

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: 30
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">Nancy</p> NICKNAME LAST SUFFIX <p style="text-align: center;">Rodriguez</p>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">6725 Bob O Link Dr., Dallas, Tx. 75214</p> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center;">817 308-1881</p>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">Zahra Darwish</p> NICKNAME LAST SUFFIX	Date Received	Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">5126 Columbia Avenue, Dallas, Tx. 75214</p> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center;">214 448-1956</p>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <p style="text-align: center;">07 / 01 / 2020 THROUGH 09 / 24 / 2020</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="text-align: center;">11 / 03 / 2020</p>	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	
GO TO PAGE 2			

RECEIVED
 BOARD SERVICES
 DALLAS ISD
 2020 OCT -5 AM 10:51

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

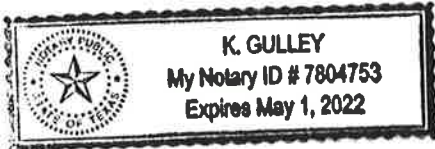
Additional Pages

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)	\$9083.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4638.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26069.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,100.00

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 *5th* day of *October*, 20 *20*, to certify which, witness my hand and seal of office.

K. Gully *K. Gully* *Notary*
Signature of officer administering oath Printed name of officer administering oath 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	\$9083.00
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	\$10,100.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2556.28
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	\$2082.37
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 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

7/11/2020

5 Full name of contributor

Rachel Franz

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

6 Contributor address;

City;

State; Zip Code

5514 Tremont St, Dallas, Tx. 75214

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/4/2020

Full name of contributor

Kevin Boyce

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

Contributor address;

City;

State; Zip Code

75 Sedgwick Avenue, Yonkers, NY 10705

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/4/2020

Full name of contributor

Gary Foster

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

Contributor address;

City;

State; Zip Code

3004 Adolph St., Dallas, Tx. 75204

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/11/2020

Full name of contributor

Ruth Torres

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

Contributor address;

City;

State; Zip Code

Po Box 224441, Dallas, Tx. 75222

Amount of contribution (\$)

250.00

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:
pg. 2 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

7/12/2020

5 Full name of contributor

Devon Lloyd

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

6 Contributor address;

City;

State;

Zip Code

1089 Tanland Drive, 113, Palo Alto, CA 94303

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/17/2020

Full name of contributor

Judy Macy

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

Contributor address;

City;

State;

Zip Code

7103 WESTLAKE AVE, Dallas, Tx. 75214

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/18/2020

Full name of contributor

Jose & Jennifer Rivas

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

Contributor address;

City;

State;

Zip Code

6145 Parkdale Ave., Dallas Tx. 75227

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/24/2020

Full name of contributor

Brent McDougal

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

Contributor address;

City;

State;

Zip Code

119 South Winnetka Ave, Dallas, Tx., 75208

Amount of contribution (\$)

50.00

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:
pg. 3 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

7/26/2020

5 Full name of contributor

Annie Spradley

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

6 Contributor address;

City;

State; Zip Code

5025 Rexton Lane, Dallas, Tx. 75214

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/26/2020

Full name of contributor

Ruth Torres

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

Contributor address;

City;

State; Zip Code

Po Box 224441, Dallas, Tx. 75222

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/2020

Full name of contributor

Janet L Bridges

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

Contributor address;

City;

State; Zip Code

PO Box 180932, Dallas, Tx. 75218

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/2020

Full name of contributor

Mildred Domenech

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

Contributor address;

City;

State; Zip Code

5750 E University Blvd, #527, Dallas, Tx 75206

Amount of contribution (\$)

3.00

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:
pg. 4 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

7/31/2020

5 Full name of contributor

Nancy Uribe

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

6 Contributor address; City; State; Zip Code

6338 shady Brook In., Dallas, Tx. 75206

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/4/2020

Full name of contributor

TERESA GUBBINS

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

Contributor address; City; State; Zip Code

3347 San Marcus Ave., Dallas Tx. 75228

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/2020

Full name of contributor

Rosie Curts

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

Contributor address; City; State; Zip Code

5916 North Jim Miller Road, Dallas, Tx. 75228

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/2020

Full name of contributor

Ada Simpkins

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

Contributor address; City; State; Zip Code

105 Windsor Cir, Stockbridge, GA 30281

Amount of contribution (\$)

50.00

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:
pg. 5 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

8/5/2020

5 Full name of contributor

Olga Pope

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

6 Contributor address; City; State; Zip Code

4432 Rawlins street, Dallas, Tx. 75219

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/7/2020

Full name of contributor

Mary Mesh

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

Contributor address; City; State; Zip Code

5837 VICTOR ST, Dallas, Tx. 75214

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/8/2020

Full name of contributor

Kelly Gordon

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

Contributor address; City; State; Zip Code

5921 Swiss Avenue, Dallas, Tx. 75214

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/8/2020

Full name of contributor

Kevin Hopper

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

Contributor address; City; State; Zip Code

4015 Herschel Ave, #2, Dallas, Tx. 75219

Amount of contribution (\$)

20.00

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:
pg. 6 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

8/9/2020

5 Full name of contributor

Victor R Aves

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

6 Contributor address;

City;

State; Zip Code

5942 Lewis St, Dallas, Tx. 75206

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/16/2020

Full name of contributor

Rudy Karimi

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

Contributor address;

City;

State; Zip Code

3060 Glasgow Dr., Dallas, Tx. 75214

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/2020

Full name of contributor

Roxanne McCreery

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

Contributor address;

City;

State; Zip Code

7035 Coronado Avenue, Dallas, Tx. 75214

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/2020

Full name of contributor

Janet Frey

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

Contributor address;

City;

State; Zip Code

660 Yorktown Apt 1323, Dallas, Tx. 75208

Amount of contribution (\$)

30.00

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:
pg. 7 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

8/19/2020

5 Full name of contributor

Zahra Darwish

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State; Zip Code

5126 columbia Ave, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/19/2020

Full name of contributor

Lynn Davenport

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

9627 Windy Hill Road, Dallas, Tx. 75238

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/2020

Full name of contributor

Anna Brining

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

2175 Kessler Court, Dallas, Tx. 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/2020

Full name of contributor

Bill Betzen

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

6717 Cliffwood, Dallas, Tx. 75237

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 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

8/19/2020

5 Full name of contributor

Ann Sansone

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

6 Contributor address; City; State; Zip Code

9922 Cloister Dr., Dallas, Tx. 75228

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/19/2020

Full name of contributor

Omar Uriel Jimenez

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

Contributor address; City; State; Zip Code

1639 Cedar Bluff LN, Dallas, Tx. 75253

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/2020

Full name of contributor

CHRISTOPHER SUPRUN

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

Contributor address; City; State; Zip Code

PO Box 227341, Dallas Tx. 75222

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/2020

Full name of contributor

Jacqueline Espinal

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

Contributor address; City; State; Zip Code

1200 Main Street, Dallas, Tx. 75202

Amount of contribution (\$)

200.00

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:
pg. 9 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/2020

5 Full name of contributor

Eric Lee Mata

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

6 Contributor address; City; State; Zip Code

1714 Caldwell Dr, Garland, Tx. 75041

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/20/2020

Full name of contributor

Beth Lamb

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

Contributor address; City; State; Zip Code

6661 Gaston Ave, Dallas, Tx. 75214

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/2020

Full name of contributor

Ashok Srikantappa

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

Contributor address; City; State; Zip Code

4548 Risinghill Dr., Plano, Tx. 75024

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/2020

Full name of contributor

Karla Zemler

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

Contributor address; City; State; Zip Code

6924 Wake Forrest Dr., Dallas, Tx. 75214

Amount of contribution (\$)

50.00

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:
pg. 10 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

8/21/2020

5 Full name of contributor

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

Norma & Trine Garza

6 Contributor address; City; State; Zip Code

2235 W. Colorado Blvd, Dallas, Tx. 75211

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/22/2020

Full name of contributor

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

Aubrey Flaherty

Contributor address; City; State; Zip Code

9020 Guernsey Ln, Dallas, Tx. 75220

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/2020

Full name of contributor

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

Carol Monaghan Greve

Contributor address; City; State; Zip Code

4424 Concho St, Dallas, Tx. 75206

Amount of contribution (\$)

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6/2020

Full name of contributor

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

Cynthia Salzman Mondell and Allen Mondell

Contributor address; City; State; Zip Code

5215 Homer St, Dallas, Tx. 75206

Amount of contribution (\$)

50.00

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:
pg. 11 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

9/7/2020

5 Full name of contributor

Audrey Pinkerton

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

7 Amount of contribution (\$)

500.00

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

9/11/2020

Full name of contributor

Stephen Yearout

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

2135 Stonehenge Dr., Garland, Tx. 75041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/2020

Full name of contributor

Tracy McElhenie

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

6909 La Vista Drive, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/2020

Full name of contributor

Bev Angel

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

PO Box 1085, Del Valle, Tx. 78617

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. 12 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

9/11/2020

5 Full name of contributor

Tony Farrer

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

6 Contributor address; City; State; Zip Code

5311 Mercedes Ave, Dallas, Tx. 75206

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/15/2020

Full name of contributor

Sarah Klitzke

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

Contributor address; City; State; Zip Code

10255 Vistadale Dr., Dallas, Tx. 75238

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/2020

Full name of contributor

David Gail

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

Contributor address; City; State; Zip Code

4231 Northcrest Rd., Dallas, Tx. 75229

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/2020

Full name of contributor

Jasmine Paris

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

Contributor address; City; State; Zip Code

320 Singleton Blvd, Dallas, Tx. 75212

Amount of contribution (\$)

250.00

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:
pg. 13 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

9/22/2020

5 Full name of contributor

Gil Glover

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

6 Contributor address;

City;

State; Zip Code

6410 Malcolm Drive, Dallas, Tx. 75214

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/22/2020

Full name of contributor

Afra Evans

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

Contributor address;

City;

State; Zip Code

5832 Emrose Terrace, Dallas, Tx. 75227

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/2020

Full name of contributor

Linda Mitchell

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

Contributor address;

City;

State; Zip Code

5451 Vickery Blvd, Dallas, Tx. 75206

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/2020

Full name of contributor

Mel Trudeau

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

Contributor address;

City;

State; Zip Code

8547 southwestern blvd., #1194 75206

Amount of contribution (\$)

50.00

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:
pg. 14 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/2020

5 Full name of contributor

Liz Bruni

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

6 Contributor address;

City;

State;

Zip Code

6871 Lorna Lane, Dallas, Tx. 75214

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/24/2020

Full name of contributor

Chris Hamilton

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

Contributor address;

City;

State;

Zip Code

5521 Swiss Avenue, Dallas, Tx. 75214

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/16/2020

Full name of contributor

Carmen Cerrillo

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

Contributor address;

City;

State;

Zip Code

5553 Richmond Ave., Dallas Tx. 75206

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/2020

Full name of contributor

Jill Carpenter

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

Contributor address;

City;

State;

Zip Code

6301 Gaston Ave #125, Dallas, TX 75214

Amount of contribution (\$)

250.00

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:
pg. 15 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/2020

5 Full name of contributor

Kyle Renard

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

6 Contributor address;

City;

State; Zip Code

3313 Drexel, Dallas, Tx. 75205

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/18/2020

Full name of contributor

Herman Jacobs

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

Contributor address;

City;

State; Zip Code

1343A Prince St., Houston, Tx. 77008

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30/2020

Full name of contributor

Sigridur Helgason

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

Contributor address;

City;

State; Zip Code

1332 Cedar Hill, Dallas, Tx 75208

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2020

Full name of contributor

Ruth Torres

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

Contributor address;

City;

State; Zip Code

Po Box 224441, Dallas, Tx. 75222

Amount of contribution (\$)

300.00

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:
pg. 16 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

7/26/2020

5 Full name of contributor

Jane Hoffman

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

6 Contributor address;

City;

State; Zip Code

6747 Lupton, Dallas, Tx. 75225

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/2020

Full name of contributor

Jose Perales

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

Contributor address;

City;

State; Zip Code

PO 571641, Dallas, Tx 75357

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/2020

Full name of contributor

Daniel and Bronwyn Levitan

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

Contributor address;

City;

State; Zip Code

9118 Rockbrook Dr., Dallas, Tx. 75220

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/22/2020

Full name of contributor

Cpt. Diane Birdwell, USAR

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

Contributor address;

City;

State; Zip Code

5705 Meadowick Dr., Dallas 75227

Amount of contribution (\$)

30.00

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:
pg. 17 of 17

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

716, 2020

5 Full name of contributor

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

Hector Acevedo

6 Contributor address;

City;

State; Zip Code

Villa Fontana 4ds12 Via 51, Carolina, PR 00983

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 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)

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 <input 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 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 <input type="radio"/>	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 1	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 7/27/2020	5 Payee name Millie Domenich	
6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 5750 E University Blvd, #527, Dallas, Tx 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign 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 7/27/2020	Payee name Zach Bullard dba Beyond the Slogan Consulting	
Amount (\$) 350.00	Payee address; City; State; Zip Code 4201 Bunker Hill Rd #5111 Garland, TX 75048	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website 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
Date 9/24/2020*	Payee name Stripe	
Amount (\$) 206.28	Payee address; City; State; Zip Code 510 Townsend St, San Francisco, CA 95103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Contribution Acceptance Fees. *Fees charged as of date of contribution. Amount shown represents total for period.
	<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
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: 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 7/9/2020	6 Payee name The Rocket Science Group, LLC dba MailChimp
---------------------------	--

7 Amount (\$) 53.29	8 Payee address; City; State; Zip Code 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 8/9/2020	Payee name The Rocket Science Group, LLC dba MailChimp
------------------	---

Amount (\$) 53.29	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE, #5000, Atlanta, GA 30308
----------------------	--

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 email 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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Banking Consulting Contributions/Donations Made By Candidate/Officeholder/Political Committee	Accounting/Expense Expense Expense Expense	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: 2 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 9/9/2020	6 Payee name The Rocket Science Group, LLC dba MailChimp	
7 Amount (\$) 53.29	8 Payee address; City; State; Zip Code 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 7/5/2020	Payee name PoliEngine	
Amount (\$) 35.00	Payee address; City; State; Zip Code 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
Banking Expense
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: 3 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 8/5/2020	6 Payee name PoliEngine	
7 Amount (\$) 35.00	8 Payee address; City; State; Zip Code 621 NW 12th Ave, Gainseville, Fl, 32601	
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 9/5/2020	Payee name PoliEngine	
Amount (\$) 35.00	Payee address; City; State; Zip Code 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: 4 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 9/4/2020	6 Payee name Koikoi Photography
----------------------------------	--

7 Amount (\$) 300.00	8 Payee address; City; State; Zip Code 13129 Rosser Rd, Farmers Branch, TX 75244
---------------------------------------	---

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 Photography
	(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 07/29/20	Payee name Hustle, Inc.
-------------------------	-----------------------------------

Amount (\$) 100.00	Payee address; City; State; Zip Code 595 Market St, Suite 920, S.F. Ca. 94105
------------------------------	---

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

--

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	\$ 0.00
--	----------------

5 Date 7/11/2020	6 Payee name Ecanvasser
-----------------------------------	--

7 Amount (\$) 199.00	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 8/11/2020	Payee name Ecanvasser
--------------------------	---------------------------------

Amount (\$) 199.00	Payee address; City; State; Zip Code UNIT 6A, South Ring Business Park, Kinsdale Road, Cork, Republic of Ireland
------------------------------	--

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 canvassing software 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: 6 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 9/11/2020	6 Payee name Ecanvasser
-----------------------------------	--

7 Amount (\$) 199.00	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 9/21/2020	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 fundraising 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: 7 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 9/11/2020	6 Payee name Print Noise	
7 Amount (\$) 450.75	8 Payee address; City; State; Zip Code 888 S Greenville Ave #301, 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) Printing 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 8/21/2020	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 fundraising 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: 8 of 8	2 FILER NAME Nancy Rodriguez	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 250.00
--	------------------

5 Date 8/19/2020	6 Payee name Facebook
-----------------------------------	--

7 Amount (\$) 250.00	8 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
---------------------------------------	--

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 Online 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 9/25/2020	Payee name Eagle Postal Center
--------------------------	--

Amount (\$) 69.75	Payee address; City; State; Zip Code 6333 Mockingbird Ave, Dallas, Tx. 75214
-----------------------------	--

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	Description Stamps for Mailers
	<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