advertising
	<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: 3 of 8	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 10/11/2020	6 Payee name Ecanvasser
------------------------------------	--

7 Amount (\$) 13.90	8 Payee address; City; State; Zip Code UNIT 6A, South Ring Business Park, Kinsdale Road, Cork, Republic of Ireland
--------------------------------------	---

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) solicitation/fundraising expense	(b) Description canvassing software system
	(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 10/21/2020	Payee name Progressive Change Campaign Committee
---------------------------	--

Amount (\$) 25.00	Payee address; City; State; Zip Code 1629 K St NW, Suite 300, Washington, DC 20006
-----------------------------	--

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) solicitation/fundraising expense	Description PIES database system
	<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: 4 of 8	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 10/14/2020	6 Payee name Signage Systems
------------------------------------	---

7 Amount (\$) 491.46	8 Payee address; 7900 Ferguson Rd., Dallas, Tx. 75228	City;	State;	Zip Code
---------------------------------------	--	-------	--------	----------

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 Yard Signs
	(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 10/15/2020	Payee name Graysen Design
---------------------------	-------------------------------------

Amount (\$) 90.93	Payee address; 9022A Garland Rd., Dallas, Tx. 75228	City;	State;	Zip Code
-----------------------------	---	-------	--------	----------

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 T-shirts
	<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: 5 of 8	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 10/8/2020	6 Payee name 4imprint	
7 Amount (\$) 767.17	8 Payee address; City; State; Zip Code 101 Commerce St., PO Bx.320, Oshkosh, WI 54901	
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 Imprinted giveaway items
	(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 10/1/2020	Payee name Hotcards	
Amount (\$) 1579.93	Payee address; City; State; Zip Code 2400 Superior Ave, Cleveland, OH 44114	
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 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

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 8	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 10/1/2020	6 Payee name Hotcards
-----------------------------------	--

7 Amount (\$) 6572.46	8 Payee address; City; State; Zip Code 2400 Superior Ave, Cleveland, OH 44114
--	--

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 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
---	-------------------------------	---------------	-------------

Date 10/17/2020	Payee name Hotcards
---------------------------	-------------------------------

Amount (\$) 723.60	Payee address; City; State; Zip Code 2400 Superior Ave, Cleveland, OH 44114
------------------------------	---

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 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
--	-------------------------------	---------------	-------------

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: 7 of 8	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
---	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 9/25/2020	6 Payee name Hotcards
----------------------------	---------------------------------

7 Amount (\$) 1058.40	8 Payee address; 2400 Superior Ave, Cleveland, OH 44114	City;	State;	Zip Code
---------------------------------	---	-------	--------	----------

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 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
---	-------------------------------	---------------	-------------

Date 10/21/2020	Payee name Hotcards
--------------------	------------------------

Amount (\$) 7548.00	Payee address; 2400 Superior Ave, Cleveland, OH 44114	City;	State;	Zip Code
------------------------	--	-------	--------	----------

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 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
--	-------------------------------	---------------	-------------

--

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: 8 of 8	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 10/6/2020	6 Payee name Hotcards
-----------------------------------	--

7 Amount (\$) 1080.00	8 Payee address; City; State; Zip Code 2400 Superior Ave, Cleveland, OH 44114
--	--

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 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
--	-------------------------------	---------------	-------------

Date 10/22/2020*	Payee name Facebook
----------------------------	-------------------------------

Amount (\$) \$750.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
--------------------------------	---

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 Online Advertising. *Total contracted on 10/22/2020. Billed in daily increments based on daily ad reach from 10/22/2020-11/3/2020
	<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