

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI
	Mr <u>MIRO</u> NICKNAME LAST SUFFIX <u>RODRIGUEZ</u>		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY: STATE: ZIP CODE
	P.O. Box 132 Dickens TX 79229		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(806) 346 - 7369		
5 OFFICE HELD (if any)			
6 OFFICE SOUGHT (if known)	COUNTY SHERIFF		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI NICKNAME LAST SUFFIX
	Mrs BECKY RODRIGUEZ		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	APT / SUITE #;	CITY: STATE: ZIP CODE
	P.O. Box 132 Dickens, TX 79229		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(806) 454 - 1165		
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.  I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.		
FILED FOR RECORD THIS <u>30th</u> DAY OF <u>August</u> 20 <u>23</u> AT <u>7:50</u> O'CLOCK <u>AM</u>		Signature of Candidate <u>[Signature]</u> Date Signed <u>08/30/23</u>	
DANAY CARNES COUNTY CLERK, DICKENS CO., TEXAS Forms provided by Texas Ethics Commission BY <u>[Signature]</u> DEPUTY		GO TO PAGE 2 www.ethics.state.tx.us Revised 1/1/2022	

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**COPY**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST <b>Ramiro</b> NICKNAME LAST <b>Rodriguez</b>	MI <b>R</b> SUFFIX	<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 132 Dickens, TX 79229</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(806) 346-7369</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST <b>Becky</b> NICKNAME LAST <b>Rodriguez</b>	MI	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 132 Dickens, TX 79229</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(806) 454-1165</b>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>08 / 30 / 2023      01 / 15 / 2024</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>03 / 05 / 2024</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>County Sheriff</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. 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.		
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>GO TO PAGE 2</b>			

# COPY

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

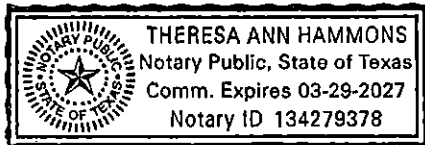
15 C/OH NAME <u>Ramiro R. Rodriguez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>∅</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>∅</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>750<sup>00</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,788.33</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>∅</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>∅</u>

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ramiro Rodriguez this the 12 day of January, 202024, 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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

# COPY

## SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <u>Ramiro Rodriguez</u>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>1,788<sup>33</sup></u>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# COPY

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidates/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Ramiro R. Rodriguez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/30/23</b>	5 Payee name <b>Ramiro R. Rodriguez</b>	
6 Amount (\$) <b>750.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>PO Box 132 Dickens, TX 79229</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Filing fee</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>County Sheriff</b>	Office sought <b>County Sheriff</b>
Date <b>8/30/23</b>	Payee name <b>Ramiro R. Rodriguez</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>Ramiro R. Rodriguez PO Box 132 Dickens, TX 79229</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fee</b>	Description <b>Voting registration list</b>
	<input type="checkbox"/> Check 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 <b>County Sheriff</b>	Office sought <b>County Sheriff</b>
Date <b>11/27/23</b>	Payee name <b>Ramiro R. Rodriguez</b>	
Amount (\$) <b>577.98</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 132 Dickens, TX 79229</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>signs + cards</b>
	<input type="checkbox"/> Check 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 <b>County Sheriff</b>	Office sought <b>County Sheriff</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# COPY

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Ramiro B. Rodriguez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/15/2023</b>	5 Payee name <b>Ramiro Rodriguez</b>
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>455.35</b>	7 Payee address; City; State; Zip Code <b>PO Box 132 Dilken, TX 79229</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising</b>	(b) Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check 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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Dickens County Clerk  
 Danay Carnes  
 PO Box 120  
 Dickens, TX 79229-0000

Original

*Note list  
 Rep / Dem*

Receipt Number: 0000006939

Name:

Status: Active

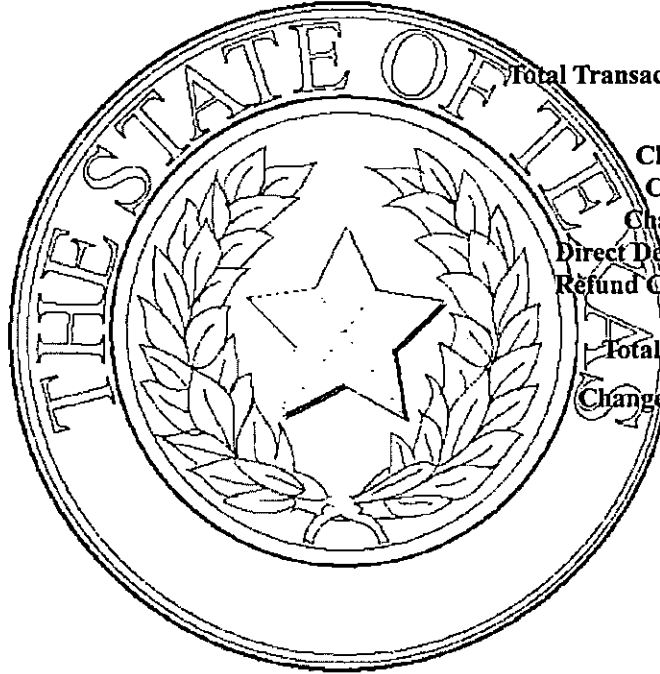
Payment No:

Date Entered: 8/30/23 3:51 pm

Notes: cash

Category	Product	Quantity	Pages	NF Pages	Document Number
MISC	Copies - Records	1	1	0	

Fee	Sub Amount	Sub Total
COPIES - RECORDS	\$5.00	



Total Transactions:	\$5.00
Cash:	\$5.00
Checks:	\$0.00
Credit:	\$0.00
Charges:	\$0.00
Direct Deposit:	\$0.00
Refund Check:	\$0.00
Total Paid:	\$5.00
Change Due:	\$0.00



**Premier Media Group**  
 6011 43rd Street  
 Lubbock, TX 79407  
 Ph: (806) 747-7446  
 FAX: (806) 747-4686  
 Email: iadonna@pmgdigital.com  
 Web: http://www.pmgdigital.com

**Invoice #: 30797**  
**Customer #: 8409**

Order Created: 11/27/2023 3:11:46PM

Order Date: 11/27/2023 3:11:46PM

Account No.: 8409

<b>Billed To:</b>	Ramiro Rodriguez - Sheriff Dickens Ct	<b>Created Date:</b>	11/27/2023 3:11:46PM
<b>Contact:</b>	Ramiro Rodriguez, Owner	<b>Salesperson:</b>	Tim Cook
<b>Address:</b>	PO Box 132 Dickens, TX 79229	<b>Email:</b>	tim@pmgdigital.com
<b>Email:</b>	mcfall.raferm@gmail.com	<b>Cell Phone:</b>	(325) 514-8886
<b>Office Phone:</b>	(806) 454-1165	<b>Business 2:</b>	(806) 747-7446

**Description:** 18 x 24 Coroplast & Business Cards

		Quantity	Unit Price	Subtotal
<b>1</b>	<b>Product:</b> Flatbed Prints	30.00	\$13.9643	\$418.93
	<b>Description:</b> 30 each 18" x 24" yard signs with small stakes			
<b>2</b>	<b>Product:</b> Misc	1,000.00	\$0.115	\$115.00
	<b>Description:</b> 1000 Business cards printed front and back as per approved proof.			

**Order Subtotal:** \$533.93  
**Total Taxes:** \$44.05  
**Total:** \$577.98  
**Order Balance:** \$577.98

**Payment Terms:** Payment due upon receipt

**Print Date:** 11/27/2023





**Premier Media Group**  
 6011 43rd Street  
 Lubbock, TX 79407  
 Ph: (806) 747-7446  
 FAX: (806) 747-4686  
 Email: ladonna@pmgdigital.com  
 Web: http://www.pmgdigital.com

**Invoice #: 30830**  
**Customer #: 8409**

Order Created: 12/15/2023 5:27:20PM

Order Date: 12/15/2023 5:27:20PM

Account No.: 8409

**Created Date:** 12/15/2023 5:27:20PM  
**Salesperson:** Tim Cook  
**Email:** tim@pmgdigital.com  
**Cell Phone:** (325) 514-8886  
**Business 2:** (806) 747-7446

**Billed To:** Ramiro Rodriguez - Sheriff Dickens Ct  
**Contact:** Ramiro Rodriguez, Owner  
**Address:** PO Box 132  
 Dickens, TX 79229  
  
**Email:** mcfall.raftern@gmail.com  
**Office Phone:** (806) 454-1165

**Description:** (20) 18" x 24" Coroplast w/ Small Stakes/(1) 4' x 8' Coroplast

		Quantity	Unit Price	Subtotal
1	<b>Product:</b> Flatbed Prints <b>Description:</b> 20 each 18" x 24" yard signs with small stakes	20.00	\$15.0325	\$300.65
2	<b>Product:</b> Flatbed Prints <b>Description:</b> One 48" x 96" x 10 mil white Coroplast with black, gray, and blue, printed graphics.	1.00	\$120.00	\$120.00

*Handwritten:* Paid  
 12/29/23  
 c/c

**Order Subtotal:** \$420.65  
**Total Taxes:** \$34.70  
**Total:** \$455.35  
**Order Balance:** \$455.35

Payment Terms: Payment due upon receipt

Print Date: 12/29/2023

# 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)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST LAST MI SUFFIX Ramiro R Rodriguez	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 132 Dickens, TX 79229	Date Received	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (806) 346-7369	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST LAST MI SUFFIX Becky Rodriguez	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 132 Dickens TX 79229	Date Processed	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (806) 454-1165	Date Imaged	
<b>9 REPORT TYPE</b>	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 08 / 30 / 2023    THROUGH    02 / 26 / 2024		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 03 / 05 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> County Sheriff	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

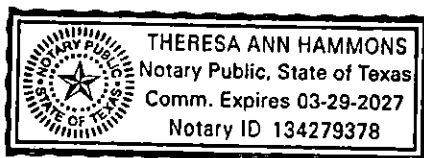
15 C/OH NAME <u>Ramiro R Rodriguez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>84<sup>20</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>84<sup>20</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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.

[Signature]  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ramiro Rodriguez this the 26 day of February, 2024, 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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Ramiro Rodriguez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>84<sup>20</sup></i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**The Texas Spur**  
P. O. Box 430  
Spur, TX 79370-0430  
+1 8062713381  
business@wtx.news

**Invoice**



BILL TO
Ramiro Rodriguez Spur, TX 79370

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
16548	02/29/2024	\$0.00	02/29/2024	Prepaid	

DATE	ACTIVITY	DESCRIPTION	AMOUNT
02/29/2024	<b>Advertising:AD Print, display</b>	Advertising in newspaper, display, by column inch Political ad, 2 col. x 3 in., Feb. 29, 2024, Texas Spur, 6 @ \$5.70	34.20
02/29/2024	<b>Advertising:AD Color</b>	Full color in printed ad, 1 @ \$50.00	50.00

We appreciate your business! Please return a copy of this invoice with your payment, to ensure correct posting.

**PAID**

NET TOTAL	84.20
TAX	0.00
TOTAL	84.20
PAYMENT	84.20
<b>BALANCE DUE</b>	<b>\$0.00</b>