

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

Ms

Carmille

Rodriguez

CITY

STATE

ZIP CODE

MI

OFFICE USE ONLY

Date Received

RECEIVED

JAN 17 2023

Board of Education

EXTENSION

Date Postmarked

1-23

Receipt #

Amount \$

Mr

Gerard

Rodriguez

SUITE #

CITY:

SUFFIX

Date Processed

Date Imaged

STATE

ZIP CODE

EXTENSION

X

election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

lection

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

Month

Day

Year

1 2022

THROUGH

2 2022

ELECTION TYPE

Runoff

Other
Description

Special

OFFICE HELD (if any)

school board member

13 OFFICE SOUGHT (if known)

IF ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT
CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
INTENT TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

TREASURER NAME

TREASURER ADDRESS

PAGE 2

includes state tx us

Revised 8/17/2020

FORM C/OH
SHEET PG 2

(Commission Filers)

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64.61

99.81

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(country)

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FORM C/OH
COVER SHEET PG 3

20 Filer ID (Ethics Commission Filers)

SCHEDULE B: PLEDGED CONTRIBUTIONS

SUBTOTAL
AMOUNT

AS

\$ 500.00

CONTRIBUTIONS

\$

\$

FROM POLITICAL CONTRIBUTIONS

\$ 2264.61

\$

FROM POLITICAL CONTRIBUTIONS

\$

ARD

\$

OM PERSONAL FUNDS

\$

NTIBUTIONS TO A BUSINESS OF C/OH

\$

FROM POLITICAL CONTRIBUTIONS

\$

S, AND CONTRIBUTIONS RETURNED

\$

SCHEDULE A1

page in the report.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

4 Date

7 Amount of contribution (\$)

Aug 12

O'Hanlon Demarath & Co. Attys.

6500

426 W. Caffery, Phoenix, AZ 85017

er (See Instructions)

Amount of contribution (\$)

Zip Code

er (See Instructions)

Amount of contribution (\$)

Zip Code

er (See Instructions)

Amount of contribution (\$)

Zip Code

er (See Instructions)

SCHEDULE AS NEEDED

for additional reporting requirements.

SCHEDULE F1

DO NOT include this schedule in the report

CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rent/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)

explains how to complete this form

3 Filer ID (Ethics Commission Filers)

Signature

City

State

Zip Code

(a) Category (See Categories listed at the top of this schedule) (b) Description

Expense

Check if travel outside of Texas. Complete Schedule F

Check if Austin, TX office

living expense

Office sought

Office held

City

State

Zip Code

Category (See Categories listed at the top of this schedule)

Description

Check if travel outside of Texas. Complete Schedule F

Check if Austin, TX office

living expense

Office sought

Office held

Service

City

State

Zip Code

See Categories listed at the top of this schedule

Description

Check if travel outside of Texas. Complete Schedule F

Check if Austin, TX office

living expense

Office sought

Office held

COPIES OF THIS SCHEDULE AS

EEDED

low ethics state tx us

Revised 8/17/2020

ULE F1

1. Check if the filer is a
 (a) Individual filer (X)
 (b) Partnership filer ()
 (c) Trust filer ()
 (d) Corporation filer ()
 (e) Other filer ()
 (f) Other filer ()
 (g) Other filer ()
 (h) Other filer ()
 (i) Other filer ()
 (j) Other filer ()
 (k) Other filer ()
 (l) Other filer ()
 (m) Other filer ()
 (n) Other filer ()
 (o) Other filer ()
 (p) Other filer ()
 (q) Other filer ()
 (r) Other filer ()
 (s) Other filer ()
 (t) Other filer ()
 (u) Other filer ()
 (v) Other filer ()
 (w) Other filer ()
 (x) Other filer ()
 (y) Other filer ()
 (z) Other filer ()

Expense
 & Related Expense

(If listed above)

(If listed above)

Zip Code

(If listed above) (If listed above) (If listed above)

Check if filer outside of Texas. Complete Schedule T

Check if filer outside of Texas. Complete Schedule T

(If listed above)

Signature

Zip Code

Check if filer outside of Texas. Complete Schedule T

(If listed above)

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Check if filer outside of Texas. Complete Schedule T

Check if filer outside of Texas. Complete Schedule T

(If listed above)

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Related Expense

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Check in ☐ (TX office holding expense

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Zip Code

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SCHEDULE F1

☐ Fundraising Expense
☐ Transportation Equipment & Related Expense
☐ District
☐ District
☐ (category not listed above)

☐ (Ethics Commission Filers)

State: Zip Code

☐ State of Texas Complete Schedule F1

City: Austin TX

living expense

Office held

City:

State:

Zip Code

☐ State of Texas Complete Schedule F1

City: Austin TX

living expense

Office held

City:

State:

Zip Code

☐ State of Texas Complete Schedule F1

City: Austin TX

living expense

Office held

SCHEDULE F1

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Solicitation/Fundraising Expense
 Transportation Equipment & Rental Expense
 Travel In District
 Travel Out Of District
 Other (enter a category not listed above)

3 File

mmission (ers)

Zip Code

(See instructions on page 1 of this schedule)

Check if you reside outside of Texas. Complete Schedule B

Check if you reside in Austin, TX. Complete Schedule C

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Zip Code

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Check if you reside outside of Texas. Complete Schedule B

Check if you reside in Austin, TX. Complete Schedule C

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Category (See Categories listed on page 1 of this schedule)

Zip Code

Check if you reside outside of Texas. Complete Schedule B

Check if you reside in Austin, TX. Complete Schedule C

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AS NEEDED

Revised 8/17/2020