CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to comp	lete this form.	1 Filer ID(E	thics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Jalen		MI	OFFICE U	SE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
		McKee-Rodrigu	ez		4/15/2024 7:11:2	20AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT 7362 Monets Gdn San Antonio TX 78218		CITY; ST	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHON	E NUMBER	EXTE	NSION	Date Hand-delivered	l or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Taylor		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed 4/15/2024 7:11:2	0AM
		Watson			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO P 743 Eleanor Ave #101 San Antonio TX 78209	·	APT / SUITE #;	CITY; ST	ATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHON	E NUMBER	EXTEN	NSION		
9 REPORT TYPE						
	April 15 Quarterly					
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	1/	1/2024	THROUG	ЭН 3/ 3	31/2024	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 5/3/2025	Primar		Description		
12 OFFICE	OFFICE HELD (if any) Council District 2	,		13 OFFICE SOUGHT Council Distri		
		GO TO	PAGE 2	1		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II) (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 ADDRE	SS		
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	IIGN TREASURER NAME		
Additional Fages		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	8980.05
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES. \$ 0			0	
	4. TOTAL POLITICAL EXPENDITURES \$ 5036.17				5036.17
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	8177.06
OUTSTANDING LOAN TOTALS	0.	CIPAL AMOUNT OF ALL C	DUTSTANDING LOANS AS OF THE	\$	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 * * *					
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribe of April ,			_	this t	the <u>14th</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 N	AME	20 Filer ID (Ethics Co	mmission Filers)
	Jalen M	cKee-Rodriguez		
21	-	ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8980.05
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0
4.	X	X SCHEDULE E: LOANS		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5036.17
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	IS	\$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 BUSINESS OF	- C/OH	\$0
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS	\$0
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$0

SCHEDULE A1

	т	he Instruction Guide explains how to complete this form		1 Total pages Schedule A1: 1 of 24
2	FILER NAME Jalen McKee-Re	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 1/1/2024	5 Full name of contributor ☐ out-of-state PAC (ID Deirdre MacGuire		7 Amount of contribution (\$) 9.09
8	Principal occupa Not Employed	,	Employer (See instru Not Employed	ctions)
	Date 1/4/2024	Full name of contributor out-of-state PAC (ID LESLIE FINCHER Contributor address; City; State 336 336 CLAREMONT AVE Apt 2 SAN ANTONIO, TX 78209		Amount of contribution (\$) 7.00
Principal occupation / Job title (See instructions) Employer (See instructions) Security Data Technician CyberFortress			ctions)	
	Date 1/5/2024	Full name of contributor Daniel Keegan Contributor address; City; State 314 314 Tall Oaks Dr Durham, NC 27713		Amount of contribution (\$) 10.00
	Principal occupa	· · · · · · · · · · · · · · · · · · ·	Employer (See instru Not employed	ctions)
	Date 1/6/2024	Full name of contributor out-of-state PAC (ID Meagan Knuth Contributor address; City; State 729 729 Junction Dr Apt 729 Allen, TX 75013		Amount of contribution (\$) 7.00
	Principal occupa	,	Employer (See instru Self	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 2 of 24		
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)	
4	Date 2/1/2024	5 Full name of contributor out-of-state PA Deirdre MacGuire	AC (ID#)	7 Amount of contribution (\$) 9.09	
		6 Contributor address; City; S 473 473 West End Avenue #4C Manhattan, NY 10024	State; Zip Code		
8	Principal occupa Not Employed	tion / Job title (See instructions)	9 Employer (See instru Not Employed	ictions)	
	Date 2/4/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 7.00	
		Contributor address; City; S 336 336 CLAREMONT AVE Apt 2 SAN ANTONIO, TX 78209	State; Zip Code		
	Principal occupa Security Data T	tion / Job title (See instructions) echnician	Employer (See instru CyberFortress	ictions)	
	Date 2/5/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 10.00	
		314 314 Tall Oaks Dr Durham, NC 27713			
	Principal occupa Not employed	ition / Job title (See instructions)	Employer (See instru Not employed	ictions)	
	Date 2/8/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 7.00	
		Contributor address; City; S 729 729 Junction Dr Apt 729 Allen, TX 75013	State; Zip Code		
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Self	ictions)	

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SCHEDULE A1

	т	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 24
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/13/2024	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; City; S 3905 3905 Chase cir Apt B Austin, TX 78721	State; Zip Code	
8	Principal occupa Software develo	ation / Job title (See instructions) oper	9 Employer (See instru	uctions)
	Date 2/13/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 2.78
		Contributor address; City; S 22114 22114 Miller Ridge Road Los Gatos, CA 95033	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Not Employed Not Employed			uctions)	
	Date 2/13/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 4.00
		Contributor address; City; S 393 393cpw #3p Manhattan, NY 10025		
	Principal occupa Not Employed	ation / Job title (See instructions)	Employer (See instru Not Employed	uctions)
	Date 2/14/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 1.00
		Contributor address; City; S 38 38 Kent Road Wappingers Falls, NY 12590	State; Zip Code	
			Employer (See instru Not Employed	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 4 of 24
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/14/2024	5 Full name of contributor Valerie Reiffert	C (ID#)	7 Amount of contribution (\$) 10.00
		3846 3846 River Fls San Antonio, TX 78259	tate, Zip Code	
8	Principal occupa	,	9 Employer (See instru Non profit	actions)
	Date 2/14/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 10.00
		Contributor address; City; Si 233 233 Howard Apt. 216 San Antonio, TX 78212	tate; Zip Code	
	Principal occupa Educator	tion / Job title (See instructions)	Employer (See instru Compass Rose Pub	·
	Date 2/16/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; Si 2409 2409 Town Lake Cir 232 Austin, TX 78741	tate; Zip Code	
	Principal occupa Artist	tion / Job title (See instructions)	Employer (See instru Myself	actions)
	Date 2/16/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; Si 322 322 Paul St San Antonio, TX 78203	tate; Zip Code	
		tion / Job title (See instructions) munity engagement	Employer (See instru Tobin center for the	•

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 24		
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)		
4	Date 2/16/2024	5 Full name of contributor ut-of-state P April Ancira	AC (ID#)	7 Amount of contribution (\$) 250.00		
		6 Contributor address; City; 31305 31305 Kenneland Dr Boerne, TX 78015	State; Zip Code			
8	Principal occupa Vp	tion / Job title (See instructions)	9 Employer (See instru Ancira	ctions)		
	Date 2/17/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00		
		Contributor address; City; 110 110 Broadway San Antonio, TX 78205	State; Zip Code			
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instru Not Employed	ctions)		
	Date 2/17/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 10.00		
		Contributor address; City; 1806 1806 Town Oak Drive San Antonio, TX 78232	State; Zip Code			
	Principal occupa Army Officer	tion / Job title (See instructions)	Employer (See instru US Army Reserve	ctions)		
	Date 2/17/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00		
Contributor address; City; State; Zip Code 363 363 Amber Ash Dr Kyle, TX 78640						
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instru Not Employed	ctions)		

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 6 of 24	
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/17/2024	Esperanza Urbina	AC (ID#)	7 Amount of contribution (\$) 20.00
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru Not Employed	ictions)
	Date 2/18/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 20.00
	1806 1806 Town Oak Dr San Antonio, TX 78232			
Principal occupation / Job title (See instructions) Stock management Employer (See instructions) Nordstrom Rack		Employer (See instru Nordstrom Rack	ictions)	
	Date 2/18/2024	Julian Ramirez	AC (ID#)	Amount of contribution (\$) 10.00
	Principal occupa Gangster	tion / Job title (See instructions)	Employer (See instru Streets	octions)
	Date 2/18/2024	Full name of contributor out-of-state PA William Poneck Contributor address; City; S 127 127 West Woodlawn Avenue San Antonio, TX 78212	AC (ID#)	Amount of contribution (\$) 10.00
	Principal occupa Assistant	tion / Job title (See instructions)	Employer (See instru Escamilla & Poneck	*

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 7 of 24
2	FILER NAME Jalen McKee-Ro	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 2/18/2024	5 Full name of contributor Justin Watwood	☐ out-of-state P	AC (ID#)	7 Amount of contribution (\$) 20.00
		6 Contributor address; 510 510 Jerry St Houston, TX 77022	City;	State; Zip Code	
8	Principal occupa Director	tion / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 2/19/2024	Full name of contributor Daniel Martinez	out-of-state P	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 108 108 Groveton St. San Antonio, TX 78210	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Red Cross		Employer (See instru Red Cross	uctions)		
	Date 2/19/2024	Full name of contributor Zohaib Qadri	☐ out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 2908 2908 Moreno St. Austin, TX 78723	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru City of Austin	uctions)
	Date 2/19/2024	Full name of contributor Paul Basaldua	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3 3 Woltwood San Antonio, TX 78248	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Real estate			Employer (See instru VersaTerra Develop		

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SCHEDULE A1

T	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 24
FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
Date 2/19/2024	5 Full name of contributor ☐ out-of-state PA Guillermo Nicolas	AC (ID#)	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; S 114 114 Camp Street 107 San Antonio, TX 78204	State; Zip Code	
Principal occupa Not Employed	tion / Job title (See instructions)	9 Employer (See instru Not Employed	uctions)
Date 2/19/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
	Contributor address; City; S 819 819 W MULBERRY AVE San Antonio, TX 78212	State; Zip Code	
	,	Employer (See instru Franklin Apartment	•
Date 2/19/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; S 134 134 W Mistletoe Ave San Antonio, TX 78212		
Principal occupa Consultant	tion / Job title (See instructions)	Employer (See instru Self	uctions)
Date 2/19/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 25.00
	Contributor address; City; S 2918 2918 Lindenwood Run San Antonio, TX 78245	State; Zip Code	
Principal occupa Council Aide	tion / Job title (See instructions)	Employer (See instru LGC/council district	
	Date 2/19/2024 Principal occupae Not Employed Date 2/19/2024 Principal occupae Property Manage Date 2/19/2024 Principal occupae Consultant Date 2/19/2024 Principal occupae Consultant Date 2/19/2024	Date 2/19/2024 5 Full name of contributor Guillermo Nicolas 6 Contributor address; 114 114 Camp Street 107 San Antonio, TX 78204 Principal occupation / Job title (See instructions) Not Employed Date 2/19/2024 Full name of contributor Kevin Ryan Baldwin Contributor address; 819 819 W MULBERRY AVE San Antonio, TX 78212 Principal occupation / Job title (See instructions) Property Managemebt Date Full name of contributor out-of-state PA	Date 2/19/2024 S Full name of contributor Guillermo Nicolas

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

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9 of 24
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/19/2024	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; City; S 386 386 CR 155 Floresville, TX 78114	State; Zip Code	
8	Principal occupa Not Employed	ation / Job title (See instructions)	9 Employer (See instru Not Employed	ctions)
	Date 2/19/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 10.00
		Contributor address; City; S 2404 2404 Silverbrook lane 1304 Arlington, TX 76006	State; Zip Code	
	Principal occupa Teacher	ation / Job title (See instructions)	Employer (See instru San Antonio ISD	ctions)
	Date 2/19/2024	Full name of contributor	NC (ID#)	Amount of contribution (\$) 10.00
		Contributor address; City; S 5039 5039 Hamilton Wolfe Rd Apt 1208 San Antonio, TX 78229	State; Zip Code	
	Principal occupa Marketing	ation / Job title (See instructions)	Employer (See instru Hospice	ctions)
	Date 2/19/2024	Full name of contributor	NC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; S 2234 2234 Fresno San Antonio, TX 78201	State; Zip Code	
	Principal occupa Data analyst	tion / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 of 24
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/19/2024	5 Full name of contributor ☐ out-of-state PA alexus garcia	C (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; City; S 130 130 e Norwood Ct Unit 2 San Antonio, TX 78212	State; Zip Code	
8	Principal occupa Organizer	tion / Job title (See instructions)	9 Employer (See instruction Texas freedom netwo	·
	Date 2/19/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 10826 10826 bushbuck San Antonio, TX 78245	tate; Zip Code	
	Principal occupa Teacher	tion / Job title (See instructions)	Employer (See instruction Non profit	ctions)
	Date 2/20/2024	Full name of contributor Lori Biser Contributor address; City; S 416 416 Idaho st San Antonio, TX 78203	C (ID#)	Amount of contribution (\$) 20.00
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instruction Not Employed	ctions)
	Date 2/20/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; S 129 129 hanging moss dr Cibolo, TX 78108	tate; Zip Code	
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instruction Not Employed	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11 of 24
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/20/2024	5 Full name of contributor ut-of-state PA Brielle Insler	.C (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; City; S 710 710 N Cherry St San Antonio, TX 78202	tate; Zip Code	
8	Principal occupa Not Employed	tion / Job title (See instructions)	9 Employer (See instru Not Employed	actions)
	Date 2/21/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; S 1530 1530 Firwick Dr San Antonio, TX 78253	State; Zip Code	
	Principal occupation / Job title (See instructions) Employer (See instructions) IIi		actions)	
	Date 2/21/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 534 534 Limestone Flat San Antonio, TX 78251	tate; Zip Code	
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instru Not Employed	ictions)
	Date 2/22/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 700 700 E. Hildebrand #1501 San Antonio, TX 78212	State; Zip Code	
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instru Not Employed	ictions)

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SCHEDULE A1

	т	he Instruction Guide explains how to con	mplete this f	orm.	1 Total pages Schedule A1: 12 of 24
2	FILER NAME Jalen McKee-Ro	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 2/22/2024	5 Full name of contributor □ ou Lisa Fisher	ut-of-state PA	C (ID#)	7 Amount of contribution (\$) 45.00
		6 Contributor address; 628 628 Dawson St. San Antonio, TX 78202	City; S	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Methodist Hospital	ctions)
	Date 2/23/2024	Full name of contributor	ut-of-state PA	C (ID#)	Amount of contribution (\$) 45.00
		Contributor address; 303 303 Covington Rd San Antonio, TX 78220	City; S	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions) or		Employer (See instru Lumina Wellness	ctions)
	Date 2/23/2024	Full name of contributor 🔲 ou Maria Castro	ut-of-state PA	C (ID#)	Amount of contribution (\$) 115.00
		Contributor address; 215 215 E Cevallos San Antonio, TX 78204	City; S	tate; Zip Code	
	Principal occupa Designer	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 2/23/2024	Full name of contributor 🔲 ou Valerie Reiffert	ut-of-state PA	C (ID#)	Amount of contribution (\$) 45.00
		Contributor address; 932 932 W Huisache Ave San Antonio, TX 78201	City; S	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Non profit	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to o	complete this	form.	1 Total pages Schedule A1: 13 of 24
2	FILER NAME Jalen McKee-Ro	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 2/23/2024	5 Full name of contributor Edward Miranda	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 45.00
		6 Contributor address; 4527 4527 Rothberger Way San Antonio, TX 78244	City; S	State; Zip Code	
8	Principal occupa Event Coordina	tion / Job title (See instructions) tor		9 Employer (See instru San Antonio	ctions)
	Date 2/23/2024	Full name of contributor Raphael Madison	out-of-state PA	AC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; 905 905 Alpino Cibilo, TX 78108	City; S	State; Zip Code	
	Principal occupation / Job title (See instructions) Employer (See instructions) IT Na		ctions)		
	Date 2/23/2024	Full name of contributor Vanessa Fuentes	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 6600 6600 Ranchito Drive Austin, TX 78744	City; S	State; Zip Code	
	Principal occupa district rep	tion / Job title (See instructions)		Employer (See instru	ctions)
	Date 2/23/2024	Full name of contributor Ina Minjarez	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 9406 9406 Hazelton Ln San Antonio, TX 78251	City; S	State; Zip Code	
		tion / Job title (See instructions)		Employer (See instru OKIN Process	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14 of 24
2	FILER NAME Jalen McKee-Ro	odriguez	3 Filer ID (Ethics Commission Filers)
4	Date 2/23/2024	5 Full name of contributor	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; State; Zip Code 10111 10111 Bermuda Trace San Antonio, TX 78245	
8	Principal occupa Personal Traine	tion / Job title (See instructions) 9 Employer (See instructions) Self	uctions)
	Date 2/23/2024	Full name of contributor	Amount of contribution (\$) 100.00
		Contributor address; City; State; Zip Code 529 529 W. Elsmere Place San Antonio, TX 78212	
	Principal occupa Administrator	tion / Job title (See instructions) Employer (See instructions) UTSA	uctions)
	Date 2/23/2024	Full name of contributor	Amount of contribution (\$) 100.00
		Contributor address; City; State; Zip Code 819 819 W MULBERRY AVE San Antonio, TX 78212	
	Principal occupa Property Manag	tion / Job title (See instructions) Employer (See instructions) pemebt Franklin Apartment	uctions) t Management, Ltd.
	Date 2/23/2024	Full name of contributor out-of-state PAC (ID#) San Antonio Apartment Association Contributor address; City; State; Zip Code 7525 Babcock San Antonio, TX 78249	Amount of contribution (\$) 100.00
	Principal occupa	tion / Job title (See instructions) Employer (See instr	uctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15 of 24
2	FILER NAME Jalen McKee-R	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/23/2024	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; City; S 100 NE Loop 410 San Antonio, TX 78216	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Brown & McDonald	uctions)
	Date 2/24/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 45.00
		Contributor address; City; S 623 623 Hemisfair blvd Apt 805 San Antonio, TX 78221	State; Zip Code	
	Principal occupa Not Employed	ation / Job title (See instructions)	Employer (See instru Not Employed	uctions)
	Date 2/24/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 30.00
		Contributor address; City; S 7151 7151 Western Trail Dr San Antonio, TX 78244	State; Zip Code	
	Principal occupa Not Employed	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 2/24/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; S 6126 6126 Brandys Farm San Antonio, TX 78244	State; Zip Code	
	Principal occupa Park Ranger	ation / Job title (See instructions)	Employer (See instru Department of the li	•

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 24
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/24/2024	5 Full name of contributor ☐ out-of-state PAC (ID# Ruben Arciniega)	7 Amount of contribution (\$) 25.00
		6 Contributor address; City; State; 123 123 South Mesquite San Antonio, TX 78203	Zip Code	
8	Principal occupa Not Employed	,	mployer (See instru ot Employed	uctions)
	Date 2/24/2024	Full name of contributor)	Amount of contribution (\$) 55.00
		Contributor address; City; State; 17239 17239 Shavano Rnch Rd San Antonio, TX 78257	Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Employer		uctions)		
	Date 2/24/2024	Full name of contributor)	Amount of contribution (\$) 250.00
		Contributor address; City; State; 125 125 W Agarita Ave San Antonio, TX 78212	Zip Code	
	Principal occupa	,	mployer (See instru racewell	uctions)
	Date 2/24/2024	Full name of contributor)	Amount of contribution (\$) 25.00
		Contributor address; City; State; 743 743 Eleanor Ave #101 San Antonio, TX 78209	Zip Code	
	Principal occupa Consultant		mployer (See instru aylor Watson	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 17 of 24
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Jalen McKee-Ro	odriguez		
4	Date 2/24/2024	5 Full name of contributor ☐ out-of-state PA Graciela Reyes Villalobos	C (ID#)	7 Amount of contribution (\$) 45.00
		6 Contributor address; City; S 2246 2246 Aransas Ave San Antonio, TX 78220	tate; Zip Code	
8	Principal occupa Admin	tion / Job title (See instructions)	9 Employer (See instru HEB	ctions)
	Date 2/24/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; S 100 100 N Santa Rosa Apt 807 San Antonio, TX 78207	tate; Zip Code	
Principal occupation / Job title (See instructions) Director of Zoning and Planning Employer (See instructions) City of San Antonio			ctions)	
	Date 2/24/2024	Full name of contributor □ out-of-state PA D'Ette Cole	C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 105 105 Reno St san antonio, TX 78208	tate; Zip Code	
	Principal occupa interior designe	tion / Job title (See instructions) r	Employer (See instru self employed	ctions)
	Date 2/24/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 45.00
		Contributor address; City; S 734 734 Essex St #1 San Antonio, TX 78210	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)
	Chief of Staff		Visit San Antonio	

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

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 18 of 24
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/24/2024	5 Full name of contributor ☐ out-of-state Francesca Rattray	PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 232 232 West Lullwood San Antonio, TX 78212	State; Zip Code	
8	Principal occupa Nonprofit	tion / Job title (See instructions)	9 Employer (See instru YWCA San antonio	uctions)
	Date 2/24/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 45.00
		Contributor address; City; 1318 1318 E. Pyron Ave. San antonio, TX 78214	State; Zip Code	
	Principal occupa Business Owne	tion / Job title (See instructions) r	Employer (See instru	,
	Date 2/24/2024	Full name of contributor Laura Morales Contributor address; City; 1322 1322 Osnats point San Antonio, TX 78258	PAC (ID#)	Amount of contribution (\$) 45.00
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date 2/24/2024	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 45.00
		Contributor address; City; 118 118 Arlington Ct. San Antonio, TX 78210	State; Zip Code	
	Principal occupa Teacher	tion / Job title (See instructions)	Employer (See instru San Antonio Ind. So	·

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SCHEDULE A1

	т	he Instruction Guide explains how to comp	plete this f	orm.	1 Total pages Schedule A1: 19 of 24
2	FILER NAME Jalen McKee-Ro	odriguez			3 Filer ID (Ethics Commission Filers)
4	Date 2/24/2024	5 Full name of contributor □ out-o	-of-state PA	C (ID#)	7 Amount of contribution (\$) 20.00
		6 Contributor address; C 6207 6207 golden valley San Antonio, TX 78242	 City; S	tate; Zip Code	
8	Principal occupa Not Employed	ation / Job title (See instructions)		9 Employer (See instru Not Employed	ctions)
	Date 2/24/2024	Full name of contributor	-of-state PA	C (ID#)	Amount of contribution (\$) 25.00
		Contributor address; C 215 215 E Cevallos San Antonio, TX 78204	City; S	tate; Zip Code	
	Principal occupa Designer	ation / Job title (See instructions)		Employer (See instru Tiny Brain LLC	ctions)
	Date 2/24/2024	Full name of contributor	-of-state PA	C (ID#)	Amount of contribution (\$) 25.00
		Contributor address; C 8818 8818 Thatch Drive San Antonio, TX 78240	City; S	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Rep Ray Lopez Offic	•
	Date 2/24/2024	Full name of contributor	-of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; C 511 511 Belcross San Antonio, TX 78237	City; S	tate; Zip Code	
	Principal occupa Policy Assistan	tion / Job title (See instructions)		Employer (See instru City of San Antonio	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 20 of 24
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 2/24/2024	5 Full name of contributor □ out-of-state PANICOLEtte Ardiente	AC (ID#)	7 Amount of contribution (\$) 25.00
8		ation / Job title (See instructions) gagement Manager	9 Employer (See instru Asian Texans for Ju	•
	Date 2/24/2024	Thelma Padilla	AC (ID#)	Amount of contribution (\$) 30.00
		6431 6431 Jade Meadow San Antonio, TX 78249		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ictions)
	Date 2/24/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 213 213 Woodlief St. San Antonio, TX 78212	State; Zip Code	
	Principal occupa Not Employed	ation / Job title (See instructions)	Employer (See instru Not Employed	actions)
	Date 2/24/2024	Full name of contributor out-of-state P/ Saige Thomas Contributor address; City; 9531 9531 Madison Creek Converse, TX 78109	AC (ID#)	Amount of contribution (\$) 100.00
	Principal occupa Not Employed	tion / Job title (See instructions)	Employer (See instru Not Employed	ictions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21 of 24
2	FILER NAME Jalen McKee-Ro	odriguez	3 Filer ID (Ethics Commission Filers)
4	Date 2/24/2024	5 Full name of contributor	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; State; Zip 3628 3638 Willowwood Blvd San Antonio, TX 78219	o Code
8	Principal occupa	, , , , , , , , , , , , , , , , , , , ,	er (See instructions) County
	Date 2/24/2024	Full name of contributor	Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip 8518 8518 Vortsa Ledge San Antonio, TX 78251	o Code
	Principal occupa Attorney	,	er (See instructions) fice of MCH
	Date 2/26/2024	Full name of contributor	Amount of contribution (\$) 25.00
		Contributor address; City; State; Zip 1117 1117 Lamar Street San Antonio, TX 78202	o Code
	Principal occupa Manager	tion / Job title (See instructions) Employ BD	er (See instructions)
	Date 2/28/2024	Full name of contributor □ out-of-state PAC (ID# JoAnn Harris	Amount of contribution (\$) 100.00
		Contributor address; City; State; Zip 5931 5931 Lakecrest San Antonio, TX 78222	o Code
	Principal occupa Not Employed	tion / Job title (See instructions) Employ Not Em	er (See instructions) ployed

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 22 of 24
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 3/1/2024	5 Full name of contributor □ out-of-state P Deirdre MacGuire	AC (ID#)	7 Amount of contribution (\$) 9.09
8	Principal occupa Not Employed	tion / Job title (See instructions)	9 Employer (See instru Not Employed	uctions)
	Date 3/2/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 104 104 Babcock Suite 107 San Antonio, TX 78201	State; Zip Code	
	Principal occupa Campaign	tion / Job title (See instructions)	Employer (See instru Campaign Account	uctions)
	Date 3/4/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 7.00
		Contributor address; City; 336 336 CLAREMONT AVE Apt 2 SAN ANTONIO, TX 78209	State; Zip Code	
	Principal occupa Security Data T	tion / Job title (See instructions) echnician	Employer (See instru CyberFortress	uctions)
	Date 3/5/2024	Full name of contributor		Amount of contribution (\$) 10.00
		Contributor address; City; 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	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 23 of 24	
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)	
4	Date 3/7/2024	5 Full name of contributor ☐ out-of-state PA Gordon Hartman	C (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; City; S 1202 W Bitters San Antonio, TX 78216	tate; Zip Code		
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru Morgans Wonderlan	•	
	Date Full name of contributor Out-of-state PAC (ID#) 3/18/2024 Abel Jaimes		C (ID#)	Amount of contribution (\$) 15.00	
		Contributor address; City; S 1806 1806 Town Oak Dr San Antonio, TX 78232	tate; Zip Code		
Principal occupation / Job title (See instructions) Not Employed			Employer (See instructions) Not Employed		
	Date 3/18/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 35.00	
		Contributor address; City; S 7638 7638 Glen Mont San Antonio, TX 78239	tate; Zip Code		
	Principal occupa Not employed	tion / Job title (See instructions)	Employer (See instru Not employed	ctions)	
	Date 3/18/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 15.00	
		Contributor address; City; S 6203 6203 Lakefront San Antonio, TX 78222	tate; Zip Code		
	Principal occupa Teacher	tion / Job title (See instructions)	Employer (See instru	ctions)	

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 24 of 24		
2	FILER NAME Jalen McKee-Re	odriguez		3 Filer ID (Ethics Commission Filers)		
4	Date 3/21/2024	Enrique and Linda Davila	AC (ID#)	7 Amount of contribution (\$) 1000.00		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ictions)		
	Date 3/22/2024	Full name of contributor out-of-state PA Charlesetta Collins Contributor address; City; S 4111 4111 Hunting path San Antonio, TX 78218	AC (ID#)	Amount of contribution (\$) 25.00		
Principal occupation / Job title (See instructions) Exec assistant Employer (See THE hanson of Sec The Principal occupation / Job title (See instructions)				· · · · · · · · · · · · · · · · · · ·		
	Date		AC (ID#)	Amount of contribution (\$)		
Principal occupation / Job title (See instructions)		Employer (See instructions)				
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)		
	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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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)	11 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 SOUTENIE	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 **\$** 0 5 Date of loan 7 Name of lender out-of-state PAC (ID#_ 9 Loan Amount (\$) 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest rate financial institution? 11 Maturity date 12 Principal occupation / Job title (See instructions) 13 Employer (See instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 18 Guarantor address; City; State; Zip Code 」not applicable 20 Principal occupation (See instructions) 21 Employer (See instructions) Date of loan Name of lender out-of-state PAC (ID#_ Loan Amount (\$) Is lender a Lender address; State; Zip Code Interest rate financial institution? Maturity date Principal occupation / Job title (See instructions) Employer (See instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor **INFORMATION** City; State: Guarantor address: Zip Code not applicable Principal occupation (See instructions) Employer (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Accounting/Banking Event Expense Solicitation/Fundraising Expense Advertising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jalen McKee-Rodriguez 1 of 4 4 Date 5 Payee name 1/16/2024 MailChimp 6 Amount (\$) 7 Payee address: City; State; Zip Code 47.97 675 Ponce de Leon AVE NE #5000 Atlanta, GA 30308 8 (a) Category (See categories listed at the top of this schedule) (b) Description Fees **PURPOSE** OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Jalen McKee-Rodriguez **Council District 2 Council District 2** Date Payee name 1/18/2024 **DropBox** Amount (\$) Payee address; City; State; Zip Code 12.78 1800 Owens St San Francisco, CA 94158 Category (See categories listed at the top of this 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 1/29/2024 AirBnB Amount (\$) Payee address; City; State; Zip Code 693.08 888 Brannan St San Francisco, CA 94103 Category (See categories listed at the top of this schedule) Description Staff Retreat Other: Other: Other **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 2 Council District 2** Jalen McKee-Rodriguez ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

PURPOSE OF EXPENDITURE Other: Other: Other Conference Travle Conference Travle Conference Travle Conference Travle Conference Travle		EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Consistence		Event Expense		- · · · · · · · · · · · · · · · · · · ·
Combinete control (%) Purpose OF EXPENDITURE Category (See categores listed at the top of this schedule)			•	
Complete ONLY If direct Candidate / Office holder name Complete ONLY If direct Candidate / Office holder name Candidat	- · ·			
1 Total pages Schedule F1: 2 of 4 2 of 8 3 of 8 3 of 90 of 8 3 of 90 of 90 of 8 2 of 90 of 8 2 of 90 of	•			
4 Date 2/15/2024 United Airlines 6 Amount (\$) 7 Payee address: City: State: Zip Code 880.0 Airport Blvd San Antonio, TX 78216 8 PURPOSE OF EXPENDITURE (a) Category: (See categories listed at the two of this schedule) Council District 2 Office bend Council District 2 Date 2/15/2024 MailChimp Payee address: City: State: Zip Code 90 Complete ONLY if direct expenditure to benefit C/OH District 2 Payee name MailChimp Purpose OF EXPENDITURE Category: (See categories listed at the top of this schedule) Council District 2 Category: (See categories listed at the top of this schedule) Council District 2	Credit Card Payment	The Instruction Guide explains how	to complete this form	
4 Date 2/15/2024 United Airlines 6 Amount (\$) 7 Payee address: City: State: Zip Code 880.0 Airport Blvd San Antonio, TX 78216 8 PURPOSE OF EXPENDITURE (a) Category: (See categories listed at the two of this schedule) Council District 2 Office bend Council District 2 Date 2/15/2024 MailChimp Payee address: City: State: Zip Code 90 Complete ONLY if direct expenditure to benefit C/OH District 2 Payee name MailChimp Purpose OF EXPENDITURE Category: (See categories listed at the top of this schedule) Council District 2 Category: (See categories listed at the top of this schedule) Council District 2	1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
6 Amount (\$) 396.27 7 Payee parms WallChimp PURPOSE OF EXPENDITURE 20 215/2024 Amount (\$) Purpose OF EXPENDITURE 215/2024 Payee name MaliChimp MaliChimp Purpose OF EXPENDITURE 216/2024 Amount (\$) Purpose OF EXPENDITURE 216/2024 Payee name MaliChimp MaliChimp Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Attendance of the council District 2 Date 2175/2024 Payee name MaliChimp Category (See categories listed at the top of this schedule) Council District 2	· =	_		3 · mai · 12 (2 · mai · 2 · mai · 3 · mai ·
6 Amount (\$) 396.27 7 Payee address; Oty; State; Zip Code 3806.27 8 PURPOSE OF EXPENDITURE (a) Category (See categories failed at the top of this schedule) (b) Description Conference Travis (c) X Check if travel outside of Texas, complete schedule T Council District 2 Office sought Council District 2 Office held Council District 2 Office held Council District 2 Office sought Council District 2 Office held Council District 2 Office sought Council District 2 Office held Council District 2 Occupied ONLY if direct Candidate / Officeholder name Office sought Office held Council District 2 Occupied ONLY if direct Candidate / Officeholder name Office sought Office held Council District 2 Occupied ONLY if direct Candidate / Officeholder name Office sought Office held Council District 2	4 Date	5 Pavee name		
880. Airport Blvd San Antonio, TX 78216 8		•		
880. Airport Blvd San Antonio, TX 78216 8	C Amount (c)	7 Deves address: City State	7in Codo	
San Antonio, TX 78216	` '		Zip Code	
Category See categories listed at the top of this schedule Conference Travie	030.27	-		
PURPOSE OF EXPENDITURE C) X Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense		San Antonio, 1x 76216		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Office-holder name address: City: State: Zip Code Candidate / Office-holder name and the top of this schedule Candidate / Office-holder name and the top	8	(a) Category (See categories listed at the top of this sche	edule) (b) Description	
OF EXPENDITURE Co X 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 Date 2/15/2024 Payee name MailChimp	PURPOSE			le
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Council District 2 Office held				
9 Complete ONLY if direct expenditure to benefit C/OH Date 2/15/2024 Payee name MailChimp Amount (\$) 47.97 Payee address; City; State; Zip Code 675 Ponce de Leon AVE NE #5000 Atlanta, GA 30308 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Candidate / Office held Council District 2 Description Fees Complete ONLY if direct expenditure to benefit C/OH Date 2/24/2024 Payee name DropBox Amount (\$) Payee name DropBox Payee name DropBox Payee name DropBox City; State; Zip Code Council District 2 Office held Council District 2 Office held Council District 2	EXPENDITURE			
Date		(c) X Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Date 2/15/2024	9 Complete ONLY if direct		Office sought	Office held
Amount (\$) 47.97 Amount (\$) 47.97 Payee address; City; State; Zip Code 675 Ponce de Leon AVE NE #5000 Atlanta, GA 30308 Category (See categories listed at the top of this schedule) Fees Candidate / Office output Expenditure to benefit C/OH Date 2/24/2024 Payee name DropBox Amount (\$) 12.78 Purpose OF EXPENDITURE Payee name DropBox Payee address; City; State; Zip Code 1800 Owens St San Francisco, CA 94158 Category (See categories listed at the top of this schedule) Fees Purpose OF EXPENDITURE Candidate / Office output Council District 2 Candidate / Office output Council District 2	expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Amount (\$) 47.97 Amount (\$) 47.97 Payee address; City; State; Zip Code 675 Ponce de Leon AVE NE #5000 Atlanta, GA 30308 Category (See categories listed at the top of this schedule) Fees Candidate / Office output Expenditure to benefit C/OH Date 2/24/2024 Payee name DropBox Amount (\$) 12.78 Purpose OF EXPENDITURE Payee name DropBox Payee address; City; State; Zip Code 1800 Owens St San Francisco, CA 94158 Category (See categories listed at the top of this schedule) Fees Purpose OF EXPENDITURE Candidate / Office output Council District 2 Candidate / Office output Council District 2				
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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/OH Candidate / Officeholder name office sought office held Council District 2 Council District 2	PURPOSE	Fees	Fees	
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Council District 2 Council District 2	EXPENDITURE			
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expenditure to benefit C/OH Jalen McKee-Rodriguez Council District 2 Council District 2	Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
		ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED

SCHEDULE F1

Accounting/Banking	•	oan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Food/Beverage Expense F Gifts/Awards/Memorials Expense F committee Legal Services S	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	The Instruction Guide explains how to	complete this form	3 Filer ID (Ethics Commission Filers)		
3 of 4	Jalen McKee-Rodriguez		The id (Luics Commission riers)		
4 Date 2/26/2024	5 Payee name Bonham Exchange				
6 Amount (\$) 2026.00	7 Payee address; City; State; 411 Bonham San Antonio, TX 78205	Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched	(b) Description Birthday Fundrais	ser		
EXPENDITURE	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 2	Office held Council District 2		
Date 3/6/2024	Payee name Texas Democratic Party				
Amount (\$) 785.00	Payee address; City; State; PO Box 15707 Austin, TX 78761	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	Description Van Access			
EXI ENDITORE	Check if travel outside of Texas, complete sch	nedule 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 3/15/2024	Payee name Monarch Trophy Studio				
Amount (\$) 453.57	Payee address; City; State; 16227 San Pedro Ave San Antonio, TX 78232	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	Description Fiesta Medals			
	Check if travel outside of Texas, complete sch	nedule 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 THIS SCHEDULE AS NEEDED				

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SCHEDULE F1

		EXPENDITURE CATEGORIE	S FOR	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	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	v to comp	olete this form	
1 Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID (Ethics Commission Filers)
4 of 4	1 =				Ther ib (Ethics Commission Filers)
4 01 4	Jaien MC	:Kee-Rodriguez			
4 Date 3/15/2024	5 Payee nar MailChin				
C A (C)	7 Payee add	diana.	7:- (Code	
6 Amount (\$)	,		Zip (Joue	
47.97		ce de Leon AVE NE #5000			
	Atlanta,	GA 30308			
8	(a) Category	(See categories listed at the top of this sch	hedule)	(b) Description	
PURPOSE	Fees			Fees	
OF					
EXPENDITURE					
EXPENDITURE	(6)			_	
	(c) Che	eck if travel outside of Texas, complete	schedule		Austin, TX, officeholder living expense
9 Complete ONLY if direct	: Can	didate / Officeholder name		Office sought	Office held
expenditure to benefit C/0	OH Jal e	en McKee-Rodriguez		Council District 2	Council District 2
Date	Payee nar				
3/18/2024	DropBox	(
Amount (\$)	Payee add	dress; City; State;	Zin (Code	
	1		Zip (Joue	
12.78	1800 Ow				
	San Fran	icisco, CA 94158			
				I	
		(See categories listed at the top of this sch	hedule)	Description	
PURPOSE	Fees			Fees	
OF					
EXPENDITURE					
		left and the first state of the same and the		T	Accepted TV office had been been assessed
	Che	eck if travel outside of Texas, complete	schedule	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	: Can	didate / Officeholder name		Office sought	Office held
expenditure to benefit C/0	OH Jal e	en McKee-Rodriguez		Council District 2	Council District 2
		-			
	T				
Date	Payee na	me			
Α (Φ)	D	d	7:	2-4-	
Amount (\$)	Payee add	dress; City; State;	Zip (Code	
	Category	(See categories listed at the top of this sch	hedule)	Description	
PURPOSE					
OF					
EXPENDITURE					
	Che	eck if travel outside of Texas, complete	schedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	t Can	didate / Officeholder name		Office sought	Office held
expenditure to benefit C/0				Jugin	J555.5
	ATTAC	CH ADDITIONAL COPIES OF T	HIS SC	HEDULE AS NEEDE	D

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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gifts/Awards/Memorials Expense Printing Expense Demmittee Legal Services 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)		
		The Instruction Guide explains	s how to compl	ete this form	
1 Total pages Schedule F2: 1 of 1	2 FILER NAM Jalen Mck	1E Kee-Rodriguez			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ED UNPAID I	NCURRED OBLIGATIONS			\$ 0
5 Date	6 Payee nam	е		•	
7 Amount (\$)	8 Payee addr	ess; City; State	; Zip Code		
9 TYPE OF EXPENDITURE	Politic	al Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Category	(See categories listed at the top of this so	chedule)	(b) Description	
	(c) Check	k if travel outside of Texas, complete	schedule T	Check if	f Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			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			Office held		
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule F3: 1 of 1		
2	FILER NAME Jalen McKee-F	Rodriguez	3 F	iler 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 candidate / Officeholder name office sought office held expenditure to benefit C/OH			
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 NO	-DED		

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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		
4 Date	5 Payee Name		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas, complete sche	dule T Check i	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this schedule	e) Description	
EXPENDITURE	Check if travel outside of Texas, complete sche	dule T Check i	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
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 i	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
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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)
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
9 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
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SCHEDULE

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

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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	odriguez	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom amount is received	8 Amount (\$)		
	6 Address of person from whom amount is received; City; State;	Zip Code		
	7 Purpose for which amount is received	eck if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received	eck if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received	eck if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Ch	eck if political contribution returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED		

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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