### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction G	uide explains how to comp	lete this form.	1 Filer ID(E	thics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST <b>Jalen</b>		MI	OFFICE US	SE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
		McKee-Rodrigu	ez		1/14/2025 6:34:5	59AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT 7362 Monets Gdn San Antonio TX 78218		CITY; ST.	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHON	IE NUMBER	EXTEN	NSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST <b>Taylor</b>		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed 1/14/2025 6:34:5	9AM
		Watson			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO P 743 Eleanor Ave #101 San Antonio TX 78209		APT / SUITE #;	CITY; ST	ATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHON	E NUMBER	EXTEN	ISION		
9 REPORT TYPE						
	January 15: Semi	-Annual				
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	7/	1/2024	THROUG	GH <b>12</b>	/31/2024	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year <b>5/3/2025</b>	Primar  X Genera		Description		
12 OFFICE	OFFICE HELD (if any)  Council District 2	·		13 OFFICE SOUGHT  Council Distri		
		GO TO	PAGE 2			

### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID	) (Ethics Commission Filers)
Jalen McKee-Rodriguez					
16 NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEES TO SUI THE CANDIDATE'S	PPORT THE CANDIDATE OR OFFICEHOLDER'S		TURES MAY CANDIDATES	ITURES MADE BY POLITICAL HAVE BEEN MADE WITHOUT AND OFFICEHOLDERS ARE
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	IGN TREASURER NAME		
		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	12046.54
EXPENDITURE TOTALS	3. TOTAL UNITE	EMIZED POLITICAL EXPENDITURES.		\$	0
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	4803.16
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	18414.07
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	0
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes al me under Title 15, Election Code.		
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	te or Officeho	older
		:	No delawara		h - 40th
Sworn to and subscribe of <b>January</b> ,			_	this t	he <u>13th</u> day
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

### **SUBTOTALS - COH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Commission Filers)
	Jalen McKee-Rodrigu		
21	SCHEDULE SUBTOTAL NAME OF SCHEDULE	S	SUBTOTAL AMOUNT
1.	X SCHEDULE A1	: MONETARY POLITICAL CONTRIBUTIONS	\$ 12046.54
2.	X SCHEDULE A2	: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	X SCHEDULE B:	PLEDGED CONTRIBUTIONS	\$ 0
4.	X SCHEDULE E:	LOANS	\$ 0
5.	X SCHEDULE F1	: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4803.16
6.	X SCHEDULE F2	: UNPAID INCURRED OBLIGATIONS	\$0
7.	X SCHEDULE F3	: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	\$ <b>\$ 0</b>
8.	X SCHEDULE F4	: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	X SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	X SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH \$ 0
11.	X SCHEDULE I: 1	NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$0
12.	X SCHEDULE K: RETURNED TO	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS O FILER	\$ 0

#### SCHEDULE A1

	1	The Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 1 of 21	
2	FILER NAME  Jalen McKee-R	odriguez		3 Filer ID (Ethics Commission Filers)	
4	Date <b>7/1/2024</b>	5 Full name of contributor ☐ out-of-stat Alexis Ramos	PAC (ID#)	7 Amount of contribution (\$) 50.00	
		6 Contributor address; City; 622 Delaware St San Antonio, TX 78210	State; Zip Code		
8	Principal occupa <b>Doctor</b>	ation / Job title (See instructions)	9 Employer (See instru UT Health SA	uctions)	
	Date <b>7/1/2024</b>	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 30.00	
		Contributor address; City; 327 Essex St San Antonio, TX 78210	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Dorcol Distilling +B	•	
	Date <b>7/1/2024</b>	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 10.00	
		Contributor address; City; 2901 Vicente St. Laredo, TX 78046	State; Zip Code		
	Principal occupa	ation / Job title (See instructions) Worker	Employer (See instructions) Wild Ferns Wellness		
	Date 7/1/2024	Full name of contributor  ut-of-stat	PAC (ID#)	Amount of contribution (\$) 9.09	
		Contributor address; City; 473 West End Avenue #4C Manhattan, NY 10024	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Not Employed	uctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	т	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 2 of 21
2	FILER NAME  Jalen McKee-Re	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date <b>7/2/2024</b>	5 Full name of contributor ☐ out-of-state Lorena Havill	PAC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; 1123 Nolan St San Antonio, TX 78202	State; Zip Code	
8	Principal occupa  Medical Science	ation / Job title (See instructions) e Liaison	9 Employer (See instru Phathom Pharmace	*
	Date <b>7/2/2024</b>	Full name of contributor  ut-of-state Christine Nguyen	PAC (ID#)	Amount of contribution (\$) 15.00
		Contributor address; City; 6155 Eckhert Rd Apt 15206 San Antonio, TX 78240	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)  Peer Support Specialist Kooth			Employer (See instru <b>Kooth</b>	uctions)
	Date 7/4/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 7.00
	Contributor address; City; State; Zip Code  336 CLAREMONT AVE Apt 2  SAN ANTONIO, TX 78209			
	Principal occupa Security Data T	ation / Job title (See instructions) echnician	Employer (See instru CyberFortress	uctions)
	Date 7/5/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 10.00
		Contributor address; City; 314 Tall Oaks Dr Durham, NC 27713	State; Zip Code	
			Employer (See instru Not employed	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 3 of 21		
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)	
4	Date 7/11/2024	Frank Burney	AC (ID#)	7 Amount of contribution (\$) 500.00	
		112 E. Pecan St. Suite 1616 San Antonio, TX 78205	state, Zip oode		
8	Principal occupa Attorney	tion / Job title (See instructions)	9 Employer (See instru Martin & Drought	ictions)	
	Date <b>7/19/2024</b>	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 1510 W Loop South Houston, TX 77027			
Principal occupation / Job title (See instructions) Employe			Employer (See instru	ıctions)	
	Date 8/1/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 9.09	
		Contributor address; City; S 473 West End Avenue #4C Manhattan, NY 10024	State; Zip Code		
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instru Not Employed	ıctions)	
	Date 8/4/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 7.00	
	Contributor address; City; State; Zip Code  336 CLAREMONT AVE Apt 2  SAN ANTONIO, TX 78209				
	Principal occupa Security Data To	ntion / Job title (See instructions) echnician	Employer (See instru CyberFortress	ıctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 21		
2	FILER NAME  Jalen McKee-Re	odriguez		3 Filer ID (Ethics Commission Filers)		
4	Date 8/5/2024	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 10.00		
		6 Contributor address; City; S 314 Tall Oaks Dr Durham, NC 27713	State; Zip Code			
8	Principal occupa Not employed	ation / Job title (See instructions)	9 Employer (See instru Not employed	actions)		
	Date Full name of contributor out-of-state PAC (ID#)  8/16/2024 San Antonio Professional Firefighters Association Local 624		Amount of contribution (\$) 500.00			
		Contributor address; City; S PO Box 100455 San Antonio, TX 78201	State; Zip Code			
Principal occupation / Job title (See instructions)  Employer (See instructions)			actions)			
	Date 8/28/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 4610 Old Coach San Antonio, TX 78220				
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Penfed	actions)		
	Date 8/28/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00		
		Contributor address; City; S 9390 Powderhorn avenue Tallahassee, FL 32309	State; Zip Code			
			Employer (See instru Not Employed	actions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	Т	he Instruction Guide explains how to comp	plete this	form.	1 Total pages Schedule A1: 5 of 21
2	FILER NAME  Jalen McKee-Ro	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 8/28/2024	5 Full name of contributor ☐ out- Alexandria Loredo	-of-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; Contrib	City; S	State; Zip Code	
8	Principal occupa Emergency Cen	tion / Job title (See instructions) ter Technician		9 Employer (See instru University Hospital	ctions)
	Date 8/29/2024	Full name of contributor	of-state PA	AC (ID#)	Amount of contribution (\$) <b>250.00</b>
		Contributor address; C 819 W MULBERRY AVE San Antonio, TX 78212	City; S	State; Zip Code	
				mployer (See instructions) ranklin Apartment Management Ltd.	
	Date 8/29/2024	Jackelyn Rodriguez	-of-state PA		Amount of contribution (\$) <b>25.00</b>
		Contributor address; C 814 Walnut Park St San Antonio, TX 78227	City; S	State; Zip Code	
	Principal occupa  Marketing Coor	tion / Job title (See instructions) dinator		Employer (See instru	ctions)
	Date 9/1/2024	Deirdre MacGuire	-of-state PA	AC (ID#)	Amount of contribution (\$) 9.09
	Principal occupa Not Employed	tion / Job title (See instructions)		Employer (See instru Not Employed	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 21	
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)	
4	Date 9/3/2024	5 Full name of contributor  ut-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 100.00	
		6 Contributor address; City; S 5931 Lakecrest San Antonio, TX 78222	State; Zip Code		
8	Principal occupa Not Employed	ation / Job title (See instructions)	9 Employer (See instru Not Employed	actions)	
	Date 9/3/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; City; S 132 S Cherry St San Antonio, TX 78203	State; Zip Code		
	Principal occupa Bicycle	ation / Job title (See instructions)	Employer (See instru CHERRY st	uctions)	
	Date 9/3/2024	Full name of contributor		Amount of contribution (\$) 500.00	
		Contributor address; City; S 100 NE Interstate 410 Loop 1385 San Antonio, TX 78216	State; Zip Code		
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instructions) Brown & McDonald		
	Date 9/4/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 7.00	
		Contributor address; City; S 336 CLAREMONT AVE Apt 2 SAN ANTONIO, TX 78209	State; Zip Code		
	Principal occupa Security Data T	ation / Job title (See instructions) echnician	Employer (See instru CyberFortress	uctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	т	he Instruction Guide explains how to con	mplete this	form.	1 Total pages Schedule A1: 7 of 21
2	FILER NAME  Jalen McKee-Ro	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 9/5/2024	5 Full name of contributor □ ou  Daniel Keegan	ut-of-state PA	AC (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; 314 Tall Oaks Dr Durham, NC 27713	City; S	State; Zip Code	
8	Principal occupa Not employed	tion / Job title (See instructions)		9 Employer (See instru Not employed	uctions)
	Date 9/6/2024	Full name of contributor	ut-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 17239 Shavano Rnch Rd San Antonio, TX 78257	City; S		
	Principal occupa Employed	tion / Job title (See instructions)		Employer (See instru Employer	uctions)
	Date 9/6/2024	Full name of contributor	ut-of-state PA	C (ID#)	Amount of contribution (\$) 35.00
		Contributor address; 525 McDougal San Antonio, TX 78223	City; S		
	Principal occupa Constituent Ser	tion / Job title (See instructions) vices		Employer (See instru District 2	uctions)
	Date 9/9/2024	Full name of contributor	ut-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 3419 Chateau Drive San Antonio, TX 78219	City; S	State; Zip Code	
	Principal occupa  Marketing	tion / Job title (See instructions)		Employer (See instru Dwayne Robinson	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	٦	The Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 8 of 21
2	FILER NAME  Jalen McKee-R	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 9/10/2024	5 Full name of contributor Nicolette Ardiente	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 6974 OAK DR APT 1120 SAN ANTONIO, TX 78256	City; S	State; Zip Code	
8		ation / Job title (See instructions) gagement Manager		9 Employer (See instru Asian Texans for Ju	•
	Date 9/10/2024	Full name of contributor  Frank Dunn	☐ out-of-state PA	\C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 6511 Kings Crown W San Antonio, TX 78233	City; S	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru <b>Self</b>	uctions)
	Date 9/10/2024	Full name of contributor  Molly Cox	out-of-state PA	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 122 Jeanette Dr San Antonio, TX 78216	City; S	State; Zip Code	
	Principal occupa  Consultant	ation / Job title (See instructions)		Employer (See instru <b>Self</b>	uctions)
	Date 9/10/2024	Full name of contributor  Tinae Burse	□ out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 2914 olmos creek dr 11201 San Antonio, TX 78230	City; S	State; Zip Code	
	Principal occupa Self employed	ation / Job title (See instructions)		Employer (See instru Tinae Burse	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	Т	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 9 of 21
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 9/10/2024	5 Full name of contributor ☐ out-of-state Rachelle and Jason Arechiga	PAC (ID#)	7 Amount of contribution (\$) 500.00
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 9/11/2024	Full name of contributor  Joleen Garcia  Contributor address; City; 511 Belcross San Antonio, TX 78237	PAC (ID#) State; Zip Code	Amount of contribution (\$) 25.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru City of San Antonio	•
	Date 9/11/2024	Full name of contributor  Katie Jarl  Contributor address;  307 Carolina St San Antonio, TX 78210	PAC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa  Director	tion / Job title (See instructions)	Employer (See instru Texas Pets Alive	uctions)
	Date 9/11/2024	Full name of contributor  Kasandra Alicea  Contributor address; City; Contributor address Circle Boerne, TX 78015	PAC (ID#)	Amount of contribution (\$) 50.00
	Principal occupa Real Estate Bro	tion / Job title (See instructions) ker	Employer (See instru	uctions)

Forms provided by Texas Ethics Commission

Revised 01/01/2021

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

#### SCHEDULE A1

	7	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 10 of 21
2	FILER NAME  Jalen McKee-Re	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 9/11/2024	5 Full name of contributor □ out-of-si Robinson Block	ate PAC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; 4315 Darter St None Houston, TX 77009	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instr Houston Fire Depar	•
	Date 9/11/2024	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 3915 Skylark Ave San Antonio, TX 78210	State; Zip Code	
	Principal occupa Self	ation / Job title (See instructions)	Employer (See instr Self	uctions)
	Date 9/12/2024	Full name of contributor ☐ out-of-si	ate PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 529 W. Elsmere Place San Antonio, TX 78212	State; Zip Code	
	Principal occupa  Administrator	ation / Job title (See instructions)	Employer (See instr UTSA	uctions)
	Date 9/12/2024	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; 9106 Harbor View Street San Antonio, TX 78242	State; Zip Code	
Principal occupation / Job title (See instructions)  Executive Director		Employer (See instr BRIDGE Infrastruct	uctions) ture Fund / NEO Philanthropy Inc.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

www.ethics.state.tx.us

#### SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11 of 21
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 9/12/2024	5 Full name of contributor ☐ out-of-state PA  Lorena Havill	C (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; S 145 Terry Court San Antonio, TX 78212	State; Zip Code	
8	Principal occupa Scientist	ation / Job title (See instructions)	9 Employer (See instru Texas Biomedical R	•
	Date 9/12/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>250.00</b>
		Contributor address; City; S  22410 Pine Ridge Dr  Frankfort, IL 60423	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See inst Executive The Annex Group			Employer (See instru The Annex Group	ctions)
	Date 9/12/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>25.00</b>
		Contributor address; City; S 6138 Lyngrove Street San Antonio, TX 78249	State; Zip Code	
	Principal occupa  Data Analyst	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 9/12/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 3501 San Eduardo Ave Laredo, TX 78040	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru Self	octions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	Т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 12 of 21
2	FILER NAME  Jalen McKee-Ro	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 9/13/2024	5 Full name of contributor  Zachary Nepote	□ out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 13810 Exchequer Drive Corpus Christi, TX 78410	City;	State; Zip Code	
8	Principal occupa Student Assista	tion / Job title (See instructions)		9 Employer (See instr UTSA	ructions)
	Date 9/13/2024	Full name of contributor  Alicia Williams	out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 2918 Lindenwood Run San Antonio, TX 78245	City; S	State; Zip Code	
	Principal occupa Council Aide	tion / Job title (See instructions)		Employer (See instr LGC/council distric	•
	Date 9/13/2024	Full name of contributor  Laken Hall	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 8004 8004 Bentley Dr 8103 San Antonio, TX 78218	City;	State; Zip Code	
	Principal occupa City Council	tion / Job title (See instructions)		Employer (See instr City	ructions)
	Date 9/13/2024	Full name of contributor  DeAnna Brown	out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 8106 8106 Sleepy Forest San Antonio, TX 78239	City; S	State; Zip Code	
	Principal occupa Arts&Entertainr	tion / Job title (See instructions) nent		Employer (See instr FwdProgress	ructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	Т	he Instruction Guide explains how to com	1 Total pages Schedule A1: 13 of 21		
2	FILER NAME  Jalen McKee-Ro	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 9/13/2024	5 Full name of contributor □ ou Taylor Norton	ıt-of-state PA	C (ID#)	7 Amount of contribution (\$) 25.00
		6 Contributor address; 12120 12120 Treeline Dr Crowley, TX 76036	City; S	tate; Zip Code	
8	Principal occupa Social media Ma	tion / Job title (See instructions) anager		9 Employer (See instru Serendipity SSco	ctions)
	Date 9/13/2024	Full name of contributor	ıt-of-state PA	C (ID#)	Amount of contribution (\$) <b>25.00</b>
		Contributor address; 1502 1502 Sunbend Fls San Antonio, TX 78224	City; S	tate; Zip Code	
·		Employer (See instru NEO Philanthropy Ir	•		
	Date 9/13/2024	Full name of contributor	ıt-of-state PA	C (ID#)	Amount of contribution (\$) <b>200.00</b>
		Contributor address; 1142 1142 E Commerce St San Antonio, TX 78205	City; S	tate; Zip Code	
	Principal occupa Business owne	tion / Job title (See instructions) r		Employer (See instru The MightyGroup	ctions)
	Date 9/13/2024	Full name of contributor	ıt-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 4909 Woodstone Dr San Antonio, TX 78230	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions)  Executive Director				Employer (See instru ACT 4 SA	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	т	he Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1: 14 of 21
2	FILER NAME  Jalen McKee-Re	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 9/13/2024	5 Full name of contributor Zohaib Qadri	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 2908 2908 Moreno St. Austin, TX 78723	City; S	State; Zip Code	
8	Principal occupa Council Membe	tion / Job title (See instructions) r		9 Employer (See instru City of Austin	uctions)
	Date 9/13/2024	Full name of contributor  Ina Minjarez	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 9406 9406 Hazelton Ln San Antonio, TX 78251	City; S	State; Zip Code	
		tion / Job title (See instructions) elations & Development		Employer (See instru	uctions)
	Date 9/13/2024	Full name of contributor   Justin Munoz	out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 734 734 Essex St #1 San Antonio, TX 78210	City; S	State; Zip Code	
	Principal occupa Chief of Staff	tion / Job title (See instructions)		Employer (See instru Visit San Antonio	uctions)
	Date 9/14/2024	Full name of contributor   Jen Brown	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 133 133 lotus San Antonio, TX 78210	City; S	State; Zip Code	
	Principal occupa Not Employed	tion / Job title (See instructions)		Employer (See instru Not Employed	uctions)

Forms provided by Texas Ethics Commission

Revised 01/01/2021

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

#### SCHEDULE A1

	T	he Instruction Guide explains how to complete this t	orm.	1 Total pages Schedule A1: 15 of 21
2	FILER NAME  Jalen McKee-Re	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 9/18/2024	5 Full name of contributor Out-of-state PA Nathan McKee-Rodriguez	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 7362 7362 Monets Gdn San Antonio, TX 78218	tate; Zip Code	
8	Principal occupa <b>Supervisor</b>	tion / Job title (See instructions)	9 Employer (See instruction CVS Caremark	ctions)
	Date 9/18/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 400.00
		Contributor address; City; S PO Box 301923 Austin, TX 78703	tate; Zip Code	
Principal occupation / Job title (See instructions)  Employer (See instructions)			ctions)	
	Date 9/20/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; S 215 215 Atwater San Antonio, TX 78213	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instruction Dept. VA	ctions)
	Date 10/1/2024	Deirdre MacGuire	C (ID#)	Amount of contribution (\$) 9.09
	473 473 West End Avenue #4C Manhattan, NY 10024			
	Principal occupa	tion / Job title (See instructions)	Employer (See instru- Not Employed	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 16 of 21	
2	FILER NAME  Jalen McKee-Re	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 10/4/2024	5 Full name of contributor ☐ out-of-state PALESLIE FINCHER	C (ID#) State; Zip Code	7 Amount of contribution (\$) 7.00
8	Principal occupa Security Data T	ation / Job title (See instructions)	9 Employer (See instru CyberFortress	actions)
	Date 10/5/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions)  Not employed  Employer (See instructions)  Not employed			actions)	
	Date 11/1/2024	Full name of contributor  out-of-state PA  Deirdre MacGuire  Contributor address; City; S  473 473 West End Avenue #4C  Manhattan, NY 10024		Amount of contribution (\$) 9.09
	Principal occupa Not Employed	ation / Job title (See instructions)	Employer (See instru Not Employed	actions)
	Date 11/4/2024	Full name of contributor  out-of-state PA  LESLIE FINCHER  Contributor address; City; S  336 336 CLAREMONT AVE Apt 2  SAN ANTONIO, TX 78209	C (ID#)	Amount of contribution (\$) 7.00
	Principal occupa Security Data T	echnician	Employer (See instru	actions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

www.ethics.state.tx.us

#### SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 17 of 21
2	FILER NAME  Jalen McKee-R	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 11/5/2024	5 Full name of contributor  ut-of-state Property  Out-of-state Prope	AC (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; City; S 314 314 Tall Oaks Dr Durham, NC 27713	State; Zip Code	
8	Principal occupa Not employed	ation / Job title (See instructions)	9 Employer (See instru Not employed	uctions)
	Date 12/1/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 9.09
		Contributor address; City; S 473 473 West End Avenue #4C Manhattan, NY 10024	State; Zip Code	
	Principal occupa Not Employed	ation / Job title (See instructions)	Employer (See instru Not Employed	uctions)
	Date 12/2/2024	·		Amount of contribution (\$) 500.00
		Contributor address; City; Sign 100 100 NE Loop 410 STE 1385 San Antonio, TX 78216	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Brown & McDonald	•
	Date 12/2/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 100 100 NE Loop 410 STE 1385 San Antonio, TX 78216	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Brown & McDonald	•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 18 of 21	
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 12/4/2024	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 7.00
		6 Contributor address; City; S 336 336 CLAREMONT AVE Apt 2 SAN ANTONIO, TX 78209	State; Zip Code	
8	Principal occupa Security Data T	ntion / Job title (See instructions) echnician	9 Employer (See instru CyberFortress	actions)
	Date 12/5/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 10.00
		Contributor address; City; S 314 314 Tall Oaks Dr Durham, NC 27713	State; Zip Code	
Principal occupation / Job title (See instructions)  Not employed  Employer (See instructions)  Not employed			Employer (See instru Not employed	actions)
	Date 12/10/2024	Byrd Bonner		Amount of contribution (\$) 50.00
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Law Office of Lisa A	·
	Date 12/10/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 315 315 West Lynwood Avenue San Antonio, TX 78212	State; Zip Code	
Principal occupation / Job title (See instructions)  Not Employed  Employer (See instructions)  Not Employed			actions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19 of 21	
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)	
4	Date 12/10/2024	5 Full name of contributor Ana Sandoval		7 Amount of contribution (\$) 125.00	
		6 Contributor address; City; S 1222 1222 Donaldson Ave San Antonio, TX 78228	state; Zip Code		
8	Principal occupa Assistant Direct	tion / Job title (See instructions) tor	9 Employer (See instru Bexar County Hospi		
	Date 12/11/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; City; S 6743 6743 Congressional Blvd. SAN ANTONIO, TX 78244	State; Zip Code		
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instru Not Employed	actions)	
	Date 12/11/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) 25.00	
		Contributor address; City; S 418 418 Madison SAN ANTONIO, TX 78204	itate; Zip Code		
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instru Not Employed	ictions)	
	Date 12/11/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>250.00</b>	
		Contributor address; City; S 2310 Winding View San Antonio, TX 78260	State; Zip Code		
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ictions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	т	he Instruction Guide explains how to complete this	orm.	1 Total pages Schedule A1: 20 of 21
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 12/12/2024	5 Full name of contributor ☐ out-of-state PA  John Manning	C (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; S 1130 1130 Broadway Apt 363 San Antonio, TX 78215	tate; Zip Code	
8	Principal occupa attorney	ation / Job title (See instructions)	9 Employer (See instru Barton benson jones	•
	Date 12/12/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>25.00</b>
		Contributor address; City; S 1130 1130 Browadway street Apt 365 San Antonio, TX 78215	tate; Zip Code	
. , , , , , , , , , , , , , , , , , , ,			Employer (See instru  Oblate school of the	•
	Date 12/12/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru  Bracewell LLP	ctions)
	Date 12/12/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
	Principal occupa Consultant	ation / Job title (See instructions)	Employer (See instru Figurd	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	т	he Instruction Guide explains how to complet	1 Total pages Schedule A1: 21 of 21	
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 12/12/2024	5 Full name of contributor  Jane Macon  Contributor address;  300 Convent St  San Antonio, TX 78205	tate PAC (ID#)	7 Amount of contribution (\$) 500.00
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instr Bracewell	ructions)
	Date 12/17/2024	Full name of contributor  James Stoneking  Contributor address; City: 325 325 Madison Street San Antonio, TX 78204	tate PAC (ID#)  State; Zip Code	Amount of contribution (\$) 100.00
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instr Bracewell LLP	ructions)
	Date <b>12/31/2024</b>	Full name of contributor  Heidi Mummau  Contributor address; City  401 401 Stafford Street  San Antonio, TX 78208	tate PAC (ID#)  State; Zip Code	Amount of contribution (\$) 25.00
	Principal occupa Small Business	tion / Job title (See instructions)  President	Employer (See instr BTE	uctions)
	Date	Full name of contributor □ out-of-s	tate PAC (ID#)  State; Zip Code	Amount of contribution (\$)
	Principal occupa	tion / Job title (See instructions)	Employer (See instr	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2	FILER NAME  Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5	Date  6 Full name of contributor  out-of-state PAC (ID#	,	8 Amount of Contribution \$ 9 In-kind contribution description
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (F0	Check if travel outside of Texas, complete Schedule T OR NON-JUDICIAL) (See instructions)
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's	job title (FOR JUDICIAL) (See instructions)
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of c	contributor's spouse (if any) (FOR JUDICIAL)
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Date  Full name of contributor  out-of-state PAC (ID#	) Code	Amount of Contribution \$ In-kind contribution description  Check if travel outside of Texas, complete Schedule T
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (F0	OR NON-JUDICIAL) (See instructions)
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's	job title (FOR JUDICIAL) (See instructions)
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of c	contributor's spouse (if any) (FOR JUDICIAL)
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDIII E	AS NEEDED

Forms provided by Texas Ethics Commission

### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

	1	The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1	
2	FILER NAME  Jalen McKee			3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0	
5	Date	6 Full name of pledgor out-of-state PAC (ID#	) 	8 Amount of Pledge \$	
10	Principal occu	pation / Job title (See instructions)	<b>11</b> Employer (	Check if travel outside of Texas, complete Schedule T See instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#	) 	Amount of Pledge \$	
	Principal occu	upation / Job title (See instructions)	Employer (	Check if travel outside of Texas, complete Schedule T See instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#	) 	Amount of Pledge \$	
	Principal occu	upation / Job title (See instructions)	Employer (	Check if travel outside of Texas, complete Schedule T See instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#	) 	Amount of Pledge \$	
	Principal occu	pation / Job title (See instructions)	Employer (	Check if travel outside of Texas, complete Schedule T See instructions)	
		ATTACH ADDITIONAL CODIES OF T	UIS SOUTEL!	E AS NEEDED	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 01/01/2020

#### **LOANS** SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jalen McKee-Rodriguez 4 TOTAL OF UNITEMIZED LOANS **\$** 0 5 Date of loan 7 Name of lender out-of-state PAC (ID#\_ 9 Loan Amount (\$) 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest rate financial institution? 11 Maturity date 12 Principal occupation / Job title (See instructions) 13 Employer (See instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 18 Guarantor address; City; State; Zip Code 」not applicable 20 Principal occupation (See instructions) 21 Employer (See instructions) Date of loan Name of lender out-of-state PAC (ID#\_ Loan Amount (\$) Is lender a Lender address; State; Zip Code Interest rate financial institution? Maturity date Principal occupation / Job title (See instructions) Employer (See instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor **INFORMATION** City; State: Guarantor address: Zip Code not applicable Principal occupation (See instructions) Employer (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Accounting/Banking Event Expense Solicitation/Fundraising Expense Advertising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 of 8 Jalen McKee-Rodriguez 4 Date 5 Payee name 7/3/2024 Scale to Win 6 Amount (\$) 7 Payee address; City; State; Zip Code 421.34 13742 Harper St Santa Ana, CA 92703 8 (a) Category (See categories listed at the top of this schedule) (b) Description **Fees** Fees **PURPOSE** OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Jalen McKee-Rodriguez **Council District 2 Council District 2** Date Payee name 7/15/2024 MailChimp Amount (\$) Payee address; City; State; Zip Code 47.97 675 Ponce de Leon AVE NE #5000 Atlanta, GA 30308 Category (See categories listed at the top of this schedule) Description Fees **Fees PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 2** Jalen McKee-Rodriguez **Council District 2** Date Payee name 8/15/2024 MailChimp Amount (\$) Payee address; State; Zip Code City; 47.97 675 Ponce de Leon AVE NE #5000 Atlanta, GA 30308 Category (See categories listed at the top of this schedule) Description Fees Fees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 2 Council District 2** Jalen McKee-Rodriguez ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)				
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense			
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense Travel in District			
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel Out Of District			
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how t	o complete this form				
1 Total pages Schedule F1: 2 of 8	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)			
<b>4</b> Date	5 Payee name					
8/29/2024	DropBox					
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code				
12.78	1800 Owens St					
	San Francisco, CA 94158					
8 PURPOSE	(a) Category (See categories listed at the top of this sche Fees	(b) Description Fees				
OF EXPENDITURE						
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2			
Date <b>9/3/2024</b>	Payee name Monarch Trophy Studios					
Amount (\$)	Payee address; City; State; Zip Code					
723.67	16227 San Pedro Ave					
	San Antonio, TX 78232					
	Category (See categories listed at the top of this sche	dule) Description				
DUDDOCE	Other: Other: Other	Fiesta Medals				
PURPOSE OF						
EXPENDITURE						
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct	<u> </u>	Office sought	Office held			
expenditure to benefit C/C		Council District 2	Council District 2			
•	, and the second					
Date	Payee name					
9/4/2024	Zerenitas					
Amount (\$)	Payee address; City; State;	Zip Code				
443.56	5770 Hawaiian Sun Dr					
	San Antonio, TX 78244					
	Category (See categories listed at the top of this sche	dulo) Decemination				
DUDDOOF	Other: Other: Other	dule) Description Fundraising				
PURPOSE OF						
EXPENDITURE						
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct		Office sought	Office held			
expenditure to benefit C/C		Council District 2	Council District 2			
	-					
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .			

### SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	o complete this form	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
3 of 8	Jalen McKee-Rodriguez		,
4 Date	5 Payee name		
9/5/2024	CPH Liability Insurance		
C Amount (C)	<u> </u>	Zin Codo	
6 Amount (\$) 176.00	7 Payee address; City; State; 711 S Dearborn	Zip Code	
170.00			
	Chicago, IL 60605		
8	(a) Category (See categories listed at the top of this sche	dule) (b) Description	
PURPOSE	Other: Other: Other	Fundraising	
OF			
EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
9/5/2024	Gaines Entertainment		
Amount (\$)	Payee address; City; State;	Zip Code	
51.00	PO Box 702037	2.p 0000	
	San Antonio, TX 78270		
	Category (See categories listed at the top of this sche	· ·	
PURPOSE	Other: Other Other	Fundraising	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
9/6/2024	Polished Perfect		
Amount (\$)	Payee address; City; State;	Zip Code	
180.00	2211 Sandy Blvd	Zip Code	
	San Antonio, TX 78264		
	Category (See categories listed at the top of this sche		
PURPOSE	Other: Other Other	Fundraising	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
	<del></del>		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

www.ethics.state.tx.us

### SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)				
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense			
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District			
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District			
Candidate/Officeholder/Political C		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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 of 8	Jalen McKee-Rodriguez					
4 Date	<b>5</b> Payee name					
9/11/2024	Pouring Events					
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code				
438.03	11820 SONG ST					
	San Antonio, TX 78216					
0	(a) Category (See categories listed at the top of this sche	adule) (h) Description				
	Other: Other: Other	(b) Description Fundraising				
PURPOSE OF						
EXPENDITURE						
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
9 Complete ONLY if direct		Office sought	Office held			
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2			
Date	Payee name					
9/16/2024	MailChimp					
Amount (\$)	Payee address; City; State; Zip Code					
47.97	675 Ponce de Leon AVE NE #5000					
	Atlanta, GA 30308					
	Category (See categories listed at the top of this sche	edule) Description				
PURPOSE	Fees	Fees				
OF						
EXPENDITURE						
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2			
Date	Payee name					
9/18/2024	DropBox					
Amount (\$)	Payee address; City; State;	Zip Code				
12.78	1800 Owens St	·				
	San Francisco, CA 94158					
	Category (See categories listed at the top of this sche	Description Fees				
PURPOSE	rees	rees				
OF						
EXPENDITURE						
0 1: 0:::::::::::::::::::::::::::::::::	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 2	Office held  Council District 2			
experientare to beliefft G/C	Jaien wickee-Rounguez	Council District 2	Council District 2			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .			

### SCHEDULE F1

		EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking		Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense		Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By		Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C	Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment		•	_	(g)
•	1	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule F1:	2 FILER NAM	ΛE		3 Filer ID (Ethics Commission Filers)
5 of 8	Jalen Mck	Kee-Rodriguez		
45.				
4 Date	<b>5</b> Payee nam			
9/18/2024	MarqueeF	Rents		
C A == = = = = ( ( )	<b>7</b> Daysa add	City Ctata	Zin Cada	
6 Amount (\$) 7 Payee address; City; State; Zip Code				
352.32	15669 Sar	1 Pedro		
	San Anto	nio, TX 78232		
8	(a) Category	(See categories listed at the top of this sch	nedule) (b) Description	
		ther: Other	Fundraising	
PURPOSE	Other: O	anor. Ganor		
OF				
EXPENDITURE				
	(c) Chec	k if travel outside of Texas, complete s	schedule T Check it	f Austin, TX, officeholder living expense
		it if traver outside or rexas, complete t		Trustin, TX, officerolder living expense
9 Complete ONLY if direct	Cand	lidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	OH <b>Jale</b> i	n McKee-Rodriguez	Council District 2	Council District 2
	1			
Date	Payee nam	e		
9/27/2024	Delta Airli	nes		
Amount (\$)	Payee add		Zip Code	
632.96	9800 Airp	ort Blvd		
	San Anto	nio, TX 78216		
		,		
	Category	(See categories listed at the top of this sch	nedule) Description	
	,	ther: Other	Conference Tra	wel
PURPOSE	Other. O	ther. Other	Contended tha	v C i
OF				
EXPENDITURE				
	X Chec	k if traval autoida of Tayan aspenlata s	cabadula T Chask ii	f Austin TV officeholder living evnence
	A Cried	k if travel outside of Texas, complete s	scriedule i Crieck ii	f Austin, TX, officeholder living expense
Complete ONLY if direct	Cano	lidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0		n McKee-Rodriguez	Council District 2	Council District 2
•		<b>3</b>		
	I			
Date	Payee nam	ne		
10/3/2024	Scale to V	Vin		
Amount (\$)	Payee add	ress; City; State;	Zip Code	
206.04	13742 Hai	per St		
	Santa Ana	a, CA 92703		
		.,		
	Catagory	(See categories listed at the top of this sch	nedule) Description	
	Fees	(See satisficial notes at the top of this so.	Fees	
PURPOSE	rees		rees	
OF				
EXPENDITURE				
		le lé transcel autride de Tourne		f Accepting TV office health as Printer and the second
	Chec	k if travel outside of Texas, complete s	scneaule I Check it	f Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/0		n McKee-Rodriguez	Council District 2	Council District 2
•				
	<u> </u>			
	ATTAC	H ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	DED

### SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
6 of 8	Jalen McKee-Rodriguez		Crimer is (Euros Commission i norc)
<b>4</b> Date	<b>5</b> Payee name		
10/15/2024	MailChimp		
	•	7: 0 1	
6 Amount (\$) 47.97	7 Payee address; City; State;	Zip Code	
41.31	675 Ponce de Leon AVE NE #5000		
	Atlanta, GA 30308		
8	(a) Category (See categories listed at the top of this sche	edule) (b) Description	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE			
_	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
10/18/2024	DropBox		
Amount (\$)	Payee address; City; State;	Zip Code	
12.78	1800 Owens St	2.p 0000	
-	San Francisco, CA 94158		
	,		
	Category (See categories listed at the top of this sche	· · · · · · · · · · · · · · · · · · ·	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
10/30/2024	Scale to Win		
Amount (¢)	Payee address; City; State;	Zip Code	
Amount (\$) <b>160.88</b>	13742 Harper St	Zip Code	
100.00	Santa Ana, CA 92703		
	Ganta Ana, GA 32700		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
			_
	ATTACH ADDITIONAL COPIES OF TH	11S SCHEDULE AS NEEDE	± <b>∪</b>

www.ethics.state.tx.us

### SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)				
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense			
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense			
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District			
Candidate/Officeholder/Political C		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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
7 of 8	Jalen McKee-Rodriguez		,			
4 Date	<b>5</b> Payee name					
11/12/2024	Texas Municipal League					
6 Amount (\$)	7 Payee address; City; State;	Zip Code				
35.00	1821 Rutherford Ln	1 -				
	Austin, TX 78754					
8	(a) Category (See categories listed at the top of this sche	1 1				
PURPOSE	Fees	Conference Fee				
OF						
EXPENDITURE						
	(C) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
9 Complete ONLY if direct		Office sought	Office held			
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2			
Date	Payee name					
11/15/2024	MailChimp					
Amount (\$)	Payee address; City; State; Zip Code					
47.97	675 Ponce de Leon AVE NE #5000					
	Atlanta, GA 30308					
	Category (See categories listed at the top of this sche	Description Fees				
PURPOSE	Fees	rees				
OF						
EXPENDITURE						
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct		Office sought	Office held			
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2			
Date	Payee name					
11/18/2024	DropBox					
Amount (\$)	Payee address; City; State;	Zip Code				
12.79	1800 Owens St	·				
	San Francisco, CA 94158					
	Category (See categories listed at the top of this sche	Description Fees				
PURPOSE	Fees	rees				
OF						
EXPENDITURE						
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct		Office sought	Office held			
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2			
	ATTACIL ADDITIONAL CODIES CT.	110 0011ED111 E 40 11EEE	-n			
	ATTACH ADDITIONAL COPIES OF TH	115 SCHEDULE AS NEEDE	:U			

Revised 01/01/2020

### SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking	•	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	•	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
8 of 8	Jalen McKee-Rodriguez		The 12 (Euros Commission Finals)
4 Date	5 Payee name		
11/22/2024	United Airlines		
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code	
630.63	9800 Airport Blvd		
	San Antonio, TX 78216		
_			
8	(a) Category (See categories listed at the top of this sche Other: Other: Other	(b) Description  Conference Trave	
PURPOSE	Other: Other: Other	Contended trave	31
OF EXPENDITURE			
_	(c) X Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Council District 2	Council District 2
	-		
Date	Payee name		
12/16/2024	MailChimp		
Amount (\$)	Payee address; City; State;	Zip Code	
47.97	675 Ponce de Leon AVE NE #5000		
	Atlanta, GA 30308		
	Cotogony (See categories listed at the top of this sche	dule) Description	
DUDDOOF	Category (See categories listed at the top of this sche Fees	Description Fees	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	<u> </u>	Office sought	Office held
expenditure to benefit C/C		Council District 2	Council District 2
	-		
Date	Payee name		
12/18/2024	DropBox		
Amount (\$)	Payee address; City; State;	Zip Code	
12.78	1800 Owens St	Zip Gode	
	San Francisco, CA 94158		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

www.ethics.state.tx.us

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Event Expense

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co			d/Rental Expense e e	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	s how to compl	ete this form	
1 Total pages Schedule F2: 1 of 1	2 FILER NAM Jalen Mck	1E Kee-Rodriguez			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ED UNPAID I	NCURRED OBLIGATIONS			\$ 0
<b>5</b> Date	6 Payee nam	е		•	
7 Amount (\$)	8 Payee addr	ess; City; State	; Zip Code		
9 TYPE OF EXPENDITURE	Politic	al Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Category	(See categories listed at the top of this so	chedule)	(b) Description	
	(c) Check	k if travel outside of Texas, complete	schedule T	Check if	f Austin, TX, officeholder living expense
<b>11</b> Complete ONLY if direct expenditure to benefit C/C		lidate / Officeholder name	Offic	ce sought	Office held
Date	Payee nam	е			
Amount (\$)	Payee addr	ess; City; State	; Zip Code		
TYPE OF EXPENDITURE	Politic	al Non-Po	litical		
PURPOSE OF EXPENDITURE	Category	(See categories listed at the top of this so	chedule)	Description	
	Chec	k if travel outside of Texas, complete	schedule T	Check it	f Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTA	CH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEE	DED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1	Total pages Schedule F3:  1 of 1		
2	FILER NAME  Jalen McKee-	Rodriguez	3	Filer ID (Ethics Commission Filers)		
4	Date	5 Name of person from whom investment is purchased				
		6 Address of person from whom investment is purchased; City;	•	State; Zip Code		
		7 Description of investment				
		8 Amount of investment (\$)				
	Date	Name of person from whom investment is purchased				
		Address of person from whom investment is purchased; City;	•	State; Zip Code		
		Description of investment				
		Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

The Instruction Guide explains how to complete this form

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees

Food/Beverage Expense Gifts/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)

Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)

1 of 1	Jalen McKee-Rodriguez	
4 TOTAL OF UNITEMIZ	\$ 0	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description	
EXI ENDITORE	(C) Check if travel outside of Texas, complete schedule T Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description	
	Check if travel outside of Texas, complete schedule T	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought DH	Office held
	ATTACH ADDITIONAL CODIES OF THIS SOURDING AS NO	-DED

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Fees Food/Beverage Expense Gifts/Awards/Memorials Expense

Printing Expense

Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officeholder/Political C	Committee Legal Services Sa	laries/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 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 of 1	Jalen McKee-Rodriguez		
<b>4</b> Date	5 Payee Name		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas, complete sche	dule T Check i	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this schedule	e) Description	
EXPENDITURE	Check if travel outside of Texas, complete sche	dule T Check i	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this schedul	e) Description	
EXPENDITURE	Check if travel outside of Texas, complete sche	dule T Check i	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

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

Accounting/Banking Advertising Expense Consulting Expense

Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense 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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/ The Instruction Guide explains how to comp	Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule H: 1 of 1	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas, complete schedule	T Check if	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, complete schedule	T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, complete schedule	T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEED	ED

#### SCHEDULE

	The Instruction Guide explains how to	complete this forn	1.		
1 Total pages Schedule I: 1 of 1	2 FILER NAME Jalen McKee-Rodriguez	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip 0	Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description	(See instructions regarding type of information required.)		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip 0	Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description	(See instructions regarding type of information required.)		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip 0	Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description	(See instructions regarding type of information required.)		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip 0	Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description	(See instructions regarding type of information required.)		
			-		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The	Instruction Guide explains how to complete this form.	Total pages Schedule K: 1 of 1		
2 FILER NAME  Jalen McKee-Re	odriguez	3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date	5 Name of person from whom amount is received	8 Amount (\$)		
	6 Address of person from whom amount is received; City; State;	Zip Code		
	7 Purpose for which amount is received	eck if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received	eck if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received	eck if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Ch	eck if political contribution returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED		

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule 1 of 1	1 Total pages Schedule T: 1 of 1	
2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Comm	3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor / Pa	ayee		
5 Contribution / Expendi	ture reported on				
Schedule A2	Schedule		Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of pers	son(s) traveling			
	8 Departure city or name of departure location				
	<b>9</b> Destination of	ity or name of destination locati	on		
<b>10</b> Means of transporta	ition	<b>11</b> Purpose of travel (including	name of conference, sem	inar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor / Pa	ayee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
	Departure cit	y or name of departure location			
	Destination of	ity or name of destination locati	on		
Means of transportation  Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expendi	ture reported on	:			
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
	Departure cit	y or name of departure location			
	Destination of	ity or name of destination locati	on		
Means of transportation		Purpose of travel (including	name of conference, sem	inar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• C/OH NAME Filer ID (Ethics Commission Filers) Jalen McKee-Rodriguez **SIGNATURE** I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder **FILER WHO IS NOT AN OFFICEHOLDER** .. Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** A. Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** .. Complete this section only if you are an officeholder. .. I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder