

# 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: <b>40</b>								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <p style="text-align: center; font-size: 1.2em;"><b>Nancy</b></p> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align: center; font-size: 1.2em;"><b>Rodriguez</b></p>	<p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Date Received   <div style="text-align: center; font-size: 1.5em; font-weight: bold; color: blue;">                         2020 JUL 15 AM 11:19                          RECEIVED                          BOARD SERVICES                          DALLAS ISD                     </div> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Date Hand-delivered or Date Postmarked                 </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Receipt #                      Amount \$                 </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Date Processed                 </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Date Imaged                 </div>									
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <p style="text-align: center; font-size: 1.2em;"><b>6725 Bob O Link Dr., Dallas, Tx. 75214</b></p>										
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="text-align: center; font-size: 1.2em;"><b>(817) 308-1881</b></p>										
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <p style="text-align: center; font-size: 1.2em;"><b>Zahra Darwish</b></p> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX	Date Hand-delivered or Date Postmarked									
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <p style="text-align: center; font-size: 1.2em;"><b>5126 Columbia Avenue, Dallas, Tx. 75214</b></p>										
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="text-align: center; font-size: 1.2em;"><b>( 214 ) 448-9156</b></p>										
<b>9 REPORT TYPE</b>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 checked="" 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)
<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 checked="" 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)								
<b>10 PERIOD COVERED</b>	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;"><b>01 / 01 / 2020</b></td> <td></td> <td style="text-align: center; font-size: 1.2em;"><b>06 / 30 / 2020</b></td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	<b>01 / 01 / 2020</b>		<b>06 / 30 / 2020</b>		
Month    Day    Year	THROUGH	Month    Day    Year									
<b>01 / 01 / 2020</b>		<b>06 / 30 / 2020</b>									
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <p style="text-align: center; font-size: 1.2em;"><b>11 / 03 / 2020</b></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									
<b>12 OFFICE</b>  OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  <p style="text-align: center; font-size: 1.2em;"><b>Dallas ISD Trustee, District 2</b></p>										

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# 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.

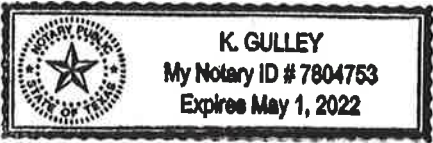
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 185.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,017.69
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,532.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,543.17
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 15<sup>th</sup> day of July, 2020, to certify which, witness my hand and seal of office.

*K. Gulley*  
Signature of officer administering oath

K. Gulley  
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 <b>Nancy Rodriguez</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$12,510.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$322.69
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	\$4,304.59
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	\$3,227.56
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 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

1/17/2020

5 Full name of contributor

Tracy McElhenie

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

6909 La Vista Dr., Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

Designer/Contractor

9 Employer (See Instructions)

self

Date

1/22/2020

Full name of contributor

Lynn Davenport

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

9627 Windy Hill Road, Dallas, Tx. 75238

Principal occupation / Job title (See Instructions)

volunteer

Employer (See Instructions)

none

Date

1/22/2020

Full name of contributor

Steven Wollard

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1200 Main Street, Dallas, Tx. 75202

Principal occupation / Job title (See Instructions)

Founder

Employer (See Instructions)

D-Node LLC

Date

1/22/2020

Full name of contributor

Kelly Gordon

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

5921 Swiss Avenue, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

CEO of Home

Employer (See Instructions)

self

**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 22**

2 FILER NAME

**Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1/25/2020

**Rick Sapio**

**1050.00**

6 Contributor address;

City;

State;

Zip Code

**700 N. Pearl St., Suite 910, Dallas, TX 75201**

8 Principal occupation / Job title (See Instructions)

**Money Manager**

9 Employer (See Instructions)

**Mutual Capital Alliance, Inc.**

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1/25/2020

**Lidia Sarrafzadeh**

**25.00**

Contributor address;

City;

State;

Zip Code

**12454 Wood Manor Cir, Farmers Br., Tx 75234**

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

**CFBISD**

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1/25/2020

**Rudy and Katherein Karimi**

**100.00**

Contributor address;

City;

State;

Zip Code

**306 S Glasgow Dr., Dallas, Tx. 75214**

Principal occupation / Job title (See Instructions)

**Consultant**

Employer (See Instructions)

**Amazon**

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2/3/2020

**Zahra Darwish**

**100.00**

Contributor address;

City;

State;

Zip Code

**5126 Columbia Ave, Dallas Tx 75214**

Principal occupation / Job title (See Instructions)

**Special Education Advocate**

Employer (See Instructions)

**self.**

**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 22**

2 FILER NAME

**Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/11/2020**

5 Full name of contributor

**Kimberly Sinnott**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**250.00**

6 Contributor address;

City;

State;

Zip Code

**6441 Westlake Ave., Dallas, Tx. 75214**

8 Principal occupation / Job title (See Instructions)

**Real estate agent**

9 Employer (See Instructions)

**self**

Date

**2/10/2020**

Full name of contributor

**Jorge 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)

**CMCHP**

Employer (See Instructions)

**Children's Health**

Date

**2/14/2020**

Full name of contributor

**George Castro**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**25.00**

Contributor address;

City;

State;

Zip Code

**4323 Brown St. #146, Dallas, Tx 75219**

Principal occupation / Job title (See Instructions)

**retired**

Employer (See Instructions)

**retired**

Date

**2/14/2020**

Full name of contributor

**Andrew R Graybill**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**1000.00**

Contributor address;

City;

State;

Zip Code

**3140 Dyer St., #637/Dallas, TX 75205**

Principal occupation / Job title (See Instructions)

**university professor**

Employer (See Instructions)

**SMU**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**pg. 4 of 22**

2 FILER NAME

**Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/17/2020**

5 Full name of contributor

**Mary A Macsisak and Wally Wilson**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**50.00**

6 Contributor address;

City;

State;

Zip Code

**6439 Sunnyland Ln, Dallas, Tx 75214**

8 Principal occupation / Job title (See Instructions)

**retired**

9 Employer (See Instructions)

**retired**

Date

**2/18/2020**

Full name of contributor

**Hasani Burton**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**500.00**

Contributor address;

City;

State;

Zip Code

**3839 McKinney Ave Ste 150 - 230 75204**

Principal occupation / Job title (See Instructions)

**CEO**

Employer (See Instructions)

**Kemet Inspired Media LLC**

Date

**2/18/2020**

Full name of contributor

**Ann Sansone**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**25.00**

Contributor address;

City;

State;

Zip Code

**9922 Cloister Drive, Dallas, Tx. 75228**

Principal occupation / Job title (See Instructions)

**teacher**

Employer (See Instructions)

**Richardson ISD**

Date

**2/20/2020**

Full name of contributor

**John Grande**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**25.00**

Contributor address;

City;

State;

Zip Code

**51 Poplar Street, Nanuet, NY 10954**

Principal occupation / Job title (See Instructions)

**teacher**

Employer (See Instructions)

**Mt. St. Michael Academy**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**pg. 5 of 22**

2 FILER NAME  
**Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/22/2020**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bill Betzen**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**6717 Cliffwood Dr., Dallas, Tx 75237**

**50.00**

8 Principal occupation / Job title (See Instructions)  
**retired teacher**

9 Employer (See Instructions)  
**DISD**

Date  
**2/23/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jill Carpenter**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**6301 Gaston #125 Dallas TX 75214**

**200.00**

Principal occupation / Job title (See Instructions)  
**realtor**

Employer (See Instructions)  
**self**

Date  
**2/26/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bradley Lega**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**6895 Sperry St, Dallas, Tx. 75214**

**100.00**

Principal occupation / Job title (See Instructions)  
**Physician**

Employer (See Instructions)  
**UTSW**

Date  
**3/1/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jeanne Segrest**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**6935 Meadow Lake Ave Dallas, tX 75214**

**25.00**

Principal occupation / Job title (See Instructions)  
**stay at home mom**

Employer (See Instructions)  
**stay at home mom**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**pg. 6 of 22**

2 FILER NAME  
**Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/3/2020**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Natalie Acevedo**

7 Amount of contribution (\$)  
**25.00**

6 Contributor address; City; State; Zip Code  
**109 W 153rd Street Apt#31G Bronx, NY 10451**

8 Principal occupation / Job title (See Instructions)  
**Contracting Officer**

9 Employer (See Instructions)  
**Network Contracting Office VA Hospital**

Date  
**3/3/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rita Acevedo**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**1719 Lafayette Ave Bronx, NY 10473**

Principal occupation / Job title (See Instructions)  
**housewife**

Employer (See Instructions)  
**N/A**

Date  
**3/6/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Kimberly Boyce**

Amount of contribution (\$)  
**20.00**

Contributor address; City; State; Zip Code  
**6016 Oram St #201 Dallas TX 75206**

Principal occupation / Job title (See Instructions)  
**sales**

Employer (See Instructions)  
**Dulcè**

Date  
**3/7/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jess Cooper**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**6966 SANTA MARIA LN, Dallas, Tx. 75214**

Principal occupation / Job title (See Instructions)  
**Occupational Therapist**

Employer (See Instructions)  
**Cooper Household**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**pg. 7 of 22**

2 FILER NAME  
**Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/11/2020**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lori Kirkpatrick**  
Contributor address; City; State; Zip Code  
**6705 Braeburn, Dallas, Tx. 75214**

7 Amount of contribution (\$)  
**500.00**

8 Principal occupation / Job title (See Instructions)  
**PA**

9 Employer (See Instructions)  
**Parkland**

Date  
**3/11/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Zahra Darwish**  
Contributor address; City; State; Zip Code  
**5126 Columbia Ave Dallas Tx 75214**

Amount of contribution (\$)  
**200.00**

Principal occupation / Job title (See Instructions)  
**Sped Advocate**

Employer (See Instructions)  
**Self**

Date  
**3/11/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Kelsey Taylor**  
Contributor address; City; State; Zip Code  
**5606 McCommas Blvd, Dallas, Tx. 75206**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**Lawyer**

Employer (See Instructions)  
**Dorsey & Whitney**

Date  
**3/12/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ashley Gordon Prater**  
Contributor address; City; State; Zip Code  
**1817 Harvard St. S Irving TX 75061**

Amount of contribution (\$)  
**50.00**

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

Employer (See Instructions)  
**Grant Halliburton Foundatio**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**pg. 8 of 22**

2 FILER NAME

**Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date

**Karen Mosby**  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**3/14/2020**

Contributor address; City; State; Zip Code

**30.00**

**7471 Rosewood Manor, Gaithersburg, MD 20882**

8 Principal occupation / Job title (See Instructions)

**Teacher**

9 Employer (See Instructions)

**Montgomery County Public Schools**

Date

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

Amount of contribution (\$)

**3/14/2020**

**Tara OGrady**

**100.00**

Contributor address; City; State; Zip Code

**7120 Pasadena Avenue, Dallas, Tx. 75214**

Principal occupation / Job title (See Instructions)

**Finance**

Employer (See Instructions)

**Paeline**

Date

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

Amount of contribution (\$)

**3/16/2020**

**James Anthony Farrer**

**75.00**

Contributor address; City; State; Zip Code

**5311 Mercedes Av, Dallas, Tx. 75206**

Principal occupation / Job title (See Instructions)

**Financial Data Analyst**

Employer (See Instructions)

**Bank of America**

Date

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

Amount of contribution (\$)

**3/16/2020**

**Cheri Flynn**

**50.00**

Contributor address; City; State; Zip Code

**6623 Anita St, Dallas TX 75214**

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

**Lakewood Montessori Elem. School**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
pg. 9 of 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/2020

5 Full name of contributor

Alois Winzinger

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

372 Shelton Road, Trumbull, Ct 06611

8 Principal occupation / Job title (See Instructions)

Insurance Sales

9 Employer (See Instructions)

Self

Date

3/17/2020

Full name of contributor

Elizabeth Lamb

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

6661 Gaston Ave Dallas Tx 75214

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Self

Date

3/19/2020

Full name of contributor

Giovani Rodriguez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

818 Renaissance Pt. #308, Altamonte Springs, FL 32714

Principal occupation / Job title (See Instructions)

Sterile Processing

Employer (See Instructions)

Advent Health

Date

3/19/2020

Full name of contributor

Pamela Copeland

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

6972 Town North Drive Dallas TX 75231

Principal occupation / Job title (See Instructions)

IT Security

Employer (See Instructions)

Raytheon

**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 22

2 FILER NAME  
**Nancy Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/21/2020**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sigrid Helgason**  
Contributor address; City; State; Zip Code  
**1332 Cedar Hill Ave, Dallas, Tx. 75208**

7 Amount of contribution (\$)  
**250.00**

8 Principal occupation / Job title (See Instructions)  
**Consultant**

9 Employer (See Instructions)  
**Ask Sigrid, Inc.**

Date  
**3/10/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Barry Jacobs**  
Contributor address; City; State; Zip Code  
**6725 Bob O Link, Dallas, Tx. 76214**

Amount of contribution (\$)  
**5.00**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Retired**

Date  
**5/12/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jessica Coggins**  
Contributor address; City; State; Zip Code  
**5230 Lobello Drive, Dallas, Tx. 75229**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**Consultant**

Employer (See Instructions)  
**JMC Strategy Group**

Date  
**5/16/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lauren Ortega**  
Contributor address; City; State; Zip Code  
**5613 Alton Dallas TX , 75214**

Amount of contribution (\$)  
**50.00**

Principal occupation / Job title (See Instructions)  
**Marketing accounts**

Employer (See Instructions)  
**Oncourt Offcourt**

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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 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

5/16/2020

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

Melanie Trudeau

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

8547 Southwestern , #1194 Dallas, Tx 75206

8 Principal occupation / Job title (See Instructions)

Demonstration Specialist

9 Employer (See Instructions)

HEB

Date

5/16/2020

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

Pam Trudeau

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

4306 Camden Ave. Dallas, Texas 75206

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

Social Security Administration

Date

5/16/2020

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

Norma and Trini Garza

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2235 W. Colorado Blvd, Dallas, Tx.

Principal occupation / Job title (See Instructions)

Sales specialist

Employer (See Instructions)

HEB/Central Market

Date

5/18/2020

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

Sheri Beach

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

9111 Mercer, Dallas, Tx.

Principal occupation / Job title (See Instructions)

Advocate

Employer (See Instructions)

Community Member

**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: <b>pg. 12 of 22</b>
2 FILER NAME <b>Nancy Rodriguez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/26/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carol Monaghan-Greve</b> 6 Contributor address; City; State; Zip Code <b>4324 Concho Street, Dallas, Tx.</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions) <b>Education</b>		9 Employer (See Instructions) <b>self</b>
Date <b>6/3/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aubrey Flaherty</b> Contributor address; City; State; Zip Code <b>9020 Guernsey Ln, Dallas, Tx</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>n/a</b>		Employer (See Instructions) <b>n/a</b>
Date <b>6/6/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dolores Wolfe</b> Contributor address; City; State; Zip Code <b>2125 Ash Grove Way Dallas, TX 75228</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>US Dept of Labor</b>		Employer (See Instructions) <b>US Dépt. of Labor</b>
Date <b>3/12/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Katharine Horvat</b> Contributor address; City; State; Zip Code <b>6041 Revere Pl. Dallas, Tx 75206</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>sales</b>		Employer (See Instructions) <b>VMWare</b>



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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 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

3/12/2020

5 Full name of contributor

Melanie Gordon

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

5528 Willis, Dallas, Tx 75206

8 Principal occupation / Job title (See Instructions)

SAAS

9 Employer (See Instructions)

ISW

Date

3/12/2020

Full name of contributor

Walter Manns

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

20.00

Contributor address;

City;

State;

Zip Code

1577 W. 28th St., Cleaveland, Oh 44113

Principal occupation / Job title (See Instructions)

Portfolio Mgr.

Employer (See Instructions)

Klopp Investment

Date

2/20/2020

Full name of contributor

Kyle Renard, M.D.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3313 Drexel, Dallas, Tx. 75205

Principal occupation / Job title (See Instructions)

Pediatrician

Employer (See Instructions)

None

Date

2/20/2020

Full name of contributor

Renny Rodriguez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

747 10th Ave. #31-J, NY, NY 10019

Principal occupation / Job title (See Instructions)

Actuary

Employer (See Instructions)

City of NY

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
pg. 14 of 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/2020

5 Full name of contributor

Myrta Acevedo

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

3312 Edgeford Dr., Roanoke, VA 22015

8 Principal occupation / Job title (See Instructions)

graphic designer

9 Employer (See Instructions)

self

Date

2/20/2020

Full name of contributor

Willard Mac Smith, Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3938 Vinecrest, Dallas, Tx 75229

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Retired

Date

1/30/2020

Full name of contributor

Aida Acevedo

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

633 Olmstead Ave, Bronx, NY 10473

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

self

Date

1/30/2020

Full name of contributor

Angel Acevedo

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

633 Olmstead Ave, Bronx, NY 10473

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

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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 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/2020

5 Full name of contributor

Farrah White

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

7155 Pasadena, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

attorney

9 Employer (See Instructions)

US government

Date

1/22/2020

Full name of contributor

Clay Hartmann

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

6677 Gaston, Dallas, Tx 75214

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

the Hartmann Firm

Date

1/22/2020

Full name of contributor

Kevin Hunt

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

5505 Flamingo Dr., Rowlett, Tx. 75089

Principal occupation / Job title (See Instructions)

Hydroponic Farmer

Employer (See Instructions)

Self

Date

1/22/2020

Full name of contributor

Doug Montgomery

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

6262 Swiss Ave., #D, Dallas, Tx 75214

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
pg. 16 of 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/2020

5 Full name of contributor

Bill Betzen

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

6717 Cliffwood Dr., Dallas, Tx 75237

8 Principal occupation / Job title (See Instructions)

Retired Teacher

9 Employer (See Instructions)

Self

Date

1/22/2020

Full name of contributor

Elizabeth Brunni

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

6871 Lorna Ln., Dallas, Tx, 75214

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

1/22/2020

Full name of contributor

Herman Jacobs

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

1343 Prince St. #A, Houston, Tx. 77008

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Baker Botts

Date

6/7/2020

Full name of contributor

Lora Cuccia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2134 Springhill Dr., Dallas, Tx. 75228

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

self

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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 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

6/9/2020

5 Full name of contributor

Rose Alsup

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8923 Angora Street, Dallas, Tx. 75218

8 Principal occupation / Job title (See Instructions)

Product Director

9 Employer (See Instructions)

Infor

Date

6/10/2020

Full name of contributor

Julio Romero

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

6802 Blessing Dr, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

Date

6/12/2020

Full name of contributor

Leslie Cannon

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

address

Principal occupation / Job title (See Instructions)

Community Engagement

Employer (See Instructions)

Be The Match

Date

6/21/2020

Full name of contributor

Kimberly Lloyd

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

3527 Thunderbird, Missouri City, Tx. 77459

Principal occupation / Job title (See Instructions)

Courier

Employer (See Instructions)

Atlas Delivery

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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. 18 of 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

6/22/2020

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

Candace Megan Airitam

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

7206 Brennans Drive, Dallas, Tx. 75214

8 Principal occupation / Job title (See Instructions)

Finance

9 Employer (See Instructions)

Self

Date

6/22/2020

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

Jennifer Lynn Morgan

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

2600 Cole Ave, Apt 104, Dallas, Tx. 75204

Principal occupation / Job title (See Instructions)

Executive Assistant - Office Manager

Employer (See Instructions)

Gables Residential Services, Inc.

Date

6/22/2020

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

DEEPAK GURBANI

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code

5225 Fleetwood Oaks, # 308, Dallas, Tx 75235

Principal occupation / Job title (See Instructions)

Scientist

Employer (See Instructions)

UT Southwestern Medical Center

Date

6/23/2020

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

Amy Dennis

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6165 Ravendale Lane, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

KPMG

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1;  
pg. 19 of 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

6/23/2020

5 Full name of contributor

Lisette Acevedo

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

Urb Villa Carolina, calle 76 114-25, Carolina, P.R. 00985

8 Principal occupation / Job title (See Instructions)

Pharmacy Manuel Díaz Garcia

9 Employer (See Instructions)

Pharmacy Tech

Date

6/24/2020

Full name of contributor

Victor Acevedo

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

182 Devoe Ave, Yonkers, NY 10705

Principal occupation / Job title (See Instructions)

Investment Banking Technology

Employer (See Instructions)

self

Date

6/24/2020

Full name of contributor

David Acevedo

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

17 Sunny Acres Road, Walkkill, NY 12589

Principal occupation / Job title (See Instructions)

Court Officer

Employer (See Instructions)

NY Unified Court System

Date

6/25/2020

Full name of contributor

Natalia Rey

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

6302 Malcolm Drive, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

housewife

Employer (See Instructions)

n/a

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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. 20 of 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

6/26/2020

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

Christopher Craig

7 Amount of contribution (\$)

30.00

6 Contributor address; City; State; Zip Code

1540 McCoy Street, Dallas, Tx. 75204

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Still Retired

Date

6/29/2020

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

Taylor Terrell

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3787 Waldorf Dr, Dallas, Tx. 75229

Principal occupation / Job title (See Instructions)

none

Employer (See Instructions)

none

Date

6/29/2020

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

Chantel Parker-Bright

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3637 Flair, Dallas, Tx. 75229

Principal occupation / Job title (See Instructions)

House Kitten

Employer (See Instructions)

unemployed

Date

6/29/2020

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

Emily Guthrie

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1600 Abrams Road # 10, Dallas, Tx. 75214

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

none

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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. 21 of 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/2020

5 Full name of contributor

Robyn Schaub

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

5948 Bryan Pkwy, Dallas, Tx. 75206

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Blue Communications

Date

6/15/2020

Full name of contributor

Matthew Cosentino

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

634 Dean St., Brooklyn, NY 11238

Principal occupation / Job title (See Instructions)

Partner

Employer (See Instructions)

Terra Commercial Real Estate Group

Date

5/26/2020

Full name of contributor

Pamela C. Torres

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

175.00

Contributor address;

City;

State;

Zip Code

624 Duck Creek Way, Sunnyvale, Tx 75182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/2020

Full name of contributor

Jose Garcia & Noemi Acevedo

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1122 Swinton Ave, Bronx, NY 10465

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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. 22 of 22

2 FILER NAME

Nancy Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

Victor Acevedo  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6/26/2020

6 Contributor address; City; State; Zip Code

50.00

2255 Hermany Ave., Bronx, NY 10473

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

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

Amount of contribution (\$)

6/10/2020

Jenny Rodriguez

25.00

Contributor address; City; State; Zip Code

747 10th Ave. #29C, NY, NY 10019

Principal occupation / Job title (See Instructions)

Associate

Employer (See Instructions)

H&M

Date

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

Amount of contribution (\$)

6/10/2020

Irma Rodriguez

25.00

Contributor address; City; State; Zip Code

747 10th Ave. #9H, NY, NY 10019

Principal occupation / Job title (See Instructions)

teacher

Employer (See Instructions)

retired

Date

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

Amount of contribution (\$)

6/22/2020

Mary Ann Climer

50.00

Contributor address; City; State; Zip Code

1322 Rainbow, Dallas, Tx.

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Nancy Rodriguez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>1/10/2020</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelly Graham</b>	8 Amount of Contribution \$ <b>253.31</b>	9 In-kind contribution description <b>campaign tshirts</b>
7 Contributor address; City; State; Zip Code <b>1200 Main St., Dallas, Tx. 75201</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Speech therapist</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>n/a</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>1/17/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Zahra Darwish</b>	Amount of Contribution \$ <b>69.38</b>	In-kind contribution description <b>office supplies</b>
Contributor address; City; State; Zip Code <b>5126 Columbia Avenue, Dallas, Tx. 75214</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Special Education Advocate</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>self</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Nancy Rodriguez</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>12/13/19</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Nancy Rodriguez</b>	9 Loan Amount (\$) <b>100.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <b>6725 Bob O Link, Dallas, Tx 75214</b>	10 Interest rate <b>n/a</b>
		11 Maturity date <b>n/a</b>
12 Principal occupation / Job title (See Instructions) <b>Social Worker</b>		13 Employer (See Instructions) <b>Children's Health</b>
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 <b>1/14/2020</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Nancy Rodriguez</b>	Loan Amount (\$) <b>10,000.00</b>
Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code <b>6725 Bob O Link, Dallas, Tx 75214</b>	Interest rate <b>n/a</b>
		Maturity date <b>n/a</b>
Principal occupation / Job title (See Instructions) <b>Social Worker</b>		Employer (See Instructions) <b>Children's Health</b>
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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>pg. 1 of 3</b>	<b>2</b> FILER NAME <b>Nancy Rodriguez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/17/2020</b>	<b>5</b> Payee name <b>Signage Systems</b>	
<b>6</b> Amount (\$) <b>1710.35</b>	<b>7</b> Payee address; City; State; Zip Code <b>7900 Ferguson Rd, Dallas, TX 75228</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Yard Signs</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<b>Candidate / Officeholder name</b>	<b>Office sought</b> <b>Office held</b>
<b>Date</b> <b>02/19/2020</b>	<b>Payee name</b> <b>Signage Systems</b>	
<b>Amount (\$)</b> <b>467.64</b>	<b>Payee address; City; State; Zip Code</b> <b>7900 Ferguson Rd, Dallas, TX 75228</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>Description</b> <b>Yard Signs</b>
	<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	<b>Candidate / Officeholder name</b>	<b>Office sought</b> <b>Office held</b>
<b>Date</b> <b>3/17/2020</b>	<b>Payee name</b> <b>Signage Systems</b>	
<b>Amount (\$)</b> <b>1039.20</b>	<b>Payee address; City; State; Zip Code</b> <b>7900 Ferguson Rd, Dallas, TX 75228</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>Description</b> <b>Yard Signs</b>
	<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	<b>Candidate / Officeholder name</b>	<b>Office sought</b> <b>Office held</b>

**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.

<b>1</b> Total pages Schedule F1: <b>pg. 2 of 3</b>	<b>2</b> FILER NAME <b>Nancy Rodriguez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>1/3/2020</b>	<b>5</b> Payee name <b>Times Ten Cellars</b>
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<b>6</b> Amount (\$) <b>100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>6324 Prospect Ave, Dallas, TX 75214</b>
---------------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Venue rental - campaign kickoff</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/17/2020</b>	Payee name <b>Veritex Community Bank</b>
---------------------------	---

Amount (\$) <b>7.00</b>	Payee address; City; State; Zip Code <b>2101 Abrams, Dallas, Tx. 75214</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Banking Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/30/2020</b>	Payee name <b>Stripe</b>
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Amount (\$) <b>281.40</b>	Payee address; City; State; Zip Code <b>510 Townshend St., San Francisco, CA 95103</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Contribution acceptance fees. *Fees charged as of date of contribution. Amount show represents total for period.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>pg. 3 of 3</b>	<b>2</b> FILER NAME <b>Nancy Rodriguez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/23/20</b>	<b>5</b> Payee name <b>Advocate Media</b>	
<b>6</b> Amount (\$) <b>699.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>6301 Gaston, Dallas, Tx. 75214</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>Date</b>	<b>Candidate / Officeholder name</b>	
<b>Amount (\$)</b>	<b>Office sought</b>	<b>Office held</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
<b>Date</b>	<b>Candidate / Officeholder name</b>	
<b>Amount (\$)</b>	<b>Office sought</b>	<b>Office held</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
<b>Date</b>	<b>Candidate / Officeholder name</b>	
<b>Amount (\$)</b>	<b>Office sought</b>	<b>Office held</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: pg. 1 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 1/11/2020	<b>6</b> Payee name Ecanvasser
----------------------------	-----------------------------------

<b>7</b> Amount (\$) 199.00	<b>8</b> Payee address; UNIT 6A, South Ring Business Park, Kinsdale Road, Cork, Republic of Ireland	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) solicitation/fundraising expense	<b>(b)</b> Description canvassing software system
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/11/2020	Payee name Ecanvasser
-------------------	--------------------------

Amount (\$) 199.00	Payee address; UNIT 6A, South Ring Business Park, Kinsdale Road, Cork, Republic of Ireland	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) 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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.

<b>1</b> Total pages Schedule F4: pg. 2 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

<b>5</b> Date 3/11/2020	<b>6</b> Payee name Ecanvasser
----------------------------	-----------------------------------

<b>7</b> Amount (\$) 199.00	<b>8</b> Payee address; UNIT 6A, South Ring Business Park, Kinsdale Road, Cork, Republic of Ireland	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) solicitation/fundraising expense	<b>(b)</b> Description canvassing software system
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/11/2020	Payee name Ecanvasser
-------------------	--------------------------

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

<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	---	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) solicitation/fundraising expense	<b>Description</b> 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
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: pg. 3 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

<b>5</b> Date 5/11/2020	<b>6</b> Payee name Ecanvasser
----------------------------	-----------------------------------

<b>7</b> Amount (\$) 199.00	<b>8</b> Payee address; UNIT 6A, South Ring Business Park, Kinsdale Road, Cork, Republic of Ireland	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) solicitation/fundraising expense	<b>(b)</b> Description canvassing software system
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/05/2020	Payee name Poliengine
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Amount (\$) 35.00	Payee address; 621 NW 12th Ave, Gainseville, FI, 32601	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	---	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) advertising expense	<b>Description</b> website hosting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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.

<b>1</b> Total pages Schedule F4: pg. 4 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 2/05/2020	<b>6</b> Payee name Poliengine	
<b>7</b> Amount (\$) 35.00	<b>8</b> Payee address; City; State; Zip Code 621 NW 12th Ave, Gainseville, FI, 32601	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description website hosting
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/05/2020	Payee name Poliengine	
Amount (\$) 35.00	Payee address; City; State; Zip Code 621 NW 12th Ave, Gainseville, FI, 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F4: pg. 5 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 4/05/2020	<b>6</b> Payee name Poliengine
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<b>7</b> Amount (\$) 35.00	<b>8</b> Payee address; 621 NW 12th Ave, Gainseville, FI, 32601	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description website hosting
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/05/2020	Payee name Poliengine
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Amount (\$) 35.00	Payee address; 621 NW 12th Ave, Gainseville, FI, 32601	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) advertising expense	<b>Description</b> 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: pg. 6 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 6/05/2020	<b>6</b> Payee name Poliengine
----------------------------	-----------------------------------

<b>7</b> Amount (\$) 35.00	<b>8</b> Payee address; 621 NW 12th Ave, Gainseville, FI, 32601	City;	State;	Zip Code
-------------------------------	--	-------	--------	----------

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description website hosting
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/09/2020	Payee name The Rocket Science Group,.LLC dba MailChimp
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Amount (\$) 53.29	Payee address; 675 Ponce de Leon Ave NE, #5000, Atlanta, GA 30308	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: pg. 7 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 04/09/2020	<b>6</b> Payee name The Rocket Science Group, LLC dba MailChimp	
<b>7</b> Amount (\$) 53.29	<b>8</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE, #5000, Atlanta, GA 30308	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description email service
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/09/2020	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: pg. 8 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 06/09/2020	<b>6</b> Payee name The Rocket Science Group, LLC dba MailChimp	
<b>7</b> Amount (\$) 53.29	<b>8</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE, #5000, Atlanta, GA 30308	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description email service
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6/11/2020	Payee name Texas Democratic Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 15707, Austin, TX 78761	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Solicitation/fundraising Expense	<b>Description</b> Mailing and phone lists
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: pg. 9 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 1/22/2020	<b>6</b> Payee name Times Ten Cellars	
<b>7</b> Amount (\$) 857.07	<b>8</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE, #5000, Atlanta, GA 30308	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Campaign kickoff food/bev
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/11/2020	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: pg. 10 of 10	<b>2</b> FILER NAME Nancy Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 1/22/2020	<b>6</b> Payee name 4over4
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<b>7</b> Amount (\$) 253.33	<b>8</b> Payee address; 1941 46th St., Astoria, NY 11105	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Door Hangers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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