

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Thelma L. NICKNAME LAST SUFFIX Rodriguez	OFFICE USE ONLY Date Received FILED FOR RECORD AT 2:55PM OCT 27 2014 Date Hand-delivered or Postmarked DIANA T. BARRERA Clerk, County Court, Nueces County, Texas Receipt # Debra Amount Stamken Deputy Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2428 Cricket Hollow Corpus Christi, Texas 78414		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 765-9797		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. John R. NICKNAME LAST SUFFIX J.R. Rodriguez		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2428 Cricket Hollow Corpus Christi, Texas 78414		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 229-7979		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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 THROUGH Month Day Year 09 / 26 / 2014 10 / 25 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of the Peace Precinct 2, Place 2	

GO TO PAGE 2

2014-151

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Thelma L. Rodriguez

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

GENERAL

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)

\$ *5,817.28*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *6,296.56*

CONTRIBUTION
BALANCE

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

\$

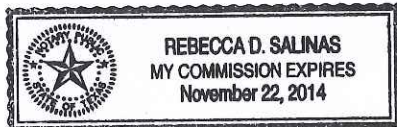
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Thelma L. Rodriguez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Thelma L. Rodriguez*, this the *27* day of *October*, 20 *14*, to certify which, witness my hand and seal of office.

Rebecca D. Salinas
Signature of officer administering oath

Rebecca D. Salinas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 5	
2 FILER NAME Thelma L. Rodriguez			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-2-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gerald W. Brown Sr.	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 7229 Saint James Court Corpus Christi, Tx. 78413		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions)		
Date 9-26-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Borroso	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 5350 S. Staples, Suite 401 Corpus Christi, Texas 78411		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Attorney At Law		Employer (See Instructions)		
Date 10-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gilbert R. Garcia	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6810 Jets Ct. Corpus Christi, Tx. 78414		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) City of Corpus Christi		
Date 10-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roland M. Hicks	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 71331 Corpus Christi, Tx. 78467		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Garth Joste Josephine T. Herro	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 3874 Corpus Christi, Tx. 78463		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Retired		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Thelma L. Rodriguez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-2-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern Security Company 6 Contributor address; City; State; Zip Code P.O. Box 1044 Corpus Christi, TX. 78403	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Security Company		10 Employer (See Instructions)	
Date 10-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel Barrera Contributor address; City; State; Zip Code 4005 Kevin Dr. Corpus Christi, TX. 78413	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Optical Company	
Date 10-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen D. Gohlke Contributor address; City; State; Zip Code 3818 Casa Blanca Ct. Corpus Christi, TX. 78418	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rody Sanchez Contributor address; City; State; Zip Code 6134 Jessica Corpus Christi, TX. 78414	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)	
Date 10-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna M. Hewitt Contributor address; City; State; Zip Code 6406 Lakewood Cir. Corpus Christi, TX. 78413	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) City Employee's Credit Union	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Thelma L. Rodriguez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-2-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: June A. Gildersleeve	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6234 Sweeney Dr. Corpus Christi, TX. 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. Daniel Hogan	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jaan Jeannette Zuniga	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4501 Windows Dr. Corpus Christi, TX. 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) CCISD	
Date 10-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: B & R Maintenance, Inc.	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1601 Dove Lane Corpus Christi, TX. 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George K. Taylor	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 6910 Corpus Christi, TX. 78466		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Thelma L. Rodriguez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-9-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Henry A. Santana	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4033 Capitol Drive Corpus Christi, TX. 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Justice of the Peace, 1-2		10 Employer (See Instructions) Nueces County	
Date 10-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kim Cox	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 701 Ayers Street Corpus Christi, TX. 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David L. Brooks	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7305 Diamond Ridge Dr. Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Bank President		Employer (See Instructions)	
Date 10-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wigington, Rumley Dunn & Blair, L.L.P.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 123 North Carrizo Street Corpus Christi, Tx. 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Na Lin	Amount of contribution (\$) 400.00 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1218 Oberste St. Corpus Christi, TX. 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Thelma L. Rodriguez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-14-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eugene J. Seaman	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 55 Lake Shore Drive Corpus Christi, TX. 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Real Estate Developer		10 Employer (See Instructions)	
Date 10-21-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barton H. Braselton	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5337 Yorktown Blvd. Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) Braselton Homes	
Date 10-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joel Castaneda	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4810 Augusta Dr. Corpus Christi, TX. 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sergio Ramirez	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7245 Valley Circle Corpus Christi, TX. 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) City of Corpus Christi	
Date 10-11-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hispanic Republicans of Texas	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 28881 Austin, Texas 78755		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 3	2 FILER NAME Thelma L. Rodriguez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-26-14	5 Payee name Victory Store	
6 Amount (\$) 602.45	7 Payee address; City; State; Zip Code 5200 SW 30th St, Davenport, IA 52802	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political Signs <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 9-28-14	Payee name El Tejano Magazine	
Amount (\$) 325.00	Payee address; City; State; Zip Code 2505 Sarita Street Corpus Christi, TX. 78405	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Ad in Magazine <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 9-30-14	Payee name Party City	
Amount (\$) 76.46	Payee address; City; State; Zip Code 5425 SPID Corpus Christi, Texas 78411	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Meet and Greet fundraiser <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 10-2-14	Payee name Victory Store	
Amount (\$) 209.00	Payee address; City; State; Zip Code 5200 SW 30th St, Davenport, IA 52802	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) pencils <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**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: 3	2 FILER NAME Thelma L. Rodriguez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-13-14	5 Payee name Magic 104.9	
6 Amount (\$) 1170.00	7 Payee address; City; State; Zip Code 2209 North Padre Island Drive Corpus Christi, Texas 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Radio Ad (Commercial) <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 10-13-14	Payee name Grassroots	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 4710 1/2 Haket Drive Corpus Christi 78415	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (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 10-16-14	Payee name HWNT	
Amount (\$) 40.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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 10-16-14	Payee name I Heart Media	
Amount (\$) 2624.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Radio Commercial <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

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: 3	2 FILER NAME Thelma L. Rodriguez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-17-14	5 Payee name Gulf Coast Mailing Services
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6 Amount (\$) 140.73	7 Payee address; City; State; Zip Code P.O. BOX 9312 Corpus Christi, Texas 78409-9312
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Flyers for parade <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10-19-14	Payee name Lowe's Home Centers, LLC
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Amount (\$) 108.92	Payee address; City; State; Zip Code 1530 Airline Road Corpus Christi, Texas 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) T-post/signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <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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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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