

# 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;

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

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

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

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  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

OFFICE USE ONLY

Date Received

RECEIVED

APR 03 2025

FWISD - Legal Services

Date Hand-delivered or Date Postmarked

Hand delivered

Receipt #

Amount \$

Date Processed

Date Imaged

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)

\$

14,550

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5177.28

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

18,109.52

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.

*Cal Rg*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Camille Rodriguez this the 3<sup>rd</sup> day of April, 2025, to certify which, witness my hand and seal of office.

*Kristin Carpenter*  
Signature of officer administering oath

Kristin Carpenter  
Printed name of officer administering oath

Public Information Coordinator  
Title of officer administering oath

FW15D

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)

# 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 <i>Samuel Rodriguez</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-24-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDA MCGUIRE</i>			7 Amount of contribution (\$) <i>\$2000</i>	
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>H. WALKER TX 76102</i>					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>1-30-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>O'HANLON</i>			Amount of contribution (\$) <i>\$2000</i>	
Contributor address; City; State; Zip Code <i>PHARR, TX 78577</i>			<div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2-18-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMILE LOCANOUGH</i>			Amount of contribution (\$) <i>\$5000</i>	
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>H. WALKER TX 76107</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2-24-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CANTLEY HANCO</i>			Amount of contribution (\$) <i>\$1500</i>	
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>H. WALKER TX 76102</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 <i>CAMILLE BOGALON</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-5-25</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARTIN HIGGS</i>		7 Amount of contribution (\$) <i>\$1000</i>	
		6 Contributor address; City; State; Zip Code [REDACTED] <i>FT. WORTH TX 76119</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>3-13-25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROSS NAVEJA</i>		Amount of contribution (\$) <i>\$1000</i>	
		Contributor address; City; State; Zip Code [REDACTED] <i>FT. WORTH TX 76107</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>3-28-25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KENNETH HIGGS</i>		Amount of contribution (\$) <i>\$1000</i>	
		Contributor address; City; State; Zip Code [REDACTED] <i>FT. WORTH TX 76119</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>3-17-25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EVA BOMER</i>		Amount of contribution (\$) <i>\$100.00</i>	
		Contributor address; City; State; Zip Code [REDACTED] <i>FT. WORTH, TX 76107</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

# 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: <u>5</u>
2 FILER NAME <u>CAMIE RIVERA</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-19-25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>RUTH MONROE</u> <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>Irving, TX 76133</u>	7 Amount of contribution (\$) <u>\$100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-19-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>LWA CUNNINGHAM</u> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>Allen, TX 76001</u>	Amount of contribution (\$) <u>\$100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-17-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>SOMIA RODRIGUEZ</u> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>San Antonio, TX 78223</u>	Amount of contribution (\$) <u>\$350.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-20-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>SAM LIGORSE</u> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>Irving, TX 76164</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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: <u>1</u>
2 FILER NAME <i>CAMILLE BOALOUZ</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-12-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SWE ANNE MURPHY</i> <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Coleridge, TX 76034</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2-13-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TRITA ALLEN</i> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>7th Street, TX 76133</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# 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	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>2</b> FILER NAME <i>Camille Lopez</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>1-31-25</i>		<b>5</b> Payee name <i>MILICIA STANON</i>			
<b>6</b> Amount (\$) <i>\$500</i>		<b>7</b> Payee address; City; State; Zip Code <i>2013 Center Ave Ft Worth, TX 76164</i>			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>CONTRIBUTOR CASH - SIGN</i>		<b>(b)</b> Description		
	<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	
Date <i>3-20-25</i>		Payee name <i>ROSALBA STANON</i>			
Amount (\$) <i>\$300.00</i>		Payee address; City; State; Zip Code <i>1615 HAZZINGTON FT WORTH, TX 76164</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONTRIBUTOR CASH - SIGN</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3-31-25</i>		Payee name <i>RIVER OAKS PRWTH</i>			
Amount (\$) <i>455.73</i>		Payee address; City; State; Zip Code <i>4709 MARBLE FT. WORTH, TX 76114</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

**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  
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.

1 Total pages Schedule F1:		2 FILER NAME <i>CAMILE RODRIGUEZ</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-29-25</i>		5 Payee name <i>ONLINE CANDIDATE</i>			
6 Amount (\$) <i>\$150.00</i>		7 Payee address; City; State; Zip Code <i>211 CRANWATER MONTGOMERY, AL 36107</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

  

Date <i>3-29-25</i>	Payee name <i>ONLINE CANDIDATE</i>				
Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>211 CRANWATER MONTGOMERY, AL 36107</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

  

Date <i>3-4-25</i>	Payee name <i>Puffin BTRP/ALIS</i>				
Amount (\$) <i>\$562.38</i>	Payee address; City; State; Zip Code <i>713 OILCUT DR EUGEN, TX 76040</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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>2</b> FILER NAME <i>CAMILLE B921602</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>3-4-25</i>		<b>5</b> Payee name <i>USPS</i>			
<b>6</b> Amount (\$) <i>\$105.00</i>		<b>7</b> Payee address; City; State; Zip Code <i>5125 WILKINSON FT. WORTH, TX 76119</i>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FEES</i>		<b>(b)</b> Description		
	<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					
Date <i>2-26-25</i>		Payee name <i>TRAVIS JOO</i>			
Amount (\$) <i>\$338.86</i>		Payee address; City; State; Zip Code <i>2701 S HULST FT. WORTH TX 76109</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>GIFT</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>1-28-25</i>		Payee name <i>RIVER OAKS PRINTING</i>			
Amount (\$) <i>\$1256.60</i>		Payee address; City; State; Zip Code <i>4709 SARANA FT. WORTH, TX 76114</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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  
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.

1 Total pages Schedule F1:		2 FILER NAME <i>CAMILLE RODRIGUEZ</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-10-25</i>		5 Payee name <i>CENTRA MARKET</i>			
6 Amount (\$) <i>39.23</i>		7 Payee address; City; State; Zip Code <i>4657 W. FREEWAY FT. WORTH, TX 76107</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-10-25</i>		Payee name <i>WALMART</i>			
Amount (\$) <i>24.56</i>		Payee address; City; State; Zip Code <i>3851 AIRPORT Fwy FT. WORTH, TX 76111</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-5-25</i>		Payee name <i>OFFICE 9807</i>			
Amount (\$) <i>\$223.12</i>		Payee address; City; State; Zip Code <i>401 CAREW ST FT. WORTH, TX 76107</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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>2</b> FILER NAME <i>CAMILLE RODRIGUEZ</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>2-24-25</i>		<b>5</b> Payee name <i>JASON'S DEEL</i>			
<b>6</b> Amount (\$) <i>53.85</i>		<b>7</b> Payee address; <i>2217 MISTOWN LN</i>		City; <i>FT. WORTH, TX</i>	State; <i>TX</i>
<b>8</b>  PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FOOD EXPENSE</i>		<b>(b)</b> Description	
		<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
Date <i>3-10-25</i>		Payee name <i>RIVER OAKS PRINTING</i>			
Amount (\$) <i>98.28</i>		Payee address; <i>4709 ALMA LN</i>		City; <i>FT. WORTH, TX</i>	State; <i>TX</i>
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>3-18-25</i>		Payee name <i>DOWN TREE</i>			
Amount (\$) <i>\$30.83</i>		Payee address; <i>367 CAROL ST</i>		City; <i>FT. WORTH, TX</i>	State; <i>TX</i>
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>James Aragon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-1-25</i>	5 Payee name <i>PR PHOTOGRAPHY</i>		
6 Amount (\$) <i>\$ 500.00</i>	7 Payee address; City; State; Zip Code <i>1821 COLUMBIA AVE WORTH TX 76164</i>		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <i>3-18-25</i>	Payee name <i>RIVER OAKS PRINTING</i>		
Amount (\$) <i>\$238.56</i>	Payee address; City; State; Zip Code <i>4706 MAMA FT. WORTH, TX 76114</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <i>3-6-25</i>	Payee name <i>MULHOLLEN</i>		
Amount (\$) <i>\$365.31</i>	Payee address; City; State; Zip Code <i>1200 W. BEAR ST FT. WORTH, TX 76110</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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