

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
	NICKNAME	LAST	SUFFIX
MR <u>RAURO</u> <u>RODRIGUEZ</u>		OFFICE USE ONLY Filer ID # Date Received <u>8/30/23</u>	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
P.O. BOX 132 DICKENS TX 79229		Date Hand-delivered or Postmarked <u>8/30/23</u>	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(806) 346 - 7369		Receipt # Amount \$ Date Processed Date Imaged	
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 <u>RODRIGUEZ</u>			
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>3:50</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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ramiro	M R
	NICKNAME	LAST Rodriguez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	PO BOX 132 DICKENS, TX 79229		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(806)	346-7369	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Becky	MI
	NICKNAME	LAST Rodriguez	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	PO BOX 132 DICKENS, TX 79229		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(806)	454-1165	
9 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)		
10 PERIOD COVERED	Month	Day	Year
	08	30	2023
	THROUGH		Month Day Year
			01 / 15 / 2024
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	03	05	2024
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			County Sheriff
14 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. 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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Table with 6 rows and 3 columns. Row 1: 15 C/OH NAME (Ramiro R. Rodriguez), 16 Filer ID. Row 2: 17 CONTRIBUTION TOTALS, 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS... \$ 0. Row 3: 2. TOTAL POLITICAL CONTRIBUTIONS... \$ 0. Row 4: EXPENDITURE TOTALS, 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE... \$ 750.00. Row 5: 4. TOTAL POLITICAL EXPENDITURES... \$ 1,788.33. Row 6: CONTRIBUTION BALANCE, 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD... \$ 0. Row 7: OUTSTANDING LOAN TOTALS, 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD... \$ 0.

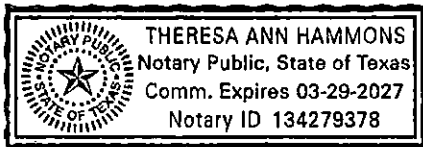
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Handwritten signature of Ramiro R. Rodriguez

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 20 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)

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>1,788³³</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
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: 2		2 FILER NAME Ramiro R. Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date 8/30/23		5 Payee name Ramiro R. Rodriguez			
6 Amount (\$) 750.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 132 Dickens, TX 79229			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing fee		(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		Office sought		Office held	
		County Sheriff			
Date 8/30/23		Payee name Ramiro R. Rodriguez			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Ramiro R. Rodriguez PO Box 132 Dickens, TX 79229			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description Voting registration list		
	<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	
		County Sheriff			
Date 11/27/23		Payee name Ramiro R. Rodriguez			
Amount (\$) 577.98 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 132 Dickens, TX 79229			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description signs + cards		
	<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	
		County Sheriff			

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: 2	2 FILER NAME Ramiro B. Rodriguez	3 Filer ID (Ethics Commission Filers)
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4 Date 12/15/2023	5 Payee name Ramiro Rodriguez
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6 Amount (\$) 455.35 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; PO Box 132 Dickens, TX 79229	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description Signs
	<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 County Sheriff	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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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/Denn*

Receipt Number: 0000006939

Name:

Status: Active

Payment No:

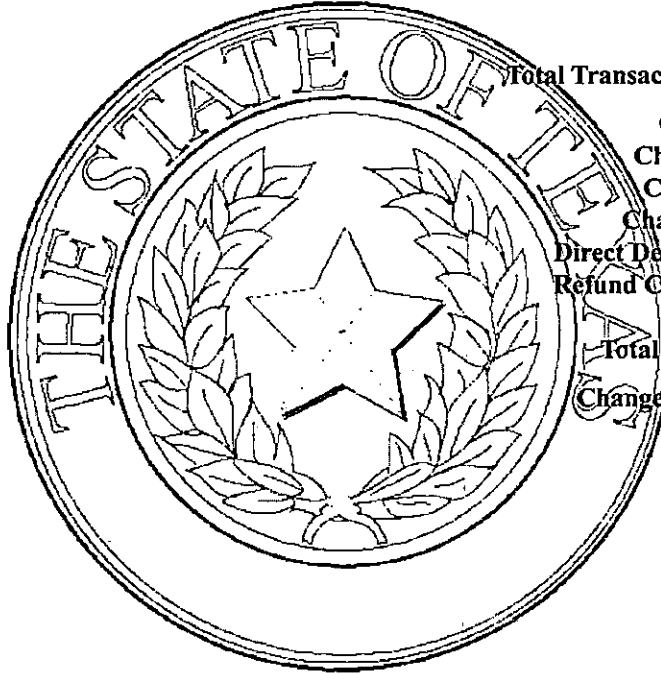
Date Entered: 8/30/23 3:51 pm

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	

\$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: ladonna@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

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

Description: 18 x 24 Coroplast & Business Cards

		Quantity	Unit Price	Subtotal
1	Product: Flatbed Prints	30.00	\$13.9643	\$418.93
	Description: 30 each 18" x 24" yard signs with small stakes			
2	Product: Misc	1,000.00	\$0.115	\$115.00
	Description: 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	Product: Flatbed Prints Description: 20 each 18" x 24" yard signs with small stakes	20.00	\$15.0325	\$300.65
2	Product: Flatbed Prints Description: One 48" x 96" x 10 mil white Coroplast with black, gray, and blue, printed graphics.	1.00	\$120.00	\$120.00

*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