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

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this for		nics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Jalen	N	ЛΙ	OFFICE US	SE ONLY
NAME	NICKNAME LAST			Date Received	
	McKee-R			10/17/2023 7:19:4	14AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 7362 Monets Gdn San Antonio TX 78218	CITY; STA	TE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  ( ) -	EXTEN:	SION	Date Hand-delivered	l or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Taylor	N	МІ	Receipt #	Amount \$
NAME	NICKNAME LAST		SUFFIX	Date Processed 10/17/2023 7:19:4	4AM
	Watson			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEA 743 Eleanor Ave #101 San Antonio TX 78209  AREA CODE PHONE NUMBER ( ) -	ASE); APT / SUITE #;	·	ATE; ZIP CODE	
9 REPORT TYPE	October 15 Quarterly				
10 PERIOD	Month Day	Year	Month	Day Year	
COVERED	7/1/2023	THROUG	H <b>10</b>	/1/2023	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year X	Primary Runoff General Specia	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)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE   COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS				
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	IGN TREASURER NAME		
		COMMITTEE CAMPA	IGN 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)	\$	4102.00
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL		EMIZED POLITICAL EXPE	NDITURES.	\$	0
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	1829.44
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	6935.75
OUTSTANDING LOAN TOTALS	0.	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
Sworn to and subscribe of <b>October</b> ,			_	this t	he <u>16th</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-Rodriguez	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4102.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	ions \$0
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	X SCHEDULE E: LOANS	\$ 0
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS \$1829.44
6.	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	CAL CONTRIBUTIONS \$0
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	FUNDS \$0
10.	X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	S TO A BUSINESS OF C/OH \$0
11.	X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS \$0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTI	RIBUTIONS \$0

### SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 5
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date <b>7/4/2023</b>	5 Full name of contributor ☐ out-of-state PA LESLIE FINCHER	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	ition / Job title (See instructions) echnician	9 Employer (See instru CyberFortress	ictions)
	Date <b>7/5/2023</b>	Full name of contributor	AC (ID#)	Amount of contribution (\$) 10.00
		Contributor address; City; S 314 314 Tall Oaks Dr Durham, NC 27713	State; Zip Code	
	Principal occupa Not employed	tion / Job title (See instructions)	Employer (See instru Not employed	actions)
	Date 7/8/2023	Full name of contributor Out-of-state PA  Meagan Knuth Contributor address; City; S 729 729 Junction Dr Apt 729  Allen, TX 75013	C (ID#)	Amount of contribution (\$) 7.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Self	actions)
	Date 7/26/2023	Full name of contributor	NC (ID#)	Amount of contribution (\$) 15.00
		Contributor address; City; S 7706 7706 Coffee Mill San Antonio, TX 78252	State; Zip Code	
	Principal occupa Assistant Princ	ition / Job title (See instructions) ipal	Employer (See instru KIPP Texas	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: 2 of 5
2	FILER NAME  Jalen McKee-Ro	odriguez	3 Filer ID (Ethics Commission Filers)
4	Date 8/4/2023	5 Full name of contributor □ out-of-state PAC (ID#)  LESLIE FINCHER	7 Amount of contribution (\$) 7.00
		6 Contributor address; City; State; Zip Code 336 336 CLAREMONT AVE Apt 2 SAN ANTONIO, TX 78209	
8	Principal occupa Security Data To	tion / Job title (See instructions)  echnician  9 Employer (See instructions)  CyberFortress	uctions)
	Date 8/5/2023	Full name of contributor	Amount of contribution (\$) 10.00
		Contributor address; City; State; Zip Code 314 314 Tall Oaks Dr Durham, NC 27713	
	Principal occupa Not employed	tion / Job title (See instructions)  Employer (See instru  Not employed	uctions)
	Date 8/6/2023	Full name of contributor	Amount of contribution (\$) 7.00
		Contributor address; City; State; Zip Code 729 729 Junction Dr Apt 729 Allen, TX 75013	
	Principal occupa <b>Lawyer</b>	tion / Job title (See instructions)  Employer (See instru  Self	uctions)
	Date 8/19/2023	Full name of contributor	Amount of contribution (\$) 15.00
		Contributor address; City; State; Zip Code 1322 1322 Eastwind Drive Early, TX 76802	
	Principal occupa Not employed	tion / 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 this	form.	1 Total pages Schedule A1: 3 of 5
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 8/20/2023	12033 12033 Canyon Rock Ln	C (ID#)	7 Amount of contribution (\$) 500.00
		San Antonio, TX 78254		
8	Principal occupa  Chief of Staff	tion / Job title (See instructions)	9 Employer (See instru	ctions)  Government Corporation
	Date 9/4/2023	Full name of contributor  out-of-state PA  LESLIE FINCHER  Contributor address; City; S  336 336 CLAREMONT AVE Apt 2		Amount of contribution (\$) 7.00
		SAN ANTONIO, TX 78209		
	Principal occupa Security Data To	tion / Job title (See instructions) echnician	Employer (See instru CyberFortress	ctions)
	Date 9/5/2023	Full name of contributor □ out-of-state PA  Daniel Keegan	C (ID#) State; Zip Code	Amount of contribution (\$) 10.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Not employed	ctions)
	Date 9/8/2023	Full name of contributor  ut-of-state PA  Meagan Knuth  Contributor address; City; S  729 729 Junction Dr Apt 729  Allen, TX 75013	C (ID#)	Amount of contribution (\$) 7.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Self	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

		The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 4 of 5
2	FILER NAME  Jalen McKee-R	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 9/12/2023	5 Full name of contributor ☐ out-of-state PAG Frank Burney	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; Si 112 112 E. Pecan St. Suite 1616 San Antonio, TX 78205	ate; Zip Code	
8	Principal occup Partner	ation / Job title (See instructions)	9 Employer (See instru- Martin & Drought, P.	•
	Date 9/26/2023	Full name of contributor Out-of-state PAG	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Si 555 Ginsberg Dr Schertz, TX 78154	ate; Zip Code	
	Principal occup <b>Self</b>	ation / Job title (See instructions)	Employer (See instru Self	ctions)
	Date 9/26/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; Si 522 Possum Oak Shavano Park, TX 78230	ate; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instru Self	ctions)
	Date 9/26/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Si 3703 Wild Fig San Antonio, TX 78257	ate; Zip Code	
	Principal occup <b>Self</b>	ation / Job title (See instructions)	Employer (See instru Self	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: 5 of 5
2	FILER NAME  Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 9/26/2023	Christensen Patrick and Mardi	AC (ID#)	7 Amount of contribution (\$) 500.00
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 9/26/2023	Full name of contributor out-of-state Part Loredo Sarah  Contributor address; City; Sarah Spring Branch, TX 78070	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa Founder	tion / Job title (See instructions)	Employer (See instru	•
	Date 9/26/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)  Self  Employer (See instructions)  Self			uctions)	
	Date		AC (ID#)	Amount of contribution (\$)
Principal occupation / Job title (See instructions)  Employer (See instructions)				
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED

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Revised 01/01/2021

# 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		

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### **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 SOUFDI!	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					

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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 \$ o 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 Jalen McKee-Rodriguez 1 of 9 4 Date 5 Payee name 7/3/2023 Alejandro Barragan 6 Amount (\$) 7 Payee address; City; Zip Code State; 1250.00 2614 Arlene Park San Antonio, TX 78251 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **Fundraising** Salaries/Wages/Contract Labor **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 7/6/2023 Spoke Amount (\$) Payee address; City; State; Zip Code 57.03 13742 Harper St Santa Ana, CA 92703 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** Payee name Date 7/7/2023 ActBlue Amount (\$) Payee address; City; State; Zip Code 11.26 PO Box 441146 Somerville, MA 12144 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

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense ommittee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense se 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)
Credit Card Payment	The Instruction Guide expla	ains how to complete this form	
1 Total pages Schedule F1: 2 of 9	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/10/2023</b>	5 Payee name Amazon		
6 Amount (\$) 10.81	7 Payee address; City; 410 Terry Ave N Seattle, WA 98109	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Fees	of this schedule) (b) Description Fees	
	(c) Check if travel outside of Texas, co	omplete schedule T Check if	f Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Jalen McKee-Rodriguez	Office sought  Council District 2	Office held Council District 2
Date 7/11/2023	Payee name ActBlue		
Amount (\$) 19.13	Payee address; City; PO Box 441146 Somerville, MA 12144	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Fees	of this schedule)  Description Fees	
	Check if travel outside of Texas, co	omplete schedule T Check if	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Jalen McKee-Rodriguez	Office sought Council District 2	Office held Council District 2
Date <b>7/17/2023</b>	Payee name <b>MailChimp</b>		
Amount (\$) <b>42.11</b>	Payee address; City; 675 Ponce de Leon AVE NE #500 Atlanta, GA 30308	State; Zip Code 00	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Fees	of this schedule)  Description  Fees	
	Check if travel outside of Texas, co	omplete schedule T Check if	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEED	DED

### SCHEDULE F1

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	EXPENDITURE CATEGORIE  Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services  The Instruction Guide explains how	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)
1 Total pages Schedule F1: 3 of 9	2 FILER NAME  Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/18/2023</b>	5 Payee name DropBox		
6 Amount (\$) 12.78	7 Payee address; City; State; 1800 Owens St San Francisco, CA 94158	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schees	(b) Description Fees	
	(c) Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
Date <b>7/20/2023</b>	Payee name <b>Amazon</b>		
Amount (\$) 10.81	Payee address; City; State; 410 Terry Ave N Seattle, WA 98109	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schees	edule) Description Fees	
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
Date <b>7/25/2023</b>	Payee name <b>ActBlue</b>		
Amount (\$) <b>15.00</b>	Payee address; City; State; PO Box 441146 Somerville, MA 12144	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	edule) Description Fees	
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDE	ED .

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	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 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)
4 of 9	Jalen McKee-Rodriguez		,
<b>4</b> Date	5 Payee name		
8/10/2023	Amazon		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
12.98	410 Terry Ave N	Zip Code	
12.00	Seattle, WA 98109		
	Geattle, WA 30103		
8	(a) Category (See categories listed at the top of this sch	nedule) (b) Description	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE			
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
$\textbf{9} \; \text{Complete} \; \; \underline{\text{ONLY}} \; \; \text{if direct}$		Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
8/15/2023	MailChimp		
Amount (\$)	Payee address; City; State;	Zip Code	
<b>42.11</b>	675 Ponce de Leon AVE NE #5000	_,p	
	Atlanta, GA 30308		
	•		
	Category (See categories listed at the top of this sch	-	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE	<u>_</u>		
	Check if travel outside of Texas, complete s	schedule 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	H Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
8/18/2023	DropBox		
Amount (\$)	Payee address; City; State;	Zip Code	
12.78	1800 Owens St	Zip Code	
	San Francisco, CA 94158		
	5411 Tulloloso, 57 54155		
	Category (See categories listed at the top of this sch	nedule) Description	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete s	schedule 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 T	HIS SCHEDULE AS NEEDE	ED

		EXPENDITURE CATEGORIE	S FOR I	BOX 8(a)	
Accounting/Banking		Event Expense		payment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Fees		verhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense		Food/Beverage Expense	Polling E	·	Travel in District
Contributions/Donations Made By		Gifts/Awards/Memorials Expense	Printing I	•	Travel Out Of District
Candidate/Officeholder/Political C	Committee	Legal Services	_	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explains how		-	,
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1 Total pages Schedule F1:	2 FILER NAM				3 Filer ID (Ethics Commission Filers)
5 of 9	Jalen McI	Kee-Rodriguez			
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6 Amount (\$)	\$) 7 Payee address; City; State; Zip Code				
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	(c) Chec	k if travel outside of Texas, complete s	schedule	T Check if A	Austin, TX, officeholder living expense
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		EXPENDITURE CATEGORIE	S FOR E	3OX 8(a)	
Accounting/Banking		Event Expense		payment/Reimbursement	Solicitation/Fundraising Expense
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Consulting Expense		Food/Beverage Expense	Polling E	·	Travel in District
Contributions/Donations Made By		Gifts/Awards/Memorials Expense	Printing E	•	Travel Out Of District
Candidate/Officeholder/Political C	Committee	Legal Services	•	Vages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explains how		_	,
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6 Amount (\$)	7 Payee add	ress; City; State;	Zip C	ode	
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9/7/2023	Marriott S				
9/1/2023	Wallott	t Louis			
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expenditure to benefit C/0		n McKee-Rodriguez		Council District 2	Council District 2
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		EXPENDITURE CATEGORIE	S FOR I	BOX 8(a)	
Accounting/Banking		Event Expense		payment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Fees		verhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense		Food/Beverage Expense	Polling E	·	Travel in District
Contributions/Donations Made By		Gifts/Awards/Memorials Expense	Printing I	•	Travel Out Of District
Candidate/Officeholder/Political C	Committee	Legal Services	_	/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	, on militage	•		_	Other (officer a category flot noted above)
		The Instruction Guide explains how	to comp	olete this form	
1 Total pages Schedule F1:	2 FILER NAM	ИΕ			3 Filer ID (Ethics Commission Filers)
7 of 9	Jalen McI	Kee-Rodriguez			,
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9/8/2023	Marriott S	t Louis			
		0".			
6 Amount (\$)	<b>7</b> Payee add		Zip C	Code	
76.34	5.34 800 Washington Ave				
	St Louis,	MO 63101			
8	(a) Catagory	(See categories listed at the top of this sch	nedule)	(b) Description	
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9 Complete ONLY if direct	Cano	lidate / Officeholder name		Office sought	Office held
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oxportations to assisting of	ouio	ii mortoo itoarigaoz		Council Diothiot 2	Council Biotriot 2
Date	Payee nam	16			
9/11/2023	United Ai				
9/11/2023	United Ai	rilles			
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	St Louis,	MO 63145			
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expenditure to benefit C/C	OH <b>Jale</b>	n McKee-Rodriguez		Council District 2	Council District 2
	I				
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	St Louis,	MO 63101			
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	Category	(See categories listed at the top of this sch	nedule)	Description	
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expenditure to benefit C/C		n McKee-Rodriguez		Council District 2	Council District 2
•					
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### 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	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1: 8 of 9	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
9/11/2023	Amazon			
<b>6</b> Amount (\$)				
12.98	410 Terry Ave N			
	Seattle, WA 98109			
8 PURPOSE	(a) Category (See categories listed at the top of this sche	(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		Council District 2	Council District 2	
Date <b>9/11/2023</b>	Payee name <b>MailChimp</b>			
Amount (\$)	Payee address; City; State;	Zip Code		
6.43	675 Ponce de Leon AVE NE #5000			
	Atlanta, GA 30308			
	Cotogony (See enterprise listed at the tan of this cohe	odulo) Description		
	Category (See categories listed at the top of this sche Fees	Description Fees		
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OF EXPENDITURE				
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	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	
experioration to beliefit C/C	DH Jalen McKee-Rodriguez	Council District 2	Council District 2	
Date <b>9/15/2023</b>	Payee name MailChimp			
Amount (\$)	Payee address; City; State;	Zip Code		
42.11	675 Ponce de Leon AVE NE #5000			
	Atlanta, GA 30308			
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PURPOSE	1 003	1 000		
OF EXPENDITURE				
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expenditure to benefit C/C		Council District 2	Council District 2	
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	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED	

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Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Off Food/Beverage Expense Pol Gifts/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense nting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 9 of 9	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/18/2023</b>	5 Payee name Amazon		
6 Amount (\$) 12.78	7 Payee address; City; State; 2 410 Terry Ave N Seattle, WA 98109	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul Fees	(b) Description Fees	
EXI ENDITORE	(C) Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
Date	Payee name		
Amount (\$)	Payee address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	e) Description	
	Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	e) Description	
	Check if travel outside of Texas, complete sche	dule T Check if	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

### **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	dvertising Expense Fees Office Overhead/Rental Expense onsulting Expense Food/Beverage Expense Polling Expense		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	= FIELKY WIE				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0				
<b>5</b> Date	6 Payee nam	е		•	
7 Amount (\$)	8 Payee address; 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					
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	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	ED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 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 SCHEDULE AS NE	-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	edule T Check i	f 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 schedul	e) Description	
EXPENDITURE	Check if travel outside of Texas, complete sche	edule T Check i	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	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 schedul	e) Description	
EXPENDITURE	Check if travel outside of Texas, complete sche	edule T Check i	f 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 form.								
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 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 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 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.	1 Total pages Schedule K: 1 of 1		
2 FILER NAME  Jalen McKee-Re	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 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 Labor Organization / Pledgor / Payee							
5 Contribution / Expenditure 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 person(s) traveling						
	8 Departure city or name of departure location						
	<b>9</b> Destination of	ity or name of destination locati	on				
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, 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 person(s) traveling						
	Departure city 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 person(s) traveling						
	Departure city 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)					
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