CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** Joseph NAME Date Received NICKNAME LAST Joey Rodriguez 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: STATE ZIP CODE **OFFICEHOLDER** 2823 Farragut St. Dallas, Texas, 75215 MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (575)405-2501 PHONE Receipt # Amount \$ FIRST MS / MRS / MR MI 6 CAMPAIGN TREASURER Mr Jordan Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Eromonsele STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE TREASURER 105 S Bishop Ave #2306, Dallas, Texas, 75208 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 860-7445 (214 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Month Day Month Year COVERED 24 / 24 3 / 26 / 24 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Other Description 24 General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Dallas College Board of Trustees District 7 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 CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(\$) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Com	mission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
T. 200	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,	315.69		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	. \$			
2. 2	4. TOTAL POLITICAL EXPENDITURES	\$ 13,4	466.47		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and include	es all information		
	151	7			
	Signature of Car	ndidate or Officeholder			
	Please complete either option below	==			
(1) Affidavit					
			١		
NOTARY STAMP/SEAL	_				
Swom to and subscribed	•	day of	,		
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer ad	lministering oath		
	OR	المستوال المستوال			
(2) Unsworn Declaration	on				
My name is Joseph R	odriguez , and my date of birth is				
My address is 2823 Fa	rragut St Dallas TX	75215 US	SA .		
Executed in Dallas	(street) (city) (st County, State of Texas , on the 26 day of April (month)	, 2024	(country)		
	Signature of Candida	ate/Officeholder (Declara	int)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Joseph Rodriguez 20 Filer ID (Ethics Co			ommis	ssion Filers)
_	SCHEDU	JLE SUBTOTALS FSCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	•	\$	8,315.69
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3	\$	
з.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			13,466.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			.\$	>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

SCHEDULE A1

The	Instruction Guide explains how to complete this for	1 Total pages Schedule A1:			
2 FILER NAME Joseph Ro	odriguez		3 Filer ID (Ethics Commission Filers)		
4 Date 03/26/2024	5 Full name of contributor out-of-state PAC (ID#: Yanela Montoya 6 Contributor address; City; St. 1600 Abrams Road, Dallas, TX 75	tate; Zip Code	7 Amount of contribution (\$) 47.37		
8 Principal occu Non Profit	pation / Job title (See Instructions) 9	Employer (See Instruct	(ions)		
Date 03/26/2024	Full name of contributor out-of-state PAC (ID#; Mallory Morris Contributor address; City; St 3560 Alma Rd Apt 925, Richardso	tate; Zip Code	Amount of contribution (\$) 49.63		
Principal occup Non Profit	sation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date 03/27/2024	Full name of contributor out-of-state PAC (ID#: Kevin McGlinchey Contributor address: City; St 4654 Belclaire Ave, Dallas, TX 752	ate; Zip Code	Amount of contribution (\$) 476.45		
Principal occup	ration / Job title (See Instructions)	Employer (See Instructi	ions)		
Date 03/27/2024	Full name of contributor out-of-state PAC (ID#: Vanessa Pacheco Contributor address; City; St. 502 S Grove Rd, Dallas, T.	ate; Zip Code	Amount of contribution (\$) 95.05		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF TI				
is continuated to extra-continuation and management gardeness and repeating requirements.					

SCHEDULE A1

I die requeste membre in riscappinousie, se me in present die present					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Joseph Ro	odriguez	3 Filer ID (Ethics Commission Filers)			
4 Date 03/28/2024	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) Zip Code 75206			
8 Principal occu Non Profit	pation / Job title.(See Instructions) 9 Emplo	oyer (See Instructions)			
Date 03/28/2024	Lindsay Abernethy Contributor address; City; State; 3808 Dunhaven Road, Dallas, TX 785	zip Code 47.37			
Principal occup Non Profit	ation / Job title (See Instructions) Emplo	oyer (See Instructions)			
Date 03/28/2024	Full name of contributor out-of-state PAC (ID#:	Zip Code 190.40			
Principal occup Consultant	eation / Job title (See Instructions) Emplo	oyer (See Instructions)			
Date 03/28/2024	Ray De Los Santos Contributor address; City; State; 4606 Cedar Springs RD Apt 1125, Dallas, T	Zip Code X 75219			
Principal occup Non Profit	ation / Job title (See Instructions) Emplo	oyer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS S If contributor is out-of-state PAC, please see instruction guid				

if the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME Joseph Ro	odriguez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor oul-of-state Pa	AC (ID#:)	7 Amount of contribution (\$)		
03/30/2024	6 Contributor address; City; 5555 Amesbury Drive Apt 1212, Da	State; Zip Code allas, TX 75206	49.63		
8 Principal occu Non Profit	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)		
03/28/2024	Contributor address; City; 7021 Aztec Road Northeast, Albuqu	State; Zip Code uerque, NM 87110	47.37		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pastor		tions)			
Date 04/01/2024	Full name of contributor out-of-state P/Dan Micciche Contributor address; City; 1140 Bally Mote Drive, Dallas,	State; Zip Code	Amount of contribution (\$) 238.07		
Principal occur Lawyer	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)		
04/02/2024	Contributor address; City; 11124 Yorkspring Dr, Dallas,	State; Zip Code	238.07		
Principal occup Architect	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:	
2 FILER NAME Joseph Rodriguez			3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2024	5 Full name of contributor Leadership For Educational Equity 6 Contributor address; City; 25 Broadway 13th Floor, New	7 Amount of contribution (\$) 3,000.00	
Non Profit	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 04/04/2024	Full name of contributor oul-of-state PA Eric Moore Contributor address; City; 7547 Midbury Dr, Dallas	State; Zip Code	Amount of contribution (\$) 198.54
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/04/2024	Full name of contributor out-of-state PAG Michaela Gunter Contributor address; City; 10106 Shady Oak Lane, Dallas	State; Zip Code	Amount of contribution (\$) 99.26
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/04/2024	Full name of contributor put-of-state PAC Lance Currie Contributor address; City; 4468 Twin Post Road, Dallas,	State; Zip Code	Amount of contribution (\$) 496.34
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES C		
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

it the requested information is not applicable, DO NOT include this page in the report.				
The instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME Joseph Ro	odriguez		3 Filer ID (Ethics Commission Filers)	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	
04/05/2024	6 Contributor address; City; 3310 Fairmount St. Apt. 9D, Da	State; Zip Code	238.07	
8 Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date 04/06/2024	Brianna Hobbs Contributor address; City; 5340 Bourquin St, Da	State; Zip Code	Amount of contribution (\$) 9.92	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher			ions)	
Date 04/06/2024	Full name of contributor out-of-state PAC Eric Tuzin Contributor address; City; 2123 Ramsey Avenue, Dallas,	State; Zip Code	Amount of contribution (\$) 24.82	
Principal occup Data Analyst	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 04/09/2024	Full name of contributor out-of-state PAC Kelsey McKeag Contributor address; City;	State; Zip Code	Amount of contribution (\$) 238.07	
2121 North Pearl StreetSuite 1100, Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL CODIES	DE THIS SCHEDULE AS N	EEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME Joseph R	odriguez		3 Filer ID (Ethics Commission Filers)	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) Mimi Woldeyohannes		7 Amount of contribution (\$)	
04/11/2024	6 Contributor address; City; 4209 Candleberry Lane, Heartla	State; Zip Code and, TX 75126	47.37	
8 Principal occu Non Profit	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC Jonathan Feinstein	(ID#:)	Amount of contribution (\$)	
04/13/2024	contributor address; City; 2533 Pinebluff Drive, Dallas, T	State; Zip Code	95.05	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Non Profit		tions)		
Date 04/13/2024	Full name of contributor out-of-state PAC Maria Elba Garcia Contributor address; City; 618 West Jefferson Boulevard, Dalla	State; Zip Code	Amount of contribution (\$) 476.45	
Principal occup Dentist	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor oul-of-state PAC	; (ID#:)	Amount of contribution (\$)	
04/14/2024	Albert Mata Contributor address; City: 101 West Davis Street Apt 1502, Da	State; Zip Code	95.05	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME Joseph Ro	odriguez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Yasmine Lockett	; (ID#:)	7 Amount of contribution (\$)		
04/16/2024	6 Contributor address; City; 123 East Woodin Boulevard, Da	State; Zip Code allas, TX 75216	47.37		
8 Principal occur Non Profit	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
04/17/2024	Contributor address; City; 3209 Armstrong Avenue, Dallas	State; Zip Code S, TX 75205	95.05		
Principal occup Non Profit	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date 04/17/2024	Full name of contributor out-of-state PAC Anthony Formicola Contributor address; City; 1829 Jericho Drive, Warrington	State; Zip Code	Amount of contribution (\$) 47.37		
Principal occup Doctor	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
04/17/2024	Gilberto Atayde Contributor address; City; 830 Cavalier Dr, Arlington, TX 7	State; Zip Code	49.63		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Non Profit			tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

The	The Instruction Guide explains how to complete this form.				
2 FILER NAME Joseph Ro	odriguez		3 Filer ID (Ethics Commission Filers)		
4 Date 04/17/2024	5 Full name of contributor out-of-state PAC Oscar Rodriguez 6 Contributor address; City; 2206 Seevers Ave, Dallas, TX 7	State; Zip Code	7 Amount of contribution (\$) 47.37		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date 04/17/2024	Full name of contributor out-of-state PAC John Yourse Contributor address; City; 8523 Shagrock Lane, Dallas, TX	State; Zip Code	Amount of contribution (\$) 49.63		
Principal occup Educator	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 04/17/2024	Full name of contributor out-of-state PAC (Efrain Vega Contributor address; City; 350 N SAINT PAUL ST Apt 2014, Date of the page of the	State; Zip Code	Amount of contribution (\$) 248.17		
Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date 04/17/2024	Full name of contributor out-of-state PAC of Marcos Palaez Contributor address; City; 5519 Royal Meadow Ln, Arlingto	State; Zip Code	Amount of contribution (\$) 248.17		
Principal occupation / Job title (See Instructions) Employer (See Instru Accountant			tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

If the requested information is not applicable, DO NOT include this page in the report.						
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME Joseph Ro	odriguez		3 Filer ID (Ethics Commission Filers)			
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) Marie Appel		7 Amount of contribution (\$)			
04/17/2024	6 Contributor address: City; 5626 PRESTON OAKS RD APT 6A, Dallas,	State; Zip Code , TX 75254-8413	49.63			
8 Principal occur Executive Dir	pation / Job title (See Instructions) ector	9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC Tamara Harrington	; (ID#:)	Amount of contribution (\$)			
04/18/2024	Contributor address; City; 8650 Southwestern Blvd, Dallas	State; Zip Code s, TX 75206	148.90			
Principal occupation / Job title (See Instructions) Executive Director Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC	; (ID#;)	Amount of contribution (\$)			
04/18/2024	Contributor address; City; 4400 West University Boulevard 17105, Dall	State; Zip Code	99.26			
Principal occup Executive Direction	eation / Job title (See Instructions)	Employer (See Instruct	lions)			
Date	Full name of contributor out-of-state PAC	: (ID#;)	Amount of contribution (\$)			
04/18/2024	Michael Juiliano Contributor address; City;	State; Zip Code	248.17			
	2997 Lake Dr, Southlake	e, TX 76092				
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	iions)			
	ATTACH ADDITIONAL CODIFEC	DE THIS SCHEDULE AS A				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

if the requested information is not applicable, bo not include this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME Joseph Ro	odriguez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Tiffany Clark	(ID#:)	7 Amount of contribution (\$)		
04/22/2024	6 Contributor address; City; 717 Arbor Creek Dr, DeSoto, T	State; Zip Code	49.63		
8 Principal occu Business Ow	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/22/2024	Marshall Jeffries Contributor address: City: 100 Abbott Park Rd, Abbott Par	State; Zip Code k, IL 60064	47.37		
Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 04/22/2024	Full name of contributor out-of-state PAC Bryan Parra Contributor address; City; 3406 Glenda, Grand Prairie, TX	State; Zip Code	Amount of contribution (\$)		
Principal occup Assistant Prir	nation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/23/2024	Cesar Flores Contributor address; City; 5555 E Mockingbird, Dallas, TX	State; Zip Code	49.63		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Non Profit			tions)		
	ATTACH ADDITIONAL COPIES O				
	If contributor is out-of-state PAC, please see Instru	ction guide for additional r	reporting requirements.		

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

if the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:				
2 FILER NAME Joseph Ro	odriguez		3 Filer ID (Ethics Commission Filers)				
4 Date 04/24/2024	5 Full name of contributor out-of-state PAC (ID#:) Michera Brooks		7 Amount of contribution (\$)				
	6 Contributor address: City: 8215 Snapdragon Way, Dallas,		99.26				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
o Pilicipal cocc	pation / 300 title (Gee Histocoms)	Employer (See moude	1010)				
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 Instruc			ions)				
Date	Full name of contributor out-of-state PAC (i	D#:	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 (I	iD#:	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULF AS N	FEDED				
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Mede By
Candidate/Office/holder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joseph Rodriguez 5 Payee name 04/02/2024 Signage Systems 6 Amount (\$) State: 7 Payee address; City: Zip Code 7900 Ferguson Rd, Dallas, TX, 75228 598.62 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Printing Expense Yard Signs **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name **BGT Strategies** 04/03/2024 Amount (\$) Payee address: City; State: Zip Code 1500 Pecos St #4, Dallas, TX 75204 3.00Category (See Categories listed at the top of this schedule) Description Consulting Expense Campaign Consulting **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 04/05/2024 Campaign Verify Amount (\$) Payee address; State; Zip Code City; 1215 31ST STREET NW PO BOX 3554 95.00 Category (See Categories listed at the top of this schedule) Description OTHER PURPOSE Voter files OF EXPENDITURE Check if Austin, TX; officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page In the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Mages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.					
			a to complete and to an		
1 Total pages Schedule F1:		^{AME} Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee na	ime			
04/11/2024	Target L				
6 Amount (\$)	7 Payee ad	idress;	City;	State; Zip Code	
5,559.97	959 W F	talph Hall Pkwy Suite 101	, Rockwall, TX 750	032	
8	(a) Categor	y (See Categories listed at the top of this sched	ule) (b) Description		
PURPOSE	Advertis	sing Expense	Mailers		
OF					
EXPENDITURE					
	(c)	Check if travel outside of Texas, Complete Schedul	eT. Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought	Office held	
Date	Payee na	ime			
04/15/2024	Squares	pace			
Amount (\$)	Payee ac	idress;	City;	State; Zip Code	
	8 Clarks	on St New York, NY 100	14. USA		
35.18	Olarks	on other ron, it is	1-1, 00/1		
	Category	(See Categories listed at the top of this schedu			
PURPOSE	Adverti:	sing Expense	Website		
OF					
EXPENDITURE					
		Check if travel outside of Texas. Complete Schedu		in, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee na	ame			
04/22/2024	Target L	eade			
	Target				
Amount (\$)	Payee ac		City;	State; Zip Code	
1,506.83	959 W Ralph Hall Pkwy Suite 101, Rockwall, TX 75032				
-,000					
	Category	(See Categories listed at the top of this schedu	le) Description		
PURPOSE	Advertis	ing Expense	Mailers		
OF EXPENDITURE					
LAI LIDII UIL					
		Check if travel outside of Texas. Complete Schedu	eT. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct	Candid	ate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH					
	AT	TACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expensa Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Joseph Rodriguez	1	3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2024	5 Payee name Target Leads		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2,657.01	959 W Ralph Hall Pkwy Suite 101, Ro	ockwall, TX 750	032
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Mailers	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/22/2024	Mail Chimp		
Amount (\$)	Payee address;	City;	State; Zip Code
13.86	405 N Angier Ave. NE. Atlanta, GA 30	0308	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Email Platforn	n
OF EXPENDITURE		1	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
	Candidate / Officeholder name	Check if Austi Office sought	in, TX, officeholder living expense Office held
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/Oh Date Amount (\$)	Candidate / Officeholder name Payee name Payee address;	Office sought City; Description	Office held
Complete ONLY if direct expenditure to benefit C/Oh Date Amount (\$)	Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought City; Description	Office held