



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME \_\_\_\_\_ 15 ACCOUNT # (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.

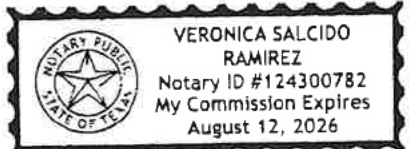
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,875.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,669.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.



*Camille Rodriguez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Camille Rodriguez, this the 15th day of July, 20 25, 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

# 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.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3550
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10875.59
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>CAMILLE ROMIGUER</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-30-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALOP JIMENEZ</i>	7 Amount of contribution (\$) <i>\$500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-28-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DANIELLE COCANOY GARZA</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-3-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RAMON ROMERO</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-1-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FUTURE TEXAS</i>	Amount of contribution (\$) <i>\$2000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-12-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WESLEY TURNER</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>CAMMIE ROZICOR</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>11-25</i>	<b>5</b> Payee name <i>TOM THUMS</i>	
<b>6</b> Amount (\$) <i>977.28</i>	<b>7</b> Payee address; City; State; Zip Code <i>2400 W 7th St FT. WORTH TX 76107</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>GIFTS</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>6-5-25</i>	<b>Payee name</b> <i>OFFICE JOPOT</i>	
<b>Amount (\$)</b> <i>46.38</i>	<b>Payee address; City; State; Zip Code</b> <i>401 CARROLL ST FT. WORTH TX 76107</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>5-7-25</i>	<b>Payee name</b> <i>SEEL'S CANDID</i>	
<b>Amount (\$)</b> <i>78.47</i>	<b>Payee address; City; State; Zip Code</b> <i>1101 MCK BOWEN RD AUST, TX 76053</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>GIFTS</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>5-2-25</i>	<b>Payee name</b> <i>ESPERANZA'S MEXA MAN</i>	
<b>Amount (\$)</b> <i>52.57</i>	<b>Payee address; City; State; Zip Code</b> <i>N. MAN FT. WORTH TX 76164</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>FOOD</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T)
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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>CAMILLO RODRIGUEZ</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-20-25</i>	5 Payee name <i>OFFICE DEPOT</i>
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6 Amount (\$) <i>143.96</i>	7 Payee address; City; State; Zip Code <i>401 CARROLL ST FT. WORTH, TX 76107</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-28-25</i>	Payee name <i>TRAVIS JOES</i>
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Amount (\$) <i>5239.00</i>	Payee address; City; State; Zip Code <i>2701 S. HULSW FT. WORTH, TX 76109</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-28-25</i>	Payee name <i>TOM TITUMS</i>
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Amount (\$) <i>184.26</i>	Payee address; City; State; Zip Code <i>2400 W 7th ST FT. WORTH TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>MAY 25</i>	Payee name <i>WALMART</i>
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Amount (\$) <i>46.69</i>	Payee address; City; State; Zip Code <i>6300 OAKMONT BLVD FT. WORTH TX 76132</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>GIFT</i>	Description (If travel outside of Texas, complete Schedule T)
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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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>CAMILLE RODRIGUEZ</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5-4-25</i>	5 Payee name <i>CHUY'S MEXICAN RESTAURANT</i>	
6 Amount (\$) <i>\$ 238.44</i>	7 Payee address; City; State; Zip Code <i>4441 RIVER OAKS BLVD FT WORTH, TX 76114</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FOOD</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Date <i>5-3-25</i>	Payee name <i>ANGEL'S BBQ</i>	
Amount (\$) <i>71.30</i>	Payee address; City; State; Zip Code <i>WITHE SETTLEMENT RD FT-WORTH TX 76164</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Date <i>5-3-25</i>	Payee name <i>DONAL TRUO</i>	
Amount (\$) <i>42.51</i>	Payee address; City; State; Zip Code <i>367 CARRIE ST FT-WORTH TX 76107</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Date <i>5-2-25</i>	Payee name <i>TOMMY'S GRILL + BATH</i>	
Amount (\$) <i>\$49.45</i>	Payee address; City; State; Zip Code <i>2455 HOLST PARK BLVD FT-WORTH, TX 76110</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD</i>	Description (If travel outside of Texas, complete Schedule T)
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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>CAMILLA BOLIVAR</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>4-30-25</i>	5 Payee name <i>DOS MOLINO</i>	
6 Amount (\$) <i>\$212.76</i>	7 Payee address; City; State; Zip Code <i>FT. WORTH TX 76164</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FOOD + BEVERAGE</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>4-26-25</i>	Payee name <i>SAM'S</i>	
Amount (\$) <i>\$413.07</i>	Payee address; City; State; Zip Code <i>6760 WESTWORTH BLVD WESTWORTH VILLAGE, TX 76114</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD / BEVERAGE</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>5-3-25</i>	Payee name <i>PA PHOTOGRAPHY</i>	
Amount (\$) <i>\$200</i>	Payee address; City; State; Zip Code <i>1821 COLUMBIA FT. WORTH TX 76164</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>4-28-25</i>	Payee name <i>REBECCA STONE</i>	
Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>1607 HOMER FT WORTH, TX 76164</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>OAMLI Rodriguez</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4-28-25</i>	5 Payee name <i>AWR OAK PRINTING</i>
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6 Amount (\$) <i>\$1200.78</i>	7 Payee address; City; State; Zip Code <i>4706 BARBARA RD MT. WORTH TX 76164</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-5-25</i>	Payee name <i>USPS</i>
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Amount (\$) <i>\$2044.40</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FUNDRAISING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-26-25</i>	Payee name <i>CASA AZUL</i>
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Amount (\$) <i>22.12</i>	Payee address; City; State; Zip Code <i>COSTA MOUNTAIN RD MT. WORTH TX 76164</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>BEVERAGE</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-1-25</i>	Payee name <i>ANGEL'S BAK</i>
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Amount (\$) <i>\$212.26</i>	Payee address; City; State; Zip Code <i>WHITE SETTLEMENT RD MT. WORTH TX 76164</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>CAMILLE ROSENBERG</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-28-25</i>		5 Payee name <i>MONICA WATKINS</i>			
6 Amount (\$) <i>\$250.00</i>		7 Payee address; City; State; Zip Code <i>2013 Houston MT WORTH TX 76164</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-25-25</i>		Payee name <i>PS AUTOGRAPH</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code <i>1821 COLUMBUS MT WORTH TX 76164</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-29-25</i>		Payee name <i>ONLINE CANDIDATE</i>			
Amount (\$) <i>\$429.300.00</i>		Payee address; City; State; Zip Code <i>211 CARSON ST MOUNTAIN VIEW, TX 76149</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-29-25</i>		Payee name <i>DEMOCRACY TOOLBOX</i>			
Amount (\$) <i>\$1500</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>		Description (If travel outside of Texas, complete Schedule T)	
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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>CAMILU RODRIGUEZ</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6-14-25</i>	5 Payee name <i>TEXAS RANGERS</i>
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6 Amount (\$) <i>\$360</i>	7 Payee address; City; State; Zip Code <i>734 STADIUM DR ARLINGTON, TX 76011</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>GIFT</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-15-25</i>	Payee name <i>MSHS PTA</i>
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Amount (\$) <i>\$700</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>GIFT</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-15-25</i>	Payee name <i>MARAE</i>
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Amount (\$) <i>\$100</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>GIFT</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-4-25</i>	Payee name <i>LA PINATA</i>
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Amount (\$) <i>120.00</i>	Payee address; City; State; Zip Code <i>NW 28th ST FT WORTH TX 76164</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>GIFT</i>	Description (If travel outside of Texas, complete Schedule T)
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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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME CAMILLE RODRIGUEZ	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5-2-25	<b>5</b> Payee name WALMART	
<b>6</b> Amount (\$) \$166.82	<b>7</b> Payee address; City; State; Zip Code 2900 RENAISSANCE SQUARE MT. WORTH, TX 76105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5-4-25	Payee name TRADER JOES	
Amount (\$) 158.28	Payee address; City; State; Zip Code 2701 S. HULSTON ST MT. WORTH TX 76105	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) GIFT	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4-27-25	Payee name CAJAYS	
Amount (\$) \$198.12	Payee address; City; State; Zip Code 4441 RING OAKS BLVD MT. WORTH TX 76114	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5-3-25	Payee name ANGELS BBQ	
Amount (\$) \$615.53	Payee address; City; State; Zip Code WHITE SETTLE MORN MT. WORTH, TX 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>CAMICIA ROZIC</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-6-26</i>	5 Payee name <i>GENITO AQUINO</i>
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6 Amount (\$) <i>5-8-25</i>	7 Payee address: City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FOOD</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-20-25</i>	Payee name <i>ROY CROSS</i>
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Amount (\$) <i>8200</i>	Payee address; City; State; Zip Code <i>6000 WESTON PLACE MT. WORN, TX 76167</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>DONATION</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-21-24</i>	Payee name <i>PATRICK SHANNON</i>
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Amount (\$) <i>\$ 500</i>	Payee address; City; State; Zip Code <i>2011 CANTON MT. WORN, TX 76164</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>CAMILLE RODRIGUEZ</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-10-25</i>	5 Payee name <i>KNIGHTS of COLUMBUS</i>
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6 Amount (\$) <i>\$180</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>61A7</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-27-25</i>	Payee name <i>ALL SAINTS CATHOLIC CHURCH</i>
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Amount (\$) <i>\$100</i>	Payee address; City; State; Zip Code <i>214 NW 20th St FT. WORTH, TX 76164</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>61A7</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-25-25</i>	Payee name <i>ALL SAINTS CATHOLIC CHURCH</i>
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Amount (\$) <i>\$100</i>	Payee address; City; State; Zip Code <i>214 NW 20th St FT. WORTH, TX 76164</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>61A7</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-7-25</i>	Payee name <i>GEORGE RODRIGUEZ</i>
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Amount (\$) <i>\$500</i>	Payee address; City; State; Zip Code <i>1821 HITCHCOCK FT. WORTH, TX 76164</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>CAMILIA BORDON</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5-3-25</i>	5 Payee name <i>SUPA MERCADO MONTREAL</i>	
6 Amount (\$) <i>\$112.56</i>	7 Payee address; City; State; Zip Code <i>1300 LEE AVE MT. WORTH, TX 76164</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>4-28-25</i>	Payee name <i>KUGGAN SHANNON</i>	
Amount (\$) <i>\$500</i>	Payee address; City; State; Zip Code <i>2013 CLINTON MT. WORTH, TX 76164</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>4-26-25</i>	Payee name <i>CARA ALUB</i>	
Amount (\$) <i>\$26.32</i>	Payee address; City; State; Zip Code <i>CONTRACT MT. WORTH, TX 76164</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>BEVERAGE</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>4-25-25</i>	Payee name <i>JAMIE L. WEST</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>1111 SUMMIT AVE MT. WORTH, TX 76102</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>DONATION</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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