	,				
× S	Yes	child because iduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, trans rst consulted v	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
N X	Yes	d trusts" need n	s of Official Conduct and certain other "excepted pouse, or dependent child?	on Standards	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	THESE QUESTIONS)F THESE	MATION - ANSWER EACH OF	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	nswered and h "Yes" respo	must be an ≱d for eacl	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
K	Yes	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
₹ X	Yes [or before the da	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	<u>8</u>	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
§ ⊠	Yes	receive any n the reporting)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	×	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
No.	Yes	receive any egating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No.	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes Yes
			E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessed es more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone than 30 days late	Employing Office: Termination Date:	Officer or Employee	Status House of Representatives District: Report Annual (May 17, 2010) Amendment
က် တ	Office L	8	Daytime Telephone: 210 -2418186	Daytime T	Rodriquez, Cino D.
Page 1 or a	Tage	Section of the sectio	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE I — EARNED INCOME

Name CIRO D. Kodriquez Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
SAN Antonio ISD. (Taxcuar Retinement) TRS	Spouse Salary	2/4
ERS Employees Ret. of Tx		1,958/mo.

For payments to charity in lieu of honoraria, use Schedule II.

S P	
<u> </u>	
a	
and/or	
ď	Ë
rincome	LOCK A
8	7
Ž	
ĕ	
Source	
Ó	

As

Instruction booklet. Block A. For additional information, see the of its activities, and its geographic location in period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on not exercised, to select the specific investments), plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use land, provide a complete address. income during the year. For rental property or which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Identify (a) each asset held for investment or pro-Iraded, state the name of the business, the nature (i.e., plans in which you have the power, even if Provide full Þ

3

o

ø

Ш

77

Q

I

ے

ᆽ

_

= **=**

₹

<

≤

≦

≦

⋝

×

×

portion of an If only a reporting year.

Government retirement programs. cial interest in or income derived from U.S. less in personal savings accounts; and any finanparent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless

or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left If you so choose, you may indicate that an asset

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example. See below for as follows: please indicate asset is sold,

(S) (partial)

Other Type of Income

Over \$50,000,000

NONE

RENT

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 ~ \$5,000,000

шωр

DIVIDENDS

INTEREST

CAPITAL GAINS

C,

Examples

ξ

HARA IN

FINTON: 0

STAGG

u ħ,

×

ŞP,

SP

Mega Corp. Stock

Simon & Schuster

Indefinite

×

×

Royalties

×

ഗ

(partial)

1st Bank of Paducah, KY Accounts

Value of Asset BLOCK B

please specify the method used method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

year and is included only because it If an asset was sold during the reporting generated income, the value should be "None "

g

ate any income during calendar year Check "None" if asset did not genervested, should be listed as income.

Type of Income BLOCK C

investments, you may write "NA." For not allow you to choose specific Check all columns that apply. For retirement plans or accounts that do Dividends and interest, even if reinall other assets including all IRAs, indicate the type of income by checkthe appropriate box below. For retirement plans

or generated vested, should be Check "None" if no in Dividends and inter checking the appro indicate the catego For all other assets, ments, you may writ not allow you to cho

Amount o BLOC

		ncome was earned	rest, even if rein-	oriate has below	_	ose specific invest-	or accounts that do	f Income	X D
•	\$1,000 in	exceeding	exchanges (E)	sales (S), or	purchases (P),	asset had	Indicate if the	Transaction	BLOCKE

For
additional
assets
and
unearned in
ncome,
use
next
page.

Come

£ 7.

インション 278 I

0

×

4

41251

ことない とろろい

X

レタンシ

丁/キャ

410

4

CREA!

200

X

×

×

×

X

×

×

?

X

X

 $\overline{\mathbf{x}}$

×

×

×

52 SAZ

WASH.

Asset	
and/or	l
income	7
Source	

Value of Asset BLOCK B

Check all columns that apply. For For retirement plans or accounts that do not Type of Income

BLOCK C

BLOCK D

BLOCK E

	3	u	5	0 0	ကျ	000=00=================================	<u></u>	> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		Not be well of		Examples:	SP. SP	reporting threstood. For retirement not self-directed, name the institut account and its value at the end is period. For an active business that traded, state the name of the busines of its activities, and its geograp Block A. For additional informatinstruction booklet. Exclude: Your personal reside there is rental income); any debt or your spouse, or by you or your parent, or sibling; any deposits total east in personal savings accounts; cial interest in or income derivical interest in or income source is that of your adependent child (DC) or is jointly to optional column on the far left.	provide the value a	dentify (a) each assigned duction of income exceeding \$1,000 at od, and (b) any other which generated manifered a connames of stocks and ticker symbols). For a plans (such as 401(kk (i.e., plans in which not exercised, to seke
	wing per	FUNDS S.A.TX	1st Bank of Paducah, KY Accounts	1	Mega Corp. Stock	reporting threstood. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401 (k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
					\Box	None >		inc rep me ple ple if a yea gea
	} -			ă		\$1 \$1,000		Indicate reporting method please si please si year and ye
				Indefinite	{	\$1,001 - \$15,000		e vang ing ing ing special spe
			-		+	\$15,001 - \$50,000		Indicate value reporting year. method other the please specify the fan asset was year and is in generated incor "None."
	×	X	×		×	\$50,001 - \$100,000	[
	╂──┤				-+	\$100,001 - \$200,000		of asset at close if you use a valuat than fair market valithe method used. sold during the report cluded only becauseme, the value should
	 				+	\$250,001 - \$500,000 © \$500,001 - \$1,000,000 T		sset air air thox thox aring on on
	 				7	\$1,000,001 - \$5,000,000		t at se a mar dus dus githi
					7	\$5,000,001 - \$25,000,000		ch ket ket e re e re shc
	11				7	\$25,000,001 - \$50,000,000	,	close of valuation (et value, et value, et value, et value, et value, et value, should be cause it should be
	1				7	Over \$50,000,000	-	of ting
						NONE		80< D77877770
	×	×			×	DIVIDENDS		Check all columns the retirement plans or account allow you to change in the investments, you may all other assets inclustiful indicate the type of including the appropriate Dividends and interest vested, should be list Check "None" if asset ate any income during
			×		7	RENT		emeni allow stmer ther the dend. dend. ck "N
	-Z	×			寸	INTEREST		t pla t pla t ya t ya assa assa assa assa assa assa assa a
					×	CAPITAL GAINS		www.m.
						EXCEPTED/BLIND TRUST		t plans or act you no chits, you may nassets incluse assets incluse appropriate and interess and interess and interess and interest and
				Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Incom	ne)	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
	×	×				None -		or See See See See See See See See See Se
						\$1 - \$200 =		allo allo nts, all icats icats ckir ider ider ider ider ider ider ider id
	 		 		_	\$201 - \$1,000		For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as Income. Check "None" if no income was earned or generated.
	 		-		×	\$1,001 - \$2,500		ent; ou to ma ma rass che content cont
	 		_				-	plans or according to choose spay write "NA" ssets, include sategory of appropriate appropriate in no income if no income
	 		×			\$5,001 - \$15,000		s or noos rite final gory gory income
	 	 -	-		-	\$15,001 - \$50,000 \(\leq\$ \)	<u> </u>	acc e st 'NA' of iate iate st, *
	 	ļ	 	U				ount becifing for inc house was was
	 	}	-	×	-	\$100,001 - \$1,000,000		incx shall incx shall incx shall incx some come come come come come come come c
	 		-			\$1,000,001 - \$5,000,000 >> Over \$5,000,000 >>		For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as Income. Check "None" if no income was earned or generated.
	+	 	+		-		_	
		}			S (partial)	portion of an asset is sold, asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a	indicate if the asset had purchases (P), purchases (S), or sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Rodrique 2, CIRO Page 5

This page may be conied if more space is required		5 5			15 15 15 15						JT 9539 U.S Hwy 181 South	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	action. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indiates	erty held for investment that exceeded \$1,000. Include transactions that	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real prop-
enuired											×			PURCH	ASE		of Tra
						 <u> </u>						×		SALE			Type of Transaction
														EXCHAI	NGE		tion
			 :											Check Bo Gain Exce	x if Capita eeded \$20	al 00	
											Trn 2610	10-12-09		Monthly, or Bi-weekly, if applicable	(MO/DAY/YR) or Quarterly,		Date
														\$1,001- \$15,000	0 3		
	 			 							 	×		\$15,001- \$50,000	ი	_	
			 	 			-	<u> </u>						\$50,001- \$100,000 \$100,001-	0	-	Amo
		-	 								 ×			\$250,000 \$250,001 -	m	_	Amount of
							-		<u> </u>		 -			\$500,000 \$500,001-	- T)		
										 	 			\$1,000,000 \$1,000,001	1-	-	Transaction
	-		 			 					 	-	_	\$5,000,000 \$5,000,00	1-		tion
											-			\$25,000,00 \$25,000,0 0 \$50,000,0 0)1-		
														Over \$50,000,00			

Page of d

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

							_	
		57	- - -	4		SP, JT,		con any or
		NATIONSTATE	NATIONSTAR MORTSAGE	santune w extens	Example: First Bank of Wilmington, Delaware	Creditor		Carda) city is and cardinate as the create process.
		181 Cat 5.7 45.56	5,47 0.5 they 181		Mortgage on 123 Main St., Dover, Del.	Type of Liability		
						\$10,001- \$15,000 CD		
	 -		<u> </u>			\$15,001- \$50,000	į	
						\$50,001- \$100,000	:	
		×	X		×	\$100,001- \$250,000 m	A	
				×		\$250,001- \$500,000	E I	
						\$500,001- \$1,000,000 ជ	Amount of Liability	
,						\$1,000,001- \$5,000,000 ±	₹	
		<u> </u>				\$5,000,001- \$25,000,000		
			<u> </u>		_	\$25,000,001- \$50,000,000		
			<u> </u>			Over \$50,000,000 ►		_

SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

	Note: The gift rule (House Rule 25, clause 5) prohibit	Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.	
_	Source	Description	Value
	Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
	2		

	Name
	Cino
	Ò
	Rodr
	riguee
	Page 2_of
1	

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

or were paid by you and reimbursed by the sponsor. **Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

a spouse of dependent clinia that is totally independent of his of her relationship to you.	rebelluelli ol III	s or liet relationship to you.			!	
Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
				ļ		
	/				50 50 50 50 50 50 50 50 50 50 50 50 50 5	
	\ *					
	·					
						5 5 5 5 5 5 5 5 5
		46			-	
				·		

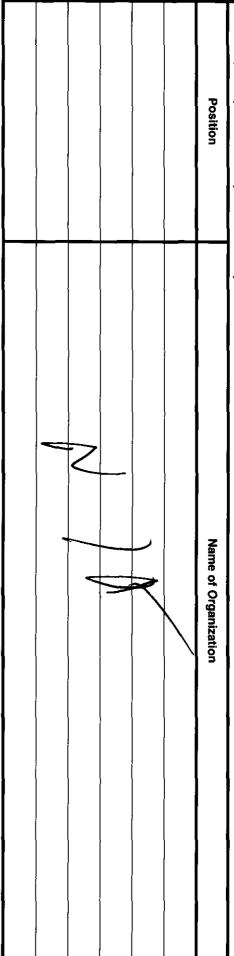
This page may be copied if more space is required.

SCHEDULE VIII—POSITIONS

Name CIRO D. Rodviguer Page & of &

organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-



SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

	,