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

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

The C/OH Instruction G	uide explains how to complete this		thics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Jalen		MI	OFFICE US	SE ONLY
NAME	NICKNAME LAST	- Rodriguez	SUFFIX	Date Received	
	mortos	o rtouriguoz			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE 7362 Monets Gdn San Antonio TX 78218	#; CITY; STA	ATE; ZIP CODE		
5 CANDIDATE /	AREA CODE PHONE NUMB	ER EXTEN	NSION	1	
OFFICEHOLDER PHONE	( ) -			Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MS Taylor		MI	Receipt #	Amount \$
NAME	NICKNAME LAST		SUFFIX	Date Processed	
	Watso	n		Date Imaged	
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE	743 Eleanor Ave San Antonio TX 78209  AREA CODE PHONE NUMBE  ( ) -	ER EXTEN	ISION		
9 REPORT TYPE					
	January 15: Semi-Annua	I			
10 PERIOD	Month Day	Year	Month	Day Year	
COVERED	5/26/2021	THROUG	GH <b>12</b>	/31/2021	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year <b>5/5/2023</b>	Primary Runof  X General Specia	Description		
	JI JI ZUZJ				
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 II	) (Ethics Commission Filers)	
Jalen McKee-Rod	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			
Additional 1 ages		COMMITTEE CAMPA	IGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	973.66	
		ICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	8095.43	
EXPENDITURE TOTALS 3. TOTAL UNITEMI		MIZED POLITICAL EXPENDITURES.		\$	0	
	4. TOTAL POLIT	4. TOTAL POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE	•.	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1644.86			1644.86	
OUTSTANDING LOAN TOTALS	٥.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AST DAY OF THE REPORTING PERIOD \$ 0			0	
18 AFFIDAVIT						
			I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code.			
* * * Electronically Certified * * *						
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candida	te or Officeho	older	
Sworn to and subscribe	ed before me, by the sa	iid <u>Jalen McKee-R</u>	Rodriguez	this t	he <b>10th</b> day	
of <b>February</b> ,	20 <b>22</b> , to certify	which, witness my hand	d and seal of office.			
Signature of officer adn	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

### **SUBTOTALS - COH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME  Jalen McKee-Rodriguez	20 Filer ID (Ethics Commission Filers)
	Jaien McKee-Rouriguez	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8095.43
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 CONTR	* 14128.35
6.	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	NTRIBUTIONS \$0
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 BU	JSINESS OF C/OH \$0
11.	X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS \$0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	<b>\$0</b>

#### SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 6		
2	FILER NAME  Jalen McKee-Ro	odriquez		3 Filer ID (Ethics Commission Filers)		
4	4 Date 5 Full name of contributor □ out-of-state PAC (ID#)  7/1/2021 Steve Mahoney			7 Amount of contribution (\$) 250.00		
		6 Contributor address; City; S 2714 N Loop 1604 #202 San Antonio, TX 78232	State; Zip Code			
8 Principal occupation / Job title (See instructions) Owner  9 Employer (See instructions) Tuckers			9 Employer (See instru Tuckers	uctions)		
	Date 7/1/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) <b>250.00</b>		
		Contributor address; City; S 6306 Port Royal St San Antonio, TX 78244	State; Zip Code			
Principal occupation / Job title (See instructions) Employer (See instructions)  Retired Retired				uctions)		
	Date 7/1/2021	Full name of contributor  Communication Workers of America  Contributor address;  Contributor address;  Contributor address;  City;  Substitute PA  Contributor America  Contributor America  Contributor America  City;  Substitute PA  Contributor America  City;  Substitute PA  Contributor America  City;  Substitute PA  Contributor America  City;  Substitute PA  City;  Substitute PA  Contributor America  City;  Substitute PA  Contributor America  City;  Substitute PA  City;  Substitute PA  Contributor America  City;  Substitute PA  City;  City	AC (ID#)	Amount of contribution (\$) 500.00		
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)		
	Date 7/28/2021	Full name of contributor		Amount of contribution (\$) 500.00		
		Contributor address; City; S PO Box 13428 Austin, TX 78750	State; Zip Code			
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED					

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#### SCHEDULE A1

	1	he Instruction Guide explains how t	1 Total pages Schedule A1: 2 of 6		
2	FILER NAME  Jalen McKee-Rodriguez			3 Filer ID (Ethics Commission Filers)	
4	Date 7/29/2021	5 Full name of contributor Charles Williams	Out-of-state PAC (ID#)		7 Amount of contribution (\$) 125.00
		6 Contributor address; 4514 Charles Williams PI San Antonio, TX 78220	City;	State; Zip Code	
8	Principal occupa Retired			9 Employer (See instru Retired	uctions)
	Date 7/29/2021	Full name of contributor Frank Dunn	☐ out-of-state P/	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 6511 Kings Crown Way San Antonio, TX 78233	City;	State; Zip Code	
	Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired		uctions)
	Date 7/29/2021	Full name of contributor <b>Lynn Bobbitt</b>	out-of-state P/	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 410 King William St San Antonio, TX 78204	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instructions) Brackenridge Park Conservancy		-
	Date 7/29/2021	Full name of contributor Stanley Stropshire	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 104 Lanark Dr San Antonio, TX 78218	City;	State; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)		Employer (See instru The Big Bib	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	٦	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A1: 3 of 6	
2	FILER NAME  Jalen McKee-Rodriguez			3 Filer ID (Ethics Commission Filers)
4	Date 7/29/2021	5 Full name of contributor On Time Connect	C (ID#)	7 Amount of contribution (\$) 250.00
		11503 Jones Maltsberger Rd San Antonio, TX 78216	, ,	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	actions)
	Date 7/29/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; St 222 Gerwick Dr San Antonio, TX 78213	ate; Zip Code	
	Principal occupa  Owner	ation / Job title (See instructions)	Employer (See instru AVP Associates	actions)
	Date 7/29/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; St 13739 Stoney Hill San Antonio, TX 78231	ate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	actions)
	Date 7/29/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>350.00</b>
		Contributor address; City; St 818 N Olive St San Antonio, TX 78202	ate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	actions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4 of 6
R NAME McKee-Rodriguez	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Coo 14711 Hermes Dr San Antonio, TX 78154	e
pal occupation / Job title (See instructions)  9 Employer (S	ee instructions)
Full name of contributor	) Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Coo 1202 W Bitters #1200 San Antonio, TX 78216	le
pal occupation / Job title (See instructions)  Employer (S  Morgans Wo	ee instructions) enderland
Full name of contributor	) Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Coo PO Box 867 San Antonio, TX 78511	e
pal occupation / Job title (See instructions)  Employer (S  ty Judge  Bexar Coun	ee instructions) Y
Full name of contributor	) Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Coo 300 Convent St San Antonio, TX 78205	e
pal occupation / Job title (See instructions) Employer (S ney Bracewell	ee instructions)
pal occupation / Job title (See instructions) Employer (S	ee instructions)

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#### SCHEDULE A1

		The Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 5 of 6
2	FILER NAME  Jalen McKee-F	Rodriguez		3 Filer ID (Ethics Commission Filers)
4	Date 8/31/2021			7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 7203 Ashton PI San Antonio, TX 78229	State; Zip Code	
<ul> <li>8 Principal occupation / Job title (See instructions)</li> <li>9 Employer (See in Self Employed)</li> </ul>			9 Employer (See instr Self Employed	ructions)
	Date 8/31/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 9706 Dove Shadow San Antonio, TX 78230	State; Zip Code	
	Principal occup Self Employed	ation / Job title (See instructions)	Employer (See instr Self Employed	uctions)
	Date 9/15/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 711 Louisiana St #2300 San Antonio, TX 77032	State; Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instr	Employer (See instructions)	
	Date 12/7/2021	Full name of contributor  ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 7016 Howell Ln Arlington, TX 76016	State; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instr	uctions)
		ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see in		

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#### SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 6
2	FILER NAME  Jalen McKee-Re	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date <b>12/7/2021</b>	5 Full name of contributor ☐ out-of-state P Felipe Gutierrez	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 2608 Museum Way #3419 Fort Worth, TX 76107	State; Zip Code	
8	Principal occupa VP Community	tion / Job title (See instructions) Engagement	9 Employer (See instru Texas Stonewall De	-
	Date 12/7/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 396.77
		Contributor address; City; 2608 Museum Way #3419 Fort Worth, TX 76107	State; Zip Code	
	Principal occupa Student	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)
		ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see inst		

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# 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#_  reconstributor address;  City; State; Zig	9 In-kind contribution description				
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T  11 Employer (FOR 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 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#	Amount of Contribution \$ In-kind contribution description  ip Code  Check if travel outside of Texas, complete Schedule T				
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR 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 contributor's spouse (if any) (FOR JUDICIAL)				
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED					

### **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	e-Rodriguez		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#  7 Pledgor address; City; State; Zip Cod	e	8 Amount of Pledge \$		
10	Principal occu	pation / Job title (See instructions)	I1 Employer (S	Check if travel outside of Texas, complete Schedule T ee instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#	e	Amount of Pledge \$		
	Principal occu	pation / Job title (See instructions)	Employer (S	Check if travel outside of Texas, complete Schedule T ee instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#  Pledgor address; City; State; Zip Cod	e	Amount of Pledge \$		
	Principal occu	pation / Job title (See instructions)	Employer (S	Check if travel outside of Texas, complete Schedule T ee instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#  Pledgor address; City; State; Zip Cod	e	Amount of Pledge \$ In-kind contribution description		
	Principal occu	pation / Job title (See instructions)	Employer (S	Check if travel outside of Texas, complete Schedule T ee instructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### **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 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 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 10 Jalen McKee-Rodriguez 4 Date 5 Payee name 7/1/2021 **ActBlue** 6 Amount (\$) 7 Payee address; City; Zip Code State: 246.87 PO Box 441146 Somerville, MA 02144-0031 8 (a) Category (See categories listed at the top of this schedule) (b) Description **Fees** Fee **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 7/1/2021 LGM Job For You Payee address; Amount (\$) City; State; Zip Code 4035.00 3666 Versailles San Antonio, TX 78219 Category (See categories listed at the top of this schedule) Description Canvassing (Run-Off) **Consulting Expense 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 7/2/2021 **Texas Democratic Party** Amount (\$) Pavee address: State: Zip Code City; 240.00 1106 Lavaca St #100 Austin, TX 78701 Category (See categories listed at the top of this schedule) Description NGP Van Fees **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T 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

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		EXPENDITURE CATEGORIE	S FOR BO	X 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	F F G Committee L	vent Expense ees ood/Beverage Expense ifts/Awards/Memorials Expense egal Services	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/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:	Th 2 FILER NAME	e Instruction Guide explains how	to complete	e this form	2 Filer ID (Ethics Commission Filers)
2 of 10	Jalen McKee	e-Rodriguez			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/6/2021</b>	5 Payee name Zoom				
6 Amount (\$) 16.00	7 Payee addres 55 Almaden San Jose, C	Blvd	Zip Coo	de	
8 PURPOSE OF EXPENDITURE		ee categories listed at the top of this sch 'head/Rental Expense	edule) (b	) Description Zoom	
	(c) Check if	travel outside of Texas, complete s	chedule T	Check if	f Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name IcKee-Rodriguez		fice sought ouncil District 2	Office held  Council District 2
Date 7/9/2021	Payee name ActBlue				
Amount (\$) 65.45	Payee addres PO Box 441' Somerville,	146	Zip Coo	le	
PURPOSE OF EXPENDITURE	Category (Si Fees	ee categories listed at the top of this sch	edule)	Description Fee	
	Check if	travel outside of Texas, complete s	chedule T	Check if	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name IcKee-Rodriguez		fice sought ouncil District 2	Office held  Council District 2
Date <b>7/16/2021</b>	Payee name Facebook				
Amount (\$) 13.38	Payee addres 1 Hacker Wa Menlo Park,	у	Zip Cod	le	
PURPOSE OF EXPENDITURE	Category (Si <b>Advertising</b>	ee categories listed at the top of this sch	edule)	Description Ads	
	Check if	travel outside of Texas, complete s	chedule T	Check if	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name IcKee-Rodriguez		fice sought ouncil District 2	Office held  Council District 2
	ATTACH /	ADDITIONAL COPIES OF TI	HIS SCHE	EDULE AS NEED	DED

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a)  Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting 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 Credit Card Payment	ommittee Legal Services  The Instruction Guide explains how t	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	o complete this form	3 Filer ID (Ethics Commission Filers)
3 of 10	Jalen McKee-Rodriguez		31 Her ID (Luncs Commission Filers)
4 Date 8/2/2021	5 Payee name Duable LLC		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
1623.75	110 Broadway		
	San Antonio, TX 78205		
PURPOSE	(a) Category (See categories listed at the top of this sche Consulting Expense	(b) Description Consulting	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	hedule 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 8/3/2021	Payee name Jordee Rodriguez		
Amount (\$)	Payee address; City; State;	Zip Code	
500.00	6155 Echert Rd		
	San Antonio, TX 78240		
	Category (See categories listed at the top of this sche	· ·	
PURPOSE OF	Consulting Expense	Consulting	
EXPENDITURE			
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH Jalen McKee-Rodriguez	Council District 2	Council District 2
Data	D		
Date <b>8/5/2021</b>	Payee name ActBlue		
Amount (\$)	Payee address; City; State;	Zip Code	
49.17	PO Box 441146		
	Somerville, MA 02144		
	Category (See categories listed at the top of this sche	dule) Description	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE	Chapter formula putaids of Tours complete so	hadula T Chasle if i	Victio TV officebalder living average
Complete ONLY if direct	Candidate / Officeholder name		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 2	Office held  Council District 2
		WO OOUEDIN T 40 WEET	-n
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	:υ

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Contributions	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)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form	
1 Total pages Schedule F1: 4 of 10	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 8/6/2021	5 Payee name Zoom		
6 Amount (\$) 16.00	7 Payee address; City; Stat 55 Almaden Blvd San Jose, CA 95113	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Fees	(b) Description Zoom	
	(c) Check if travel outside of Texas, complet	e schedule T Check if A	uustin, 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 8/9/2021	Payee name Jordee Rodriguez		
Amount (\$) 500.00	Payee address; City; Stat 6155 Eckhert Rd San Antonio, TX 78240	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Consulting Expense	Description Consulting	
	Check if travel outside of Texas, complet	e schedule 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>8/10/2021</b>	Payee name Prestige Printing		
Amount (\$) 1591.28	Payee address; City; Stat 8 Burwood Ln San Antonio, TX 78216	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this <b>Printing Expense</b>	Description Printing	
	Check if travel outside of Texas, complet	e schedule T Check if A	sustin, 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	THIS SCHEDULE AS NEEDE	ED .

		EXPENDITURE CATEGOR	IES FOR	BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Office Of Polling E Printing Salaries	Expense 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: 5 of 10	2 FILER NAM				3 Filer ID (Ethics Commission Filers)
4 Date 8/10/2021	5 Payee nam	ne			
6 Amount (\$) 85.35	7 Payee add PO Box 4 Somervill	•	e; Zip(	Code	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(See categories listed at the top of this s	schedule)	(b) Description Fees	
	(c) Chec	k if travel outside of Texas, complete	e schedule	T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/O		lidate / Officeholder name n <b>McKee-Rodriguez</b>		Office sought  Council District 2	Office held Council District 2
Date 8/26/2021	Payee nan ActBlue	ne			
Amount (\$) <b>7.00</b>	Payee add PO Box 4 Somervill		e; Zip(	Code	
PURPOSE OF EXPENDITURE	Category <b>Fees</b>	(See categories listed at the top of this s	schedule)	Description Fees	
	Ched	k if travel outside of Texas, complete	e schedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Cand	lidate / Officeholder name n McKee-Rodriguez		Office sought Council District 2	Office held Council District 2
Date 9/3/2021	Payee nan	ne			
Amount (\$) <b>7.45</b>	Payee add PO Box 4 Somervill	, ,,	e; Zip (	Code	
PURPOSE OF EXPENDITURE	Category <b>Fees</b>	(See categories listed at the top of this s	schedule)	Description Fee	
	Chec	k if travel outside of Texas, complete	e schedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	t Cano	lidate / Officeholder name n McKee-Rodriguez		Office sought Council District 2	Office held Council District 2
	ATTAC	H ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEEDE	ED.

Accounting/Deplains	EXPENDITURE CATEGORIES	` '	Collisitation/Fundraining Funance
Accounting/Banking Advertising Expense	Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising 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 to	complete this form	
1 Total pages Schedule F1: 6 of 10	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/2021	5 Payee name Zoom		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
16.00	55 Almaden Blvd		
	San Jose, CA 95113		
8 PURPOSE	(a) Category (See categories listed at the top of this sched Fees	(b) Description Zoom	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete sch	nedule T Check if /	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date 9/20/2021	Payee name Jessie Gloria		
Amount (\$)	Payee address; City; State;	Zip Code	
1000.00	807 Rittiman Rd		
	San Antonio, TX 78218		
	Category (See categories listed at the top of this sched	· ·	
PURPOSE	Consulting Expense	Consulting	
OF EXPENDITURE			
	Check if travel outside of Texas, complete sch	nedule T Check if	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 <b>10/4/2021</b>	Payee name ActBlue		
Amount (\$)	Payee address; City; State;	Zip Code	
8.12	PO Box 441146		
	Somerville, MA 02144-0031		
	Category (See categories listed at the top of this sched	'	
PURPOSE	Fees	Fee	
OF			
EXPENDITURE	Charle if travel autoids of Tayas, complete applied	Charle if	Austin TV officeholder living evenes
Complete ONLY if direct	Condidate / Officeholder name		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 TH	IS SCHEDULE AS NEED!	ב <b>ט</b>

	EXPENDITURE CATEGORIE	• •	0.000.000.000
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising 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: 7 of 10	2 FILER NAME  Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 10/6/2021	5 Payee name Zoom		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
16.00	55 Almaden Blvd		
	San Jose, CA 95113		
8 PURPOSE	(a) Category (See categories listed at the top of this sch	(b) Description Zoom	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
<b>9</b> 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>10/12/2021</b>	Payee name <b>ActBlue</b>		
Amount (\$)	Payee address; City; State;	Zip Code	
21.06	PO Box 441146		
	Somerville, MA 02144-0031		
	Category (See categories listed at the top of this sch	·	
PURPOSE	Fees	Fee	
OF EXPENDITURE			
	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 <b>10/27/2021</b>	Payee name Texas Democratic Party		
Amount (\$)	Payee address; City; State;	Zip Code	
450.00	1106 Lavaca St #100		
	Austin, TX 78701		
	Category (See categories listed at the top of this sch	nedule) Description	
PURPOSE	Consulting Expense	VAN	
OF			
EXPENDITURE			
0 1/ 6,004	Check if travel outside of Texas, complete s		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 T	HIS SCHEDULE AS NEEDE	ED

Accounting/Banking Advertising Expense	·	FOR BOX 8(a)  pan Repayment/Reimbursement  ffice Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Food/Beverage Expense P Gifts/Awards/Memorials Expense P	olling Expense rinting Expense alaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jalen McKee-Rodriguez	complete this form	3 Filer ID (Ethics Commission Filers)
4 Date 11/3/2021	5 Payee name ActBlue		
6 Amount (\$) 2.94	7 Payee address; City; State; PO Box 441146 Somerville, MA 02144-0031	Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this scheden Fees	(b) Description Fee	
EXPENDITURE	(c) Check if travel outside of Texas, complete sch	edule T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 2	Office held Council District 2
Date 11/8/2021	Payee name <b>Zoom</b>		
Amount (\$) <b>16.00</b>	Payee address; City; State; 55 Almaden Blvd San Jose, CA 95113	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedules  Fees	Description Zoom	
LXI ENDITORE	Check if travel outside of Texas, complete sch	edule T Check if	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 11/9/2021	Payee name ActBlue		
Amount (\$) 2.82	Payee address; City; State; PO Box 441146 Somerville, MA 02144-0031	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Fees	Description Fees	
	Check if travel outside of Texas, complete sch	edule 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 THI	S SCHEDULE AS NEED!	ED

	EXPE	NDITURE CATEGORIES FO	R BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Award	Office rage Expense Pollir ds/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ig Expense ng Expense ies/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 Instru	ction Guide explains how to co	_	,
1 Total pages Schedule F1: 9 of 10	2 FILER NAME Jalen McKee-Rodr	iguez		3 Filer ID (Ethics Commission Filers)
4 Date 12/2/2021	5 Payee name Spoke			
6 Amount (\$) 1912.35	7 Payee address; 13742 Harper St Santa Ana, CA 927	,	p Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See catego Fees	ries listed at the top of this schedule)	(b) Description Texts	
	(c) Check if travel ou	ıtside of Texas, complete schedu	ule T Check if	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Offi DH <b>Jalen McKee</b> -		Office sought Council District 2	Office held Council District 2
Date 12/3/2021	Payee name ActBlue			
Amount (\$) <b>1.44</b>	Payee address; PO Box 441146 Somerville, MA 02	,	p Code	
PURPOSE OF EXPENDITURE	Category (See catego Fees	ries listed at the top of this schedule)	Description Fee	
	Check if travel ou	itside of Texas, complete schedu	ule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Offi DH Jalen McKee-		Office sought Council District 2	Office held Council District 2
Date <b>12/6/2021</b>	Payee name <b>Zoom</b>			
Amount (\$) <b>16.00</b>	Payee address; 55 Almaden Blvd San Jose, CA 9511	·	p Code	
PURPOSE OF EXPENDITURE	Category (See catego Fees	ries listed at the top of this schedule)	Description <b>Zoom</b>	
	Check if travel ou	utside of Texas, complete schedu	ule T Check if	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 ADDITI	ONAL COPIES OF THIS S	SCHEDULE AS NEEDI	<u></u> ≣D

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a)  Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense		Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District 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: 10 of 10	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/6/2021</b>	5 Payee name Jessie Gloria		
6 Amount (\$) 658.00	7 Payee address; City; State; 807 Rittiman Rd San Antonio, TX 78218	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Consulting Expense	(b) Description Consulting	
EXPENDITURE	(c) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 2	Office held Council District 2
Date 12/9/2021	Payee name ActBlue		
Amount (\$) 10.92	Payee address; City; State; PO Box 441146 Somerville, MA 02144-0031	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sche Fees	dule) Description Fee	
EXPENDITURE	Check if travel outside of Texas, complete sc	hedule 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 12/28/2021	Payee name Jessie Gloria		
Amount (\$) 1000.00	Payee address; City; State; 807 Rittiman Rd San Antonio, TX 78218	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Consulting Expense	dule) Description Consulting	
	Check if travel outside of Texas, complete so	hedule 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 TH	IIS SCHEDULE AS NEEDE	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	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Demmittee Legal Services The Instruction Guide explain	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 F2:	2 FILER NAME	is now to complete this form	3 Filer ID (Ethica Commission Filers)
1 of 1	Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS		\$ 0
<b>5</b> Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State	e; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	(b) Description	
	(c) Check if travel outside of Texas, complete	e schedule T Check i	f Austin, TX, officeholder living expense
<b>11</b> Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State	e; Zip Code	
TYPE OF EXPENDITURE	Political Non-Po	olitical	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	schedule) Description	
	Check if travel outside of Texas, complete	e schedule T Check i	f Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: 1 of 1	
2	FILER NAME	2- del	3 Filer ID (Ethics Commission Filers)	
	Jalen McKee-F			
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		
		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)**

Accounting/Banking Advertising Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Polling Expense Gifts/Awards/Memorials Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C	committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form	Other (enter a category not listed above)
	1	T
Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 1	Jalen McKee-Rodriguez	
TOTAL OF UNITEMIZ	ZED 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	
	(c) Check if travel outside of Texas, complete schedule T Check	if Austin, TX, officeholder living expense
expenditure to benefit C/	OH 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	
LAI LINDITORE	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 SCHEDULE AS NE	EDED

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

Food/Beverage Expense Polling Expense
Gifts/Awards/Memorials Expense Printing Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gitts/Awards/Memorials Expense Printing Expense Travel Out Of District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  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
4 Date	5 Payee Name
<b>6</b> Amount (\$)	7 Payee address; City; State; Zip Code
political contributions intended	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description
EXPENDITURE	(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/C	
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)  Description
EXPENDITURE	Check if travel outside of Texas, complete schedule T  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	
Date	Payee name
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description
EXPENDITURE	Check if travel outside of Texas, complete schedule T  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 C Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form		
1 Total pages Schedule H: 1 of 1	2 FILER NAME Jalen McKee-Rodriguez  3 Filer ID (Ethics Commission Filers)		
4 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/0			
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/OH  Complete ONLY if direct expenditure to benefit C/OH			
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/0			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

#### 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) Des	cription (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.)	cription (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.)	cription (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.)	cription (See instructions regarding type of information required.)		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDING	- AC NEEDED		

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

### SCHEDULE K

Th.	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
ine	1 of 1		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Jalen McKee-R			
<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					T:
2 FILER NAME Jalen McKee-Rodriguez				3 Filer ID (Ethics Comm	nission Filers)
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	Payee		
5 Contribution / Expendi	ture reported on				-
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	Dates of travel 7 Name of person(s) traveling				
	8 Departure city or name of departure location				
	9 Destination city or name of destination location				
<b>10</b> Means of transporta	ation	<b>11</b> Purpose of travel (including	g name of conference, sem	inar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	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 city or name of departure location				
	Destination of	ity or name of destination loca	tion		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	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	n		
	Destination of	ity or name of destination loca	tion		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
	ATTA	CH 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 NA	AME IcKee-Rodriguez	Filer ID (Ethics Commission Filers)	
SIGNA	TURE		
a repo	ot expect any further political contributions or political expenditures in cor ort as a final report terminates my campaign treasurer appointment. I also outions or make any campaign expenditures without a campaign treasure	understand that I may not accept any campaign	
		Signature of Candidate / Officeholder	
	WHO IS NOT AN OFFICEHOLDER lete A & B below only if you are not an officeholder. ••		
A.	CAMPAIGN FUNDS		
Chec	k only one:		
	I do not have unexpended contributions or unexpended interest or inco	me earned from political contributions.	
	I have unexpended contributions or unexpended interest or income ear convert unexpended political contributions or unexpended interest or in also understand that I must file an annual report of unexpended contribution or unexpended interest or income earned on political contributions long understand that I must dispose of unexpended political contributions at contributions in accordance with the requirements of Election Code, § 2	notice the contributions to personal use. I butions and that I may not retain unexpended contributions ger than six years after filing this final report. Further, I and unexpended interest or income earned on political	
В.	ASSETS		
Chec	k only one:		
	I do not retain assets purchased with political contributions or interest of	or other income from political contributions.	
	I do retain assets purchased with political contributions or interest or of may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political Code, § 254.204.	t or other income from political contributions to personal	
		Signature of Candidate	
	EHOLDER lete this section only if you are an officeholder. ••		
	I am aware that I remain subject to filing requirements applicable to an am also aware that I will be required to file reports of unexpended cont I retain political contributions, interest of other income from political contributions.	ributions if, after filing the last required report as an officeholder	
		Signature of Officeholder	