## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

### FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs. Thelma	L.	Date Received
	NICKNAME LAST	SUFFIX	FILED FOR RECORD
	Kochiquez		AT 2:55PM
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	OCT 2 7 2014
MAILING	2428 Cricket Hol	IOW	Date Hand-delivered or Postmarked
ADDRESS  change of address	Corpus Christitex	cas 78414	Clark, County Court, Nunces County, Texas
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Beceipt # Amount Peputy
OFFICEHOLDER PHONE	(361) 765-9797		Date Processed Stamicen
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
	J.R. Rodriguez		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	2428 Cricket H	ollow	
(residence or business)	Consour Christ	Tares no	mil
	Corpus Christi,	14xas 10	417
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(361) 239- 797	9	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election	Exceeded \$500	(officeholder only)  Final report (Attach C/OH - FR)
	say to	limit	
10 PERIOD COVERED	Month Day Year	Month Day	Year
COVERED	09/26/2014 THROUGH	10/25/	2014
			1
11 ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year Primary	<u> </u>	
	11/04/2014	Runoff	General Special
	1020472014	1000000	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	the Reace
* 30	:	Precinct	2, Place 2
	GO TO PAG	GE2 201	4-151

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Thelm	na L. Rodriquez 15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POL <sup>I</sup> TICAL EXPENDITURES MADE IN THOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TTE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		TOTAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	Appendix of the second	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,817.28
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,296.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		<b>\$</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		<b>\$</b>
18 AFFIDAVIT		I swear, or affirm, under penalty of pristrue and correct and includes all in me under Title 15, Election Code.	



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thelma L. Kodnaue Z., this the day of October, 20 H, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide	explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Rodrigue		3 ACCOUNT # (E	thics Commission Filers)
Inelma L	, roar plue		1 1 1	
4 Date 5 Full name of co			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Geraid	0. DI UWII 37.			
10-2-14 6 Contributor add	lress; City; State; Zip Code Saint James	Court	250.00	
Corpus	Christi, Tx.	78413	(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (Sec	e Instructions)	10 Employer (See	Instructions)	
Consulta	nt		Ya yi 1 = #	
Date Full name of co	ntributor	)	Amount of	In-kind contribution
Ron Bo	rroso		contribution (\$)	description (if applicable)
Contributor add	Iress; City; State; Zip Code			
7-2-14 5350 S	in Staples, Sui	te 401	250.00	
Corpus		78411	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (Se		Employer (See	Instructions)	
Attorney At La	W			
Date Full name of co	ntributor uut-of-state PAC (ID#:	· ·	Amount of	In-kind contribution
Date 1 di name di da	) C	······	contribution (\$)	description (if applicable)
(ril heit)	2. Garco			
Contributor add	Iress; City; State; Zip Code			
1/0 0 111	ress, City, State, Zip Code		ann to	la de la companya de
10-2-14 (0810)	ets ct.		200.00	
		18414		of Texas, complete Schedule T)
Principal occupation / Joblitile (Ser		Employer (See		Christi
Date Full name of co	intributor out-of-state PAC (ID#:	,	Amount of	In-kind contribution
Doland	NA ILIAKS		contribution (\$)	description (if applicable)
Koland	III. MCUZ	81 9		
Contributor add	Iress; City; State; Zip Code	* * * * * * * * * *		9
10-7-14 P.D. BO	× 71331		50.00	ĺ
10-2-14 1.0.00	(1175)	00111	30,00	
Corpus	Christi IX.	18461	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (Se	e Instructions)	Employer (See		or rexas, complete defledule 1)
r inicipal occupation / Job title (Se	s matructiona)	Limployer (See	mistractions)	
Date Full name of co	entributor out-of-state PAC (ID#:		Amount of	In-kind contribution
Date Control	but-or-state FAC (ID#	T 11 . V.C.	contribution (\$)	description (if applicable)
trarth 1	OSTE JOSEDHINE	1. THEILD	3.77	
Contributor add	Iress; City; State; Zip Code		S (6 (40)	
10-2-14 pn. Box	3874		25.00	İ
70.00		DC111 -	25,00	1
Corpus	Christi, IX.	18462	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (Se	e Instructions)	Employer (See	the second secon	The state of the s
Retired	20 100 100 100 100 100 100 100 100 100 1			* p - p - p
fa .				

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

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
	Thelma L. Rodriguez	1	. 4
4 Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
	Southern Security Company	contribution (\$)	description (if applicable)
	Land the state of		
10-2-14	6 Contributor address; City; State; Zip Code  P. D. BOX 1044	500.00	
0 00 1	7.0. DON 1099	300100	
	Corpus Christi, TX. 18403	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)  10 Employer (See	Instructions)	
	security Company		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Manuel Barrera	, , ,	
11-3-14	Contributor address; City; State; Zip Code	0=0 00	
10 0 11	4005 Kevin Dr.	250.00	
	Cornus Christi Tx. 78413	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job litle (See Instructions) Employer (See		or reade, complete constant ty
Sel	+ employed Upti	cal cor	npany
Date	Full name of contributor  uut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Stephen D. Gohlke	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		
10-9-14	3818 Casa Blanca Ct.	250.00	
	Corpus Christi, Tx. 78418	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of contributor  uut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution
	Rud Sanchez	Contribution (\$)	description (if applicable)
100 11	Contributor address; City; State; Zip Code	~	
10-3-14	10134 Jessica	50.00	
	Course Christi TV 78414		
Principal occu	pation / Job title (See Instructions) Employer (See		of Texas, complete Schedule T)
P	towntant		
Date	Full name of contributor  out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Anna M. Hewitt	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		Î
10-2-14	64010 Lake wood Cir.	50.00	T II
Maga	Coscara Christi TV Delliz	0.00	
B. C.	wrpus wirish, 1x, 18413		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)  Employer (See	Dyte S Cye	lit Union
1 000	The state of the s	7	and and and
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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Thelma L. Rodrig	hez	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	ve ,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-2-14	6 Contributor address; City; State; Zip Code 6234 Sweeney 1	X	50.00	
v v	Corpus Christi, TX. 7	8413	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  J. Daniel Hogan		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-2-14	Contributor address; City; State, Zip Code		50.00	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
	Jan Jeannette Zunia	10	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	J		
10-2-14	4501 Windows Dr.		200.00	
	Corpus Christintz.	18413	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rower, complete consecutor,
Secre	tary	C	CISD	
Date	Full name of contributor out-of-state PAC (ID#_B & R Maintenance	e , Inc.	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-2-14	Contributor address; City; State; Zip Code	* * * * * * * * * * * * * * * * * * *	200.00	
	CERNUS CLANISTITY	78418		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-2-14	Contributor address; City; State; Zip Code P. D. BDV 6910		200.00	 
	Corpus Christi, TX.	78466	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	V.
116	111-4	. ,	W.	

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAME	Thelma L. Rodrigu	lez	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-9-14	6 Contributor address; City; State; Zip Code 4033 Capitol Drive		100.00	
	Corpus Christi, Tx. 78412	3	(If travel outside of	f Texas, complete Schedule T)
	pation / Job title (See Instructions)  Ce of the Peace 1-2  10 Empl	oyer (See II NECE		-y
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-3-14	Contributor address; City; State; Zip Code 701 Ayers Street	- • •	100.00	
	Cornus Christi, TR. 18	404	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Empl	oyer (See I		ir rexas, complete scriedule 1)
	ATTORNEY			
Date	Full name of contributor   out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.	Contributor address; City; State; Zip Code	* * * * *	1. 76	
10-214	7305 Diamond Ridge Dr.		100,00	
	3 000	413	(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)  President	oyer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Wighington, Rumley Dunn & Blair, L	,L,P,	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-3-14	Contributor address; City; State; Zip Code 123 Novth Carrizo Street		100.00	
	Corpus Christi, Tx. 7840	l	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions) Empl	oyer (See Ii	nstructions)	and the last
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
109-14	Contributor address; City; State; Zip Code		400.00	
	Corpus Christi. TV. 78418		(16 decire)	of Toyon complete Oak II to The
		oyer (See Ir		of Texas, complete Schedule T)
STUDE	ent			8 X

P.O. Box 12070

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Thelma L. Rodvia	Suez	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	nan	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-14-14	6 Contributor address; City; State; Zip Code 55 Lake Shore Driv	e	250.00	
	Corpus Christie TX.	18413	(If travel outside	of Texas, complete Schedule T)
9 Principal occup Real E	state Developer	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (1D#_ Barton the Braselton	7	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-21-14	Contributor address; City; State; Zip Code 5337 York town Bl	vd.	100.00	
	1000000	78413	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	omes
Date	Full name of contributor out-of-state PAC (ID#_ Joel Castaneda	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-17-14	Contributor address; City; State; Zip Code 481D Augusta Dr.		200.00	
- A - = 2	Corpus Christi, IX.	8413	(If travel outside	of Texas, complete Schedule T)
(W)	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-17-14	Contributor address; City; State; Zip Code 7245 Valley avde		100,00	, , , , , , , , , , , , , , , , , , ,
	Carous Christi, TV. 7	8413	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		ous Christi
Date	Full name of contributor out-of-state PAC (ID#_ HISPANIC REPUBLICANS OF	Texas	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-11-14	Contributor address; City; State; Zip Code P. D. BOX 2888		500.00	
	Austin, Texas 78755		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
	4			

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

(512) 463-5800

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr: Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	ontract Labor Loan Repayment/Reimbursement  aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)	
	THE PROPERTY OF THE PROPERTY O	complete this form.	
1 Total pages Schedule F:	2 FILER NAME L Rodrig	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-26-14	5 Payee name Victory Store		
6 Amount (\$)	7 Payee address; City; State; Zip Code SU 30th St.		
602.45	Dowenport IA 5	2803	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	Political Sisns  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
9-28-14	El Terano Magaz	eine	
Amount (\$)	Payee address; City; State; Zip Code	4	
325.00	Corpus Christity.	78405	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Λ 0	Ad in Magazine	
EXPENDITORE	Advertising	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
9-30-14	Party City		
Amount (\$)	Payee address;		
76.46	Corous Christi.	Texas 78411	
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE	Event Expense	Meet and Greet foundrais	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date .	Payee name		
10-2-14	Victory Store		
Amount (\$)	Payee address; City; State; Zip Code	L	
209.00	Daven port IA	52807	
DUDDOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE	Advertising Expense	PENCILS  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

## **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

±	<b>EXPENDITURE CATEGORIES</b>	FOR BOX 8(a)
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra	ontract Labor Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense Travel In District	Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis	trict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/F	
4 Total same Cabadula F.	The Instruction Guide explains how to	
1 Total pages Schedule F:	2 FILER NAME  TO STORY	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	17100
10-13-14	magic 104,9	
6 Amount (\$)	7 Payee address; City; State; Zip Code	- 1 0 7 0 10
1170.00	2209 North Padre -	Fsland Drive
11 10100		cas 78412
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Expense	Hadio Ad Commercial)
	1 cover that I go per -	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	OH	
Date ,	Payee name	
10-13-14	Gracevoots	
Amount (\$)	Payee address; City; State; Zip Code	
1	4710/2Hakel Driv	e
1,000,00	Cornus	78415
PURPOSE	Category (See categories listed at the top of this schedule)	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Consulting	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	H	
Date	Payee name	
10-16-14	HWNT	
Amount (\$)	Payee address; City; State; Zip Code	
Un no		
10.00	2* x 2 2 2	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Charlist and TV of the last
	Condidate / Office holds	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Pate	Payee name	. 0
10-le-14	I Heart Media	
Amount (\$)	Payee address; City; State; Zip Code	
01 -11 DD		
2624,00		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Alinetisia- Tumisco	Raclin Commercial
EXPENDITURE	Howeversing Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED
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#### POLITICAL EXPENDITURES

P.O. Box 12070

### SCHEDULE F

(	EXPENDITURE CATEGORIES I	FOR BOY 8/a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Con	
Accounting/Banking	Legal Services Solicitation/Fundrais	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District	Contributions/Donations Made By
Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Re	
	The Instruction Guide explains how to d	i i i i i i i i i i i i i i i i i i i
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3	Melma L. Rodri	1542 SACCOUNT # (Etnics commission Filers)
4 Date 10-17-14	5 Payee name Gast Mailing	Services
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1110 173	P.O. BOX 9312	- David - Q
140.73	Corpus ChristiTexa	5 18469-7312
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Expense	Elyers for parade Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	<b>H</b>	
Date	Payes name	
10-19-14		enters LLC
Amount (\$)	Payee address; City; State; Zip Code	
1 0-	1530 Airline Roa	3
108.42	COVDUS Christi T	Exas 78412
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	00 1 1	T- nort Isins
EXPENDITURE	Houertising Expense	Check if Austin, TX, officeholder living ekpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	H	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
		* _ * _ * _ * _ * _ * _ * _ * _ * _ * _
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		176
EXPENDITURE	i i	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
19		
Amount (\$)	Payee address; City; State; Zip Code	
	× × × ×	
3	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	,	Description (in travel outside of Texas) complete ownedure ()
EXPENDITURE	, " " " " " " " " " " " " " " " " " " "	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
030000 DECEMBER OF SEC. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED