

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>20</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Thelma</b>	MI <b>L.</b>
	NICKNAME	LAST <b>Rodriguez</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>2428 Cricket Hollow Corpus Christi, Texas 78414</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>765-9797</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>John</b>	MI <b>R.</b>
	NICKNAME	LAST <b>Rodriguez</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
<b>2428 Cricket Hollow Corpus Christi, Texas 78414</b>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>229-7979</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      Month Day Year <b>02 / 25 / 2018</b> THROUGH <b>06 / 30 / 2018</b>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year <b>05 / 22 / 2018</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any) <b>Justice of The Peace Precinct 2, Place 2</b>		13 OFFICE SOUGHT (if known) <b>Justice of The Peace Precinct 2, Place 2</b>

**OFFICE USE ONLY**

Date Received  
**FILED FOR RECORD**  
AT **M**

**JUL 17 2018**

KARA SANDS  
CLERK, COUNTY COURT INLEBES COUNTY, TEXAS  
BY *[Signature]* DEPUTY

---

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Thelma L. Rodriguez 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

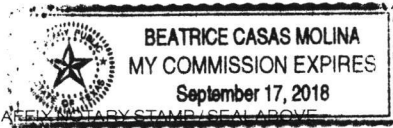
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 7,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,186.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

Thelma L. Rodriguez  
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Thelma L. Rodriguez, this the 14th day of July, 20 18, to certify which, witness my hand and seal of office.

Beatrice C. Molina Printed name of officer administering oath  
Signature of officer administering oath

Beatrice C. Molina Printed name of officer administering oath

Notary Public Title of officer administering oath

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>Thelma L. Rodriguez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>7,550.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>390.90</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7060.34</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>126.62</i>
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	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1-6</b>
2 FILER NAME <b>Thelma L. Rodriguez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-23-18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brent Chesney</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>5402 Holly Rd, STE. 2202 Corpus Christi, TX. 78411</b>		
8 Principal occupation / Job title (See Instructions) <b>Commissioner</b>		9 Employer (See Instructions)
Date <b>3-1-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelly Isaacks</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>5425 Kitty Hawk Drive Corpus Christi, Texas 78414</b>		
Principal occupation / Job title (See Instructions) <b>police officer</b>		Employer (See Instructions)
Date <b>3-2-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry Guerra</b>	Amount of contribution (\$) <b>60.00</b>
Contributor address; City; State; Zip Code <b>Corpus Christi, Texas</b>		
Principal occupation / Job title (See Instructions) <b>Attorney At Law</b>		Employer (See Instructions)
Date <b>3-5-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven W. Stockseth</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>5030 Greenbriar Dr. Corpus Christi, Texas 78413</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 4</b>
2 FILER NAME <b>Thelma L. Rodriguez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-2-18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laurie I. Mintz</b> 6 Contributor address; City; State; Zip Code <b>3344 Ocean Dr. Corpus Christi, Tx. 78411</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions) <b>---</b>		9 Employer (See Instructions)
Date <b>2-24-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. Reagan Sahadi PLLC</b> Contributor address; City; State; Zip Code <b>123 Carrizo St. Corpus Christi, Texas 78401</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney At Law</b>		Employer (See Instructions)
Date <b>3-1-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rudy Sanchez</b> Contributor address; City; State; Zip Code <b>6134 Jessica Corpus Christi, Texas 78414</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions) <b>---</b>		Employer (See Instructions)
Date <b>2-27-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lucia E. Lozano</b> Contributor address; City; State; Zip Code <b>5550 River TR Go Robstown, Texas 78380</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>---</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME **Thelma L. Rodriguez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3-1-18**

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

**Carolyn Vaughn**

7 Amount of contribution (\$)

**200.00**

6 Contributor address; City; State; Zip Code

**P.O. BOX 261025  
Corpus Christi, Texas 78426**

8 Principal occupation / Job title (See Instructions)

**Business Owner**

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

**3-5-18**

**James D. Granberry**

**250.00**

Contributor address; City; State; Zip Code

**3525 Golden Oak Dr.  
Corpus Christi, Texas 78413**

Principal occupation / Job title (See Instructions)

**Attorney At Law**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**3-10-18**

**Michael Bergsma**

**500.00**

Contributor address; City; State; Zip Code

**4117 Acushnet Dr.  
Corpus Christi, Texas 78413**

Principal occupation / Job title (See Instructions)

**Business Owner**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**3-23-18**

**C.C. Flato**

**250.00**

Contributor address; City; State; Zip Code

**P.O. Box 1999  
Corpus Christi, Texas 78403**

Principal occupation / Job title (See Instructions)

**business Owner**

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
4 of 6

2 FILER NAME  
Thelma L. Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date  
4-5-18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
5402 Holly Rd.  
Corpus Christi, Texas 78411

250.00

8 Principal occupation / Job title (See Instructions)  
Attorney At Law

9 Employer (See Instructions)

Date  
4-16-18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6221 Michaux Dr.  
Corpus Christi, TX. 78414

250.00

Principal occupation / Job title (See Instructions)  
Business Owner

Employer (See Instructions)

Date  
4-23-18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
4326 Woodlark Creek Dr.  
Corpus Christi, TX. 78410

200.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
4-23-18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
55 Lakeshore Dr.  
Corpus Christi, Texas 78413

200.00

Principal occupation / Job title (See Instructions)  
business Owner

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 6

2 FILER NAME

Thelma L. Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

4-1-18

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

Texas Assoc of Realtors PAC

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

P.O. Box 2246  
Austin, Texas 78768-2246

8 Principal occupation / Job title (See Instructions)

Business / Assoc. / PAC

9 Employer (See Instructions)

Date

5-5-18

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

Michael Bergsma

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

4117 Acushnet Dr.  
Corpus Christi, Texas 78413

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

5-2-18

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

Belinda Ochoa

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3647 Calle Buenos Aires  
Brownsville, TX. 78526-1276

Principal occupation / Job title (See Instructions)

Secretary

Employer (See Instructions)

Date

4-28-18

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

Bart Brasetton

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

5337 Yorktown Blvd.  
Corpus Christi, Texas 78413

Principal occupation / Job title (See Instructions)

Business Owner

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 6

2 FILER NAME

Thelma L. Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

5-4-18

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

Hispanic Republicans of Texas

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

P.O. BOX 28881  
Austin, Texas 78755

8 Principal occupation / Job title (See Instructions)

PAC

9 Employer (See Instructions)

Date

6-4-18

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

Paul J. Thurman

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

173 Meadow Park Circle  
Lacy Lakeview, TX 76706

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1 of 1</b>	
2 FILER NAME <b>Thelma L. Rodriguez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>396.90</b>	
5 Date <b>4-11-18</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eric T Sanchez</b>	8 Amount of Contribution \$ <b>200.00</b>	9 In-kind contribution description <b>Anti-Bullying Program. event.</b>
7 Contributor address; City; State; Zip Code <b>Corpus Christi, Texas</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>6-8-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chick - Fila</b>	Amount of Contribution \$ <b>190.90</b>	In-kind contribution description <b>Lunch for Poppin Ministry Event</b>
Contributor address; City; State; Zip Code <b>Corpus Christi, TX</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1 of 5</b>	2 FILER NAME <b>Thelma L. Rodriguez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3-2-18</b>	5 Payee name <b>I-Heart Media</b>
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6 Amount (\$) <b>700.00</b>	7 Payee address; City; State; Zip Code <b>Corpus Christi, TX.</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Radio Ads</b>	(b) Description <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
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Date <b>3-2-18</b>	Payee name <b>Mira's Sports &amp; More</b>
-----------------------	---

Amount (\$) <b>133.69</b>	Payee address; City; State; Zip Code <b>6006 Ayers Corpus Christi, TX.</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>T-shirts</b>	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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Date <b>3-6-18</b>	Payee name <b>Whataburger</b>
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Amount (\$) <b>49.29</b>	Payee address; City; State; Zip Code <b>Corpus Christi, TX.</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Lunch for workers on election day</b>	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2 of 5</b>	2 FILER NAME <b>Thelma L. Rodriguez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3-9-18</b>	5 Payee name <b>Connie Morales</b>	
6 Amount (\$) <b>75.00</b>	7 Payee address; City; State; Zip Code <b>Corpus Christi, TX.</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Election Worker at Polls</b>	(b) Description <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 <b>3-21-18</b>	Payee name <b>Grass Roots</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>Corpus Christi, TX.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Poll Workers election day</b>	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 <b>4-2-18</b>	Payee name <b>Arrow Display</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>1343 South Staples Corpus Christi, Texas</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Signs.</b>	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

## 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: 3 of 5	2 FILER NAME Thelma L. Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 4-9-18	5 Payee name Arrow Display Signs Inc.	
6 Amount (\$) 479.66	7 Payee address; City; State; Zip Code 1343 S. Staples Corpus Christi, TX. 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 4-23-18	Payee name USPS	
Amount (\$) 120.00	Payee address; City; State; Zip Code Corpus Christi, TX.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) P.O. BOX Rental	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 5-14-18	Payee name 1440 Keys	
Amount (\$) 295.00	Payee address; City; State; Zip Code 2117 Leopard Corpus Christi, TX. 78408	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Radio Ads	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4 of 5</b>	2 FILER NAME <b>Thelma L. Rodriguez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5-14-18</b>	5 Payee name <b>Gulf Coast</b>	
6 Amount (\$) <b>1958.65</b>	7 Payee address; City; State; Zip Code <b>P.O. BOX 9312 Corpus Christi, TX. 78469</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <b>Mailer</b>	(b) Description <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 <b>5-24-18</b>	Payee name <b>I-Heart Media</b>	
Amount (\$) <b>674.05</b>	Payee address; City; State; Zip Code <b>Corpus Christi, TX.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Radio Ads - Commercials</b>	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 <b>6-1-18</b>	Payee name <b>Grass Roots Consultants</b>	
Amount (\$) <b>750.00</b>	Payee address; City; State; Zip Code <b>Corpus Christi, TX.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Campaign Workers</b>	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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5 of 5	<b>2</b> FILER NAME Thelma L. Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-5-18	<b>5</b> Payee name Grass Roots Consultants	
<b>6</b> Amount (\$) 750.00	<b>7</b> Payee address; City; State; Zip Code Corpus Christi, Texas	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign workers	<b>(b)</b> Description <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 3-15-18	Payee name Nueces County Republican Women	
Amount (\$) 75.00	Payee address; City; State; Zip Code Corpus Christi, TX.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ticket for Political Event	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F4: 1 of 5	<b>2</b> FILER NAME Thelma L. Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 126.62
<b>5</b> Date 3-6-18	<b>6</b> Payee name McDonalds	
<b>7</b> Amount (\$) 6.87	<b>8</b> Payee address; City; State; Zip Code Corpus Christi, Texas	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	lunch for election worker	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 3-6-18	Payee name Arbys		
Amount (\$) 16.03	Payee address; City; State; Zip Code 4811 S. Staples Corpus Christi, TX.		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	lunch for election workers		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>2 of 5</b>	2 FILER NAME <b>Thelma L. Rodriguez</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>—</b>

5 Date <b>5-22-18</b>	6 Payee name <b>Whataburger</b>		
7 Amount (\$) <b>17.79</b>	8 Payee address; City; State; Zip Code <b>7434 S. Staples Corpus Christi, TX.</b>		

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Lunch for election workers</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-22-18</b>	Payee name <b>Taco Bell</b>		
Amount (\$) <b>9.07</b>	Payee address; City; State; Zip Code <b>5821 Saratoga Blvd. Corpus Christi, TX. 78414</b>		

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Lunch for election workers</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 3 of 5	<b>2</b> FILER NAME Thelma L. Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ —
<b>5</b> Date 5-22-18	<b>6</b> Payee name Chicken Express	
<b>7</b> Amount (\$) 15.57	<b>8</b> Payee address; City; State; Zip Code 3014 Cimarron Blvd. C.C., TX.	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Lunch for election workers	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 5-22-18	Payee name Sonic		
Amount (\$) 5.75	Payee address; City; State; Zip Code 4801 S. Staples C.C., TX. 78411		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Lunch for election worker	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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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 4 of 5	<b>2</b> FILER NAME Thelma L. Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ —
<b>5</b> Date 5-22-18	<b>6</b> Payee name KFC	
<b>7</b> Amount (\$) 11.69	<b>8</b> Payee address; City; State; Zip Code 5633 Saratoga Blvd. Corpus Christi, TX. 784--	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Lunch for election worker	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 5-22-18	Payee name McDonald's		
Amount (\$) 20.28	Payee address; City; State; Zip Code 1229 Waldron Corpus Christi, TX. 78418		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Lunch for election worker	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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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 5 of 5	<b>2</b> FILER NAME Thelma L. Rodriguez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ —
<b>5</b> Date 5-22-18	<b>6</b> Payee name Whata burger	
<b>7</b> Amount (\$) 7.03	<b>8</b> Payee address; City; State; Zip Code 5241 Saratoga Corpus Christi, Texas 78414	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Lunch for election worker	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 5-22-18	Payee name Whata burger		
Amount (\$) 16.54	Payee address; City; State; Zip Code 6817 S.P.F.D. Corpus Christi, TX. 78412		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Lunch for election worker	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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