

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 CAMICE	MI	OFFICE USE ONLY			
	NICKNAME	LAST RODRIGUEZ	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX	APT / SUITE #	CITY		STATE	ZIP CODE	
	2005 CLINTON AVE FT. WORTH, TX 76164						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817) 975-3519						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST GERM	MI	Date Received 7/15/24			
	NICKNAME	LAST RODRIGUEZ	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY			STATE	ZIP CODE
	1821 HIGHLAND AVE FT. WORTH, TX 76164						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817) 455-4819						
9 REPORT TYPE	January 15		30th day before election		Runoff		
	<input checked="" type="checkbox"/> July 15		9th day before election		Exceeded Modified Reporting Limit		
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month		
	1 / 9 / 24			THROUGH	7 / 1 / 24		
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	Primary	Runoff	Other Description	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	PLWD TRUSTEE, DIST 1						
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<small>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.</small>						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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)

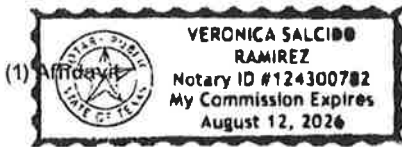
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL 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.

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 J: 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>LINDBRGER, GOGGAN, DUNE & SIMSON</i>	7 Amount of contribution (\$) <i>2200.00</i>
<i>1-12-24</i>	6 Contributor address; City; State; Zip Code <i>Austin, 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; City; State; Zip Code <i>PHALL TX 78577</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; City; State; Zip Code	
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; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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/Officer or Candidate/Officer's
Campaign Committee

Event Expense
Fuel
Food/Beverage/Refreshment
Gift/Award/Memorabilia Expense
Legal Services

Loan For Payee or Reimbursement
Office Overhead/Repairs/Utilities
Printing Expense
Travel Expense
Salaries/Wages/Contract Labor

State/Local Fundraising Expense
Transportation/Equipment & Rental Expense
Travel in Lieu of
Travel/Out of State
Travel (other category not listed below)

The Instruction Guide explains how to complete this form.

1. This page is Schedule F1 2. FILER NAME **CAROL ANN GARCIA** 3. Filer ID (Ethics Commission Filer)

4. Date **6-27-24** 5. Payee name **OFFICE DEPOT**
6. Amount (\$) **\$87.26** 7. Payee address City State Zip Code
2600 W. 7th ST FT. WORTH TX 76107

8. PURPOSE OF EXPENDITURE
(a) Category: **Printing Expense** (b) Description
PRINTING EXPENSE

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

Date **6-27-24** Payee name **USPS**
Amount (\$) **\$68.00** Payee address City State Zip Code
2120 ELLI AC FT. WORTH TX 76164

PURPOSE OF EXPENDITURE
Category: **Advertising Expense** Description
ADVERTISING EXPENSE

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

Date **5-9-24** Payee name **ANGEL'S BBQ**
Amount (\$) **\$261.12** Payee address City State Zip Code
2533 WHITE SETTLEMENT RD FT. WORTH TX 76107

PURPOSE OF EXPENDITURE
Category: **Event Expense** Description
EVENT EXPENSE

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officer/holder 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 Expense
Consulting Expense
Charitable Contributions Made By
Candidate/Officeholder/Member of Committee
Candidate Expenses

Travel Expense
Food/Beverage Expense
Gifts/Entertainment Expense
Travel Expenses

Printing Expense
Office (Copier/Phone/Fax) Expense
Printing Expense
Printing Expense
Printing Expense
Printing Expense

Candidate Addressing Expense
Transportation/Equipment & Related Expense
Travel Expense
Travel Out of District
Other (List in detail on separate sheet)

The Instruction Guide explains how to complete this form.

1 Filing Period: 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: **1327 N. MAIN ST** | City: **FT-WORTH** | State: **TX** | Zip Code: **76164**

8 (a) Category: **Donation** | (b) Description: **Donation**
PURPOSE OF EXPENDITURE: **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: **734 STADIUM DR** | City: **ARLINGTON** | State: **TX** | Zip Code: **76011**

Category: **Event Expense** | Description: **Event Expense**
PURPOSE OF EXPENDITURE: **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: **2211 MCKINLEY AVE** | City: **FT. WORTH** | State: **TX** | Zip Code: **76164**

Category: **Donation** | Description: **Donation**
PURPOSE OF EXPENDITURE: **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/Donation Made By Candidate/Officeholder/Political Committee Child Care Payment	Event Expense Food 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/Traveling Expense Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (enter a 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: CAMILLE LORANGE | 3 Filer ID (Ethics Commission Filer)

4 Date: 5-6-24 | 5 Payee name: RUFINO MENDOZA ELEMENTAL

6 Amount (\$): 5-6-24^a \$ 150.00 | 7 Payee address: 1412 DENVER AVE FT. WORTH TX 76104

8 PURPOSE OF EXPENDITURE: DONATION

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

PURPOSE OF EXPENDITURE: DONATION

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 STADIUM DR ARLINGTON TX 76011

PURPOSE OF EXPENDITURE: EVENT EXPENSE

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED