

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: 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

SUFFIX

CAMILLE
LAST
ROJALWAZ

OFFICE USE ONLY

Date Received

7/15/24

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand Delivered or Date Postmarked

hand delivered

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

66666
LAST
ROJALWAZ

Date Processed

7/15/24

Date Imaged

7/15/24

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Off-holder Only)

X July 15

30th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH-FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

1 / 9 / 24

THROUGH

7 / 1 / 24

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

Other

General

Special

Description

12 OFFICE

OFFICE (If known)

13 OFFICE SOUGHT (if known)

FWISD TRUSTEE, DIST 1

14 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

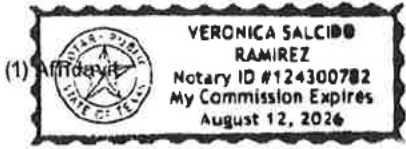
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6939.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8368.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Camille Rodriguez this the 15th day of July.

20 24 to certify which, witness my hand and seal of office.

Veronica Ramirez Veronica Ramirez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3950.00
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E: LOANS	\$
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6939.38
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>LINDBERGER, GOGGAN, DUR & SIMSON</i>	7 Amount of contribution (\$) <i>2000.00</i>
<i>1-12-24</i>	6 Contributor address; <small>City; State; Zip Code</small> <i>[REDACTED] [REDACTED] [REDACTED] TX 78760</i>	
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>O'HANLON</i>	Amount of contribution (\$) <i>1950.00</i>
<i>2-29-24</i>	Contributor address; <small>City; State; Zip Code</small> <i>[REDACTED] [REDACTED] MO PHO TX 78517</i>	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; <small>City; State; Zip Code</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; <small>City; State; Zip Code</small>	
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Debit Card Made By
Candidate/Office/Political Party/Committee/Club/Child Support

Event Expense
Food
Food/Beverage/Entertainment
Gift/Awards/Memorabilia Expense
Legal Services

Loan Forgiveness/Reimbursement
Office Overhead/Kaplan Expense
Printing Expense
Travel Expense
Salaries/Wages/Contract Labor

State of Texas Fundraising Expense
Transportation/Equipment & Rental/Political
Travel/Travel of Candidate/Political Party
Travel/Political Party/Political Party/Political Party
Travel/Political Party/Political Party/Political Party

The Instruction Guide explains how to complete this form.

1 This page is Schedule F1

2 FILER NAME: **CAROL ANN GALT**

3 Filer ID (Ethics Commission Filer):

4 Date: **6-27-24**

5 Payee name: **OFFICE DEPOT**

6 Amount (\$): **487.26**

7 Payee address: **2600 W. 7th ST FT. WORTH TX 76107**

8

(a) Category: **Printing Expense**

(b) Description: **PRINTING EXPENSE**

(c) Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

9 Complete ONLY if direct expenditure to benefit COH:

Date: **6-27-24**

Payee name: **USPS**

Amount (\$): **468.00**

Payee address: **2120 ELLI AC FT. WORTH TX 76164**

Category: **Advertising Expense**

Description: **ADVERTISING EXPENSE**

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Complete ONLY if direct expenditure to benefit COH:

Date: **5-9-24**

Payee name: **ANGEL'S BBQ**

Amount (\$): **261.12**

Payee address: **2533 WHITE SETTLEMENT RD FT. WORTH TX 76107**

Category: **Event Expense**

Description: **EVENT EXPENSE**

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Complete ONLY if direct expenditure to benefit COH:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Expense
Conferences Expense
Contributions/Donations Made By
Candidate/Officeholder/Member of Committee
or Candidate/Officeholder

Travel Expense
Food/Beverage Expense
Gifts/Vouchers/Memorabilia Expense
Legal Services

Telephone/Cellular/Mobile Phone
Office/Computer/Travel Expense
Printing Expense
Postage Expense
Travel/Vacation/Commutation

Candidate/Officeholder Expense
Transportation/Equipment & Rental Expense
Travel Expense
Travel Out of District
Other (provide category not listed above)

The Instruction Guide explains how to complete this form.

1 Filer's Name: Same as F1 2 FILER NAME **CAMILLE ROSALBA** 3 Filer ID (Ethics Commission Only)

4 Date **1-11-24** 5 Payee name **PORT WORTH HISPANIC CHAMBER OF COMMERCE** 6 Amount (\$) **\$490.00** 7 Payee address City State Zip Code

1327 N. MAIN ST FT-WORTH TX 76164

8 (a) Category **Donation** (b) Description
PURPOSE OF EXPENDITURE

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

Date **1-17-24** Payee name **TEXAS RANGERS**
Amount (\$) **\$500.00** Payee address City State Zip Code

734 STAMUN DR ARLINGTON TX 76011

Category **Event Expense** Description
PURPOSE OF EXPENDITURE

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

Date **5-12-24** Payee name **NOBIA SIOE MARIACHI**
Amount (\$) **\$125.00** Payee address City State Zip Code

2211 MCKINLEY AVE FT. WORTH TX 76164

Category **Donation** Description
PURPOSE OF EXPENDITURE

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Child Care Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rent/Lease Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Traveling Expense Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (enter category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages: Schedule F1	2 FILER NAME: CAMIE FORAQUE	3 Filer ID (Ethics Commission Filer)
4 Date: 5-6-24	5 Payee name: RUFNO MEMORIAL ELEMENTARY	
6 Amount (\$): 5-6-24^a \$ 150.00	7 Payee address: 1412 DENVER RD FT. WORTH TX 76104	City: FT. WORTH State: TX Zip Code: 76104
8 PURPOSE OF EXPENDITURE: DONATION	(a) Category (See Instructions for details): DONATION	(b) Description:
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 5-22-24	Payee name: KATHLEEN HIGGS CAMPAIGN	
Amount (\$): \$ 5000.00	Payee address: P.O. BOX 15921 FT. WORTH TX 76164	City: FT. WORTH State: TX Zip Code: 76164
PURPOSE OF EXPENDITURE: DONATION	(a) Category (See Instructions for details): DONATION	(b) Description:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 6-22-24	Payee name: TEXAS RANCHES	
Amount (\$): \$ 255.00	Payee address: 734 STAGnum DR ARLINGTON TX 76011	City: ARLINGTON State: TX Zip Code: 76011
PURPOSE OF EXPENDITURE: EVENT EXPENSE	(a) Category (See Instructions for details): EVENT EXPENSE	(b) Description:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED