

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) 00066091	2 Total pages filed: 9				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Jose Roberto	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/08/2024			
	NICKNAME	LAST Rodriguez	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1809 Georgia Pl El Paso, TX 79902		ZIP CODE	Date Hand-delivered or Date Postmarked			
				Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Carmen E.	MI MI				
	NICKNAME	LAST Rodriguez	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1809 Georgia Pl El Paso, TX 79902						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION (915) 490-9117				
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		07/01/2023				12/31/2023	
10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Senator District 29 El Paso			12 OFFICE SOUGHT (if known) None			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 9

13 C / OH NAME Rodriguez, Jose Roberto (The Honorable)	14 Filer ID (Ethics Commission Filers) 00066091
---	---

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,160.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,069.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 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.

 The Honorable Jose Roberto Rodriguez
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

3 of 9

18 FILER NAME Rodriguez, Jose Roberto (The Honorable)	19 Filer ID (Ethics Commission Filers) 00066091
---	---

20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,160.00
6. <input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input checked="" type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 4/9

2 FILER NAME
Rodriguez, Jose Roberto (The Honorable)

3 Filer ID (Ethics Commission Filers)
00066091

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/9
2 FILER NAME Rodriguez, Jose Roberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066091
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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: Sch: 1/4 Rpt: 6/9	2 FILER NAME Rodriguez, Jose Roberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066091
--	--	--

4 Date 11/15/2023	5 Payee name Annelo, Alexandra
-----------------------------	--

6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code Annelo 4114 Oxford El Paso, TX 79903
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pol. Contribution
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/28/2023	Payee name Annelo, Alexandra
--------------------	---------------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code Annelo 4114 Oxford El Paso, TX 79903
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pol. Contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/18/2023	Payee name Border Network for Human Rights
--------------------	---

Amount (\$) \$500.00	Payee address; City; State; Zip Code 2115 N. Piedras El Paso, TX 79930
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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: Sch: 2/4 Rpt: 7/9	2 FILER NAME Rodriguez, Jose Roberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066091
4 Date 11/12/2023	5 Payee name Carbajal, Veronica (Ms.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 3385 El Paso, TX 79923	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pol. Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name Carbajal, Veronica (Ms.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 3385 El Paso, TX 79923	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pol. Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2023	Payee name Gutierrez, Roland	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 15232 San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pol. Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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: Sch: 3/4 Rpt: 8/9	2 FILER NAME Rodriguez, Jose Roberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066091
4 Date 11/15/2023	5 Payee name Holguin, Illiana	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 17346 El Paso, TX 79917	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pol. Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2023	Payee name Lincoln Park Conservation Committee	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 7971 Sunnyfields Aave El Paso, TX 79915	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation/16th September Fiesta
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name Preservation Texas	
Amount (\$) \$310.00	Payee address; City; State; Zip Code P.O. Box 3514 San Marcos, TX 78667	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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: Sch: 4/4 Rpt: 9/9	2 FILER NAME Rodriguez, Jose Roberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066091
--	--	--

4 Date 09/12/2023	5 Payee name Project Regeneracion
-----------------------------	---

6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code P.O. Box 9710 El Paso, TX 79995
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation/501(c)3 Neighborhood Improvement
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/28/2023	Payee name Project Regeneracion
--------------------	------------------------------------

Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 9710 El Paso, TX 79995
---------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation/501(c)3 Neighborhood Improvement
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/18/2023	Payee name Ugarte, Oscar
--------------------	-----------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code 7383 Remcon Circle #222021 El Paso, TX 79912
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pol. Contribution
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------