# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

| The C/OH Instruction G   | uide explains how to complete thi   |                                 | thics Commission Filers)        | <ul><li>2 Total pages fi</li><li>43</li></ul> | led:               |
|--|---|---------------------------------|---------------------------------|---|--------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER  | MS / MRS / MR FIRST Jalen   |                                 | MI                              | OFFICE US                                     | SE ONLY            |
| NAME   | NICKNAME LAST   |                                 | SUFFIX                          | Date Received                                 |                    |
|  | McKe  | ee-Rodriguez                    |                                 |   |                    |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address                     | ADDRESS / PO BOX; APT / SUITE<br>7362 Monets Gdn<br>San Antonio TX 78218                        | E#; CITY; ST.                   | ATE; ZIP CODE                   |   |                    |
| 5 CANDIDATE /<br>OFFICEHOLDER<br>PHONE   | AREA CODE PHONE NUMB  ( ) -   | BER EXTEN                       | NSION                           | Date Hand-delivered                           | or Date Postmarked |
| 6 CAMPAIGN<br>TREASURER  | MS / MRS / MR FIRST   |                                 | MI                              | Receipt #                                     | Amount \$          |
| NAME   | NICKNAME LAST   |                                 | SUFFIX                          | Date Processed                                |                    |
|  | Wats  | on                              |                                 | Date Imaged                                   |                    |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE | STREET ADDRESS (NO PO BOX 743 Eleanor Ave #101 San Antonio TX 78209  AREA CODE PHONE NUME ( ) - | ·                               |                                 | ATE; ZIP CODE                                 |                    |
| 9 REPORT TYPE  |   |                                 |                                 |   |                    |
|  | January 15: Semi-Annua  | al                              |                                 |   |                    |
| 10 PERIOD<br>COVERED   | Month Day   | Year                            | Month                           | Day Year                                      |                    |
| OOVERED  | 7/1/2022  | 2 THROUG                        | GH <b>12</b>                    | /31/2022                                      |                    |
| 11 ELECTION  | ELECTION DATE   |                                 | ELECTION TYPE                   |   |                    |
|  | Month Day Year <b>5/6/2023</b>  | Primary Runof  X General Specia | Description                     |   |                    |
| 12 OFFICE  | OFFICE HELD (if any)  Council District 2  |                                 | 13 OFFICE SOUGHT Council Distri |   |                    |
|  |   | GO TO PAGE 2                    |                                 |   |                    |

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

| 14 C/OH NAME   |   |   |  | 15 Filer ID (Ethics Commission       | Filers) |  |
|--|---|---|--|--------------------------------------|---------|--|
| Jalen McKee-Rodriguez  |   |   |  |                                      |         |  |
| 16 NOTICE FROM POLITICAL COMMITTEE(S)                          | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |   |  |                                      |         |  |
|  | COMMITTEE TYPE  | COMMITTEE NAME  |  |                                      |         |  |
|  | GENERAL   | COMMITTEE ADDRE   | ess  |                                      |         |  |
|  | SPECIFIC  |   |  |                                      |         |  |
| Additional Pages   |   | COMMITTEE CAMPA   | NIGN TREASURER NAME  |                                      |         |  |
| ruunanan agaa  |   | COMMITTEE CAMPA   | NIGN TREASURER ADDRESS   |                                      |         |  |
| 17 CONTRIBUTION TOTALS   | 1. PLEDGES, LO  | EMIZED POLITICAL CONT<br>DANS, OR GUARANTEES<br>ONS MADE ELECTRONIC | ,  | \$ 0                                 |         |  |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, O |   |   | GUARANTEES OF LOANS)   | <b>\$</b> 7332.12                    |         |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.   |   | \$ O   |                                      |         |  |
|  | 4. TOTAL POLIT  | TICAL EXPENDITURES  |  | \$ 851.32                            |         |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLIT  |   | MAINTAINED AS OF THE LAST DAY  | \$ 15050.30                          |         |  |
| OUTSTANDING<br>LOAN TOTALS                                     | J 0.  | CIPAL AMOUNT OF ALL C   | OUTSTANDING LOANS AS OF THE  | \$ o                                 |         |  |
| 18 AFFIDAVIT   |   |   |  |                                      |         |  |
|  |   |   | I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code. | Il information required to be report |         |  |
| * * * Electronically Certified * * *                           |   |   |  |                                      |         |  |
| APPRILATE  | ID ( 05A)   |   | Signature of Candida   | ate or Officeholder                  |         |  |
| AFFIX NOTARY STAM  | P / SEAL ABOVE  |   |  |                                      |         |  |
| Sworn to and subscribe   | ed before me, by the sa   | nid <u>Jalen McKee-F</u>  | Rodriguez  | this the <b>17th</b>                 | day     |  |
| of <b>January</b> ,  | 20 <b>23</b> , to certify   | which, witness my han   | d and seal of office.  |                                      |         |  |
| 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 NA | ME   | 20 Filer ID (Ethics Cor | mmission Filers)   |
|-----|----------|--|-------------------------|--------------------|
|     | Jalen Mo | :Kee-Rodriguez   |                         |                    |
| 21  |          | LE SUBTOTALS<br>F SCHEDULE   |                         | SUBTOTAL<br>AMOUNT |
| 1.  | X        | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      |                         | \$ 7332.12         |
| 2.  | X        | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        |                         | \$ 0               |
| 3.  | X        | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                         | \$0                |
| 4.  | X        | \$0  |                         |                    |
| 5.  | X        | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 851.32               |                    |
| 6.  | X        | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0                    |                    |
| 7.  | X        | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION              | S                       | \$ 0               |
| 8.  | X        | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$0                     |                    |
| 9.  | X        | \$0  |                         |                    |
| 10. | X        | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF             | \$ 0                    |                    |
| 11. | X        | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION            | \$ 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                          | e this form.                               | 1 Total pages Schedule A1:<br>1 of 22   |
|--|---------------------------------|--|--|---|
| 2  | FILER NAME  Jalen McKee-Re      | odriguez   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4  | Date<br>7/2/2022                | 5 Full name of contributor ☐ out-of-si  Joleen Garcia                  | tate PAC (ID#)                             | 7 Amount of contribution (\$)<br>450.00 |
|  |                                 | 6 Contributor address; City; 511 Belcross Street San Antonio, TX 78237 | State; Zip Code                            |   |
| 8  | Principal occupa  Community org | ation / Job title (See instructions)                                   | 9 Employer (See instru<br>Self-employed    | uctions)                                |
|  | Date<br><b>7/13/2022</b>        | Full name of contributor   | tate PAC (ID#)                             | Amount of contribution (\$) 10.00       |
|  |                                 | Contributor address; City; 9526 Contessa Dr San Antonio, TX 78216      | State; Zip Code                            |   |
| Principal occupation / Job title (See instructions) Employer (See instructions)  Teacher Saisd |                                 |  | Employer (See instru<br>Saisd              | uctions)                                |
|  | Date<br>7/19/2022               | Full name of contributor   | tate PAC (ID#)                             | Amount of contribution (\$) 1.12        |
|  |                                 | Contributor address; City; 1811 Oak St. North Aurora, IL 60542         | State; Zip Code                            |   |
|  | Principal occupa<br>Teacher     | tion / Job title (See instructions)                                    | Employer (See instru<br>DeKalb high school | •                                       |
|  | Date<br>8/13/2022               | Full name of contributor   | tate PAC (ID#)                             | Amount of contribution (\$) 10.00       |
|  |                                 | Contributor address; City; 9526 Contessa Dr San Antonio, TX 78216      | State; Zip Code                            |   |
|  | Principal occupa Teacher        | ation / Job title (See instructions)                                   | Employer (See instru<br>Saisd              | uctions)                                |
|  |                                 |  |  |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|   | ī                              | he Instruction Guide explains how  | to complete this       | form.                                      | 1 Total pages Schedule A1:<br>2 of 22    |
|---|--------------------------------|--|------------------------|--|--|
| 2 | FILER NAME  Jalen McKee-Re     | odriquez   |                        |  | 3 Filer ID (Ethics Commission Filers)    |
| 4 | Date 8/23/2022                 | 5 Full name of contributor Gina Cramer                                     | out-of-state PA        | AC (ID#)                                   | 7 Amount of contribution (\$)<br>10.00   |
|   |                                | 6 Contributor address;<br>2234 Fresno Street<br>San Antonio, TX 78201      | City; §                | State; Zip Code                            |  |
| 8 | Principal occupa  Data Analyst | tion / Job title (See instructions)  |                        | 9 Employer (See instru<br>META Consultants | uctions)                                 |
|   | Date<br>8/24/2022              | Full name of contributor Andrew Murphy                                     | out-of-state PA        | AC (ID#)                                   | Amount of contribution (\$) 10.00        |
|   |                                | Contributor address; 1200 Lockhill-Selma Rd San Antonio, TX 78213          | City;                  | State; Zip Code                            |  |
|   |                                | Employer (See instru<br>KIPP San Antonio                                   | uctions)               |  |  |
|   | Date<br>9/7/2022               | Full name of contributor Elizabeth Williams                                | Out-of-state PAC (ID#) |  | Amount of contribution (\$) 5.00         |
|   |                                | Contributor address; 1111 10th street Alamogordo, NM 88310                 | City;                  | State; Zip Code                            |  |
|   | Principal occupa Not Employed  | tion / Job title (See instructions)  |                        | Employer (See instru<br>Not Employed       | uctions)                                 |
|   | Date<br>9/7/2022               | Full name of contributor Christine Nguyen                                  | out-of-state PA        | AC (ID#)                                   | Amount of contribution (\$) <b>25.00</b> |
|   |                                | Contributor address;<br>6155 Eckhert Rd Apt 15206<br>San Antonio, TX 78240 | City;                  | State; Zip Code                            |  |
|   | Principal occupa Not Employed  | tion / Job title (See instructions)  |                        | Employer (See instru<br>Not Employed       | uctions)                                 |
|   |                                |  |                        |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|   | т                                   | he Instruction Guide explains how t                          | to complete this | form.                       |                     | 1 Total pages Schedule A1:<br>3 of 22  |
|---|-------------------------------------|--|------------------|-----------------------------|---------------------|--|
| 2 | FILER NAME  Jalen McKee-Ro          | odriguez   |                  |                             |                     | 3 Filer ID (Ethics Commission Filers)  |
| 4 | Date<br>9/8/2022                    | 5 Full name of contributor Ric Minks                         | out-of-state P/  |                             | Code                | 7 Amount of contribution (\$)<br>30.00 |
|   |                                     | San Antonio, TX 78209  |                  |                             |                     |  |
| 8 | Principal occupa  Not Employed      | tion / Job title (See instructions)                          |                  | 9 Employer<br>Not Empl      | -                   | ctions)                                |
|   | Date<br>9/9/2022                    | Full name of contributor  Jules Lemelle                      | out-of-state P   | AC (ID#                     | )                   | Amount of contribution (\$) 15.00      |
|   |                                     | Contributor address; 707 Gulf Street San Antonio, TX 78202   | City;            | State; Zip (                | Code                |  |
|   | Principal occupa Not Employed       | tion / Job title (See instructions)                          |                  | Employer<br>Not Empl        | (See instru<br>oyed | ctions)                                |
|   | Date<br>9/9/2022                    | Full name of contributor <b>Austin Moore</b>                 | out-of-state P   | AC (ID#                     | )                   | Amount of contribution (\$) 45.00      |
|   |                                     | Contributor address; 156 N WW White RD San Antonio, TX 78219 | City;            | State; Zip (                | Code                |  |
|   | Principal occupa<br>Leasing / Event | tion / Job title (See instructions) Manager                  |                  | Employer<br><b>Mosaic M</b> | (See instru         | ctions)                                |
|   | Date<br>9/13/2022                   | Full name of contributor  Deborah McCrary                    | out-of-state P/  | AC (ID#                     | )                   | Amount of contribution (\$) 20.00      |
|   |                                     | Contributor address; 5134 Galahad San Antonio, TX 78218      | City;            | State; Zip (                | Code                |  |
|   | Principal occupa                    | tion / Job title (See instructions)                          |                  | Employer                    | (See instru         | ctions)                                |
|   |                                     |  |                  |                             |                     |  |

Forms provided by Texas Ethics Commission

Revised 01/01/2020

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

|   | т   | he Instruction Guide explains how to com                          | nplete this f  | orm.   | 1 Total pages Schedule A1:<br>4 of 22   |  |  |
|---|---|---|----------------|--|---|--|--|
| 2   | FILER NAME  Jalen McKee-Ro                          | odriguez  |                |  | 3 Filer ID (Ethics Commission Filers)   |  |  |
| 4   | Date<br>9/13/2022                                   | 5 Full name of contributor  | ıt-of-state PA | C (ID#)                                      | 7 Amount of contribution (\$)<br>115.00 |  |  |
|   |   | 6 Contributor address; 301 Encino Ave San Antonio, TX 78209       | City; S        | tate; Zip Code                               |   |  |  |
| 8   | Principal occupa                                    | ation / Job title (See instructions)                              |                | 9 Employer (See instru                       | actions)                                |  |  |
|   | Date<br>9/13/2022                                   | Full name of contributor  | ut-of-state PA | C (ID#)                                      | Amount of contribution (\$) 10.00       |  |  |
|   |   | Contributor address;<br>9526 Contessa Dr<br>San Antonio, TX 78216 | City; S        | tate; Zip Code                               |   |  |  |
|   | Principal occupa Teacher                            | ation / Job title (See instructions)                              |                | Employer (See instru<br>Saisd                | actions)                                |  |  |
|   | Date<br>9/13/2022                                   | Full name of contributor  | ut-of-state PA | C (ID#)                                      | Amount of contribution (\$) 30.00       |  |  |
|   |   | Contributor address; 156 N WW White Rd San Antonio, TX 78219      | City; S        | tate; Zip Code                               |   |  |  |
|   | Principal occupa  Director of Ope                   | ation / Job title (See instructions) rations                      |                | Employer (See instru<br>Platero Creative Gro | •                                       |  |  |
|   | Date 9/13/2022                                      | Full name of contributor  | ut-of-state PA | C (ID#)                                      | Amount of contribution (\$) 100.00      |  |  |
|   |   | Contributor address; 307 Carolina St San Antonio, TX 78210        | City; S        | tate; Zip Code                               |   |  |  |
| Principal occupation / Job title (See instructions)  Executive Director |   |   |                | Employer (See instru<br>Texas Pets Alive     | actions)                                |  |  |
|   |   |   |                |  |   |  |  |
|   |   |   |                |  |   |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |   |                |  |   |  |  |

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

www.ethics.state.tx.us

#### SCHEDULE A1

|   | т                             | he Instruction Guide explains how to o                          | complete this                          | form.                                | 1 Total pages Schedule A<br>5 of 22   | <br>1:       |
|---|-------------------------------|---|--|--------------------------------------|---------------------------------------|--------------|
| 2 | FILER NAME  Jalen McKee-Ro    | odriguez  |  |                                      | 3 Filer ID (Ethics Commis             | sion Filers) |
| 4 | Date<br>9/13/2022             | 5 Full name of contributor stephen versteeg                     | ☐ out-of-state PA                      | AC (ID#)                             | 7 Amount of contribution <b>50.00</b> | (\$)         |
|   |                               | 6 Contributor address;<br>105 Reno St<br>San Antonio, TX 78208  | City; S                                | State; Zip Code                      |                                       |              |
| 8 | Principal occupa<br>Engineer  | tion / Job title (See instructions)                             |  | 9 Employer (See instru               | ctions)                               |              |
|   | Date<br>9/13/2022             | Full name of contributor  Claudia Saunders                      | ☐ out-of-state PA                      | C (ID#)                              | Amount of contribution <b>30.00</b>   | (\$)         |
|   |                               | Contributor address; 7830 Falcon Ridge Dr San Antonio, TX 78239 | City; S                                | State; Zip Code                      |                                       |              |
|   |                               |   | Employer (See instru The beauty lounge | ctions)                              |                                       |              |
|   | Date 9/13/2022                | Full name of contributor  LePaula Lang-Jarmon                   | ☐ out-of-state PA                      | C (ID#)                              | Amount of contribution <b>30.00</b>   | (\$)         |
|   |                               | Contributor address; 4423 Seabreeze Dr San Antonio, TX 78220    | City; S                                | State; Zip Code                      |                                       |              |
|   | Principal occupa Not Employed | tion / Job title (See instructions)                             |  | Employer (See instru<br>Not Employed | ctions)                               |              |
|   | Date<br>9/13/2022             | Full name of contributor Gary Cox                               | ☐ out-of-state PA                      | C (ID#)                              | Amount of contribution <b>50.00</b>   | (\$)         |
|   |                               | Contributor address; 558 Pershing San Antonio, TX 78209         | City; S                                | State; Zip Code                      |                                       |              |
|   | Principal occupa  Doctor      | tion / Job title (See instructions)                             |  | Employer (See instru<br>Self         | ctions)                               |              |
|   |                               |   |  |                                      |                                       |              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|   | т                             | he Instruction Guide explains how to co                                  | omplete this f                          | orm.                                   | 1 Total pages Schedule A1:<br>6 of 22     |
|---|-------------------------------|--|---|--|---|
| 2   | FILER NAME  Jalen McKee-Ro    | odriguez   |   |  | 3 Filer ID (Ethics Commission Filers)     |
| 4   | Date<br>9/13/2022             | Tiger Hill   | out-of-state PA                         | C (ID#)                                | 7 Amount of contribution (\$) 30.00       |
|   |                               | 6 Contributor address;<br>7151 Western Trail Dr<br>San Antonio, TX 78244 | City; S                                 | tate; Zip Code                         |   |
| 8   | Principal occupa Not Employed | tion / Job title (See instructions)                                      |   | 9 Employer (See instru<br>Not Employed | ctions)                                   |
|   | Date<br>9/23/2022             | Full name of contributor   | out-of-state PA                         | C (ID#)                                | Amount of contribution (\$) 500.00        |
|   |                               | Contributor address; 134 W Mistletoe Ave San Antonio, TX 78212           | City; S                                 | tate; Zip Code                         |   |
| Principal occupation / Job title (See instructions)  Consultant         |                               |  | Employer (See instru<br>Self            | ctions)                                |   |
|   | Date<br>9/24/2022             | Full name of contributor   | out-of-state PA                         | C (ID#)                                | Amount of contribution (\$) <b>500.00</b> |
|   |                               | Contributor address; 315 Barrera St San Antonio, TX 78210                | City; S                                 | tate; Zip Code                         |   |
|   | Principal occupa Bar Owner    | tion / Job title (See instructions)                                      |   | Employer (See instru The Friendly Spot | ctions)                                   |
|   | Date<br>10/7/2022             | Full name of contributor   | out-of-state PA                         | C (ID#)                                | Amount of contribution (\$) <b>25.00</b>  |
|   |                               | Contributor address; 9106 Harbor View Street San Antonio, TX 78242       | City; S                                 | tate; Zip Code                         |   |
| Principal occupation / Job title (See instructions)  Executive Director |                               |  | Employer (See instru  MOVE Texas Action |  |   |
|   |                               |  |   |  |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|   | т                                | he Instruction Guide explains how to complete this                     | form.   | 1 Total pages Schedule A1:<br>7 of 22     |
|---|----------------------------------|--|---|---|
| 2   | FILER NAME  Jalen McKee-Ro       | odriguez   |   | 3 Filer ID (Ethics Commission Filers)     |
| 4   | Date<br>10/7/2022                | 5 Full name of contributor ☐ out-of-state PA Michelle Tremillo         | .C (ID#)                                      | 7 Amount of contribution (\$)<br>150.00   |
|   |                                  | 6 Contributor address; City; S 242 E Sunshine Dr San Antonio, TX 78228 | State; Zip Code                               |   |
| 8   | Principal occupa Co-executive di | tion / Job title (See instructions) rector                             | 9 Employer (See instru<br>Texas Organizing Pr |   |
|   | Date<br>10/13/2022               | Full name of contributor   | .C (ID#)                                      | Amount of contribution (\$) 500.00        |
|   |                                  | Contributor address; City; S 9406 Hazelton San Antonio, TX 78251       | State; Zip Code                               |   |
| Principal occupation / Job title (See instructions) Employer (S |                                  |  |   | ctions)                                   |
|   | Date<br>10/13/2022               | Elizabeth Garza  | C (ID#) State; Zip Code                       | Amount of contribution (\$) 10.00         |
|   | Principal occupa Teacher         | San Antonio, TX 78216 tion / Job title (See instructions)              | Employer (See instru<br>Saisd                 | ctions)                                   |
|   | Date<br>10/19/2022               | Full name of contributor   | C (ID#)                                       | Amount of contribution (\$) <b>100.00</b> |
|   |                                  | Contributor address; City; S 47 Shores Edge Pembroke, MA 02359         | state; Zip Code                               |   |
|   | Principal occupa                 | tion / Job title (See instructions)                                    | Employer (See instru                          | ctions)                                   |
|   |                                  |  |   |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|   | T   | he Instruction Guide explains how to o                      | complete this        | form.  | 1 Total pages Schedule A1:<br>8 of 22    |
|---|---|---|----------------------|--|--|
| 2   | FILER NAME  Jalen McKee-Re                            | odriguez  |                      |  | 3 Filer ID (Ethics Commission Filers)    |
| 4   | Date<br>10/21/2022                                    | 5 Full name of contributor Ishmael Abuabara                 | out-of-state PA      | AC (ID#)                                     | 7 Amount of contribution (\$)<br>10.00   |
|   |   | 6 Contributor address; 643 I St NE Washington, DC 20002     | City; S              | State; Zip Code                              |  |
| 8   | Principal occupa                                      | tion / Job title (See instructions)<br>stant                |                      | 9 Employer (See instru<br>House of Represent |  |
|   | Date<br>10/27/2022                                    | Full name of contributor  Andres Rodriguez                  | out-of-state PA      | AC (ID#)                                     | Amount of contribution (\$) <b>25.00</b> |
|   |   | Contributor address; 1702 singleton avenue Austin, TX 78702 | City;                | State; Zip Code                              |  |
| Principal occupation / Job title (See instructions) Adjudicator |   |   | Employer (See instru | ctions)                                      |  |
|   | Date Full name of contributor □ out-of-state PAC (ID# |   | AC (ID#)             | Amount of contribution (\$) 15.00            |  |
|   |   | Contributor address; 54 Noble St West Newton, MA 02465      | City;                | State; Zip Code                              |  |
|   | Principal occupa Manager                              | tion / Job title (See instructions)                         |                      | Employer (See instru<br>Markforged           | ctions)                                  |
|   | Date<br>10/27/2022                                    | Full name of contributor  Trevor Schultz                    | out-of-state PA      | AC (ID#)                                     | Amount of contribution (\$) 30.00        |
|   |   | Contributor address; 306 Barbara Dr San Antonio, TX 78216   | City;                | State; Zip Code                              |  |
|   | Principal occupa                                      | tion / Job title (See instructions)                         |                      | Employer (See instru<br>Vital Signs          | ctions)                                  |
|   |   |   |                      |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

#### SCHEDULE A1

|  | 7                         | The Instruction Guide explains how                                      | to complete this                  | form.  | 1 Total pages Schedule A1:<br>9 of 22  |
|--|---------------------------|---|-----------------------------------|--|--|
| 2  | FILER NAME  Jalen McKee-R | odriguez  |                                   |  | 3 Filer ID (Ethics Commission Filers)  |
| 4  | Date<br>10/27/2022        | 5 Full name of contributor<br>Heather Cortez                            | Out-of-state P                    | AC (ID#)                                     | 7 Amount of contribution (\$)<br>25.00 |
|  |                           | 6 Contributor address;<br>10111 Bricewood Park<br>San Antonio, TX 78254 | City;                             | State; Zip Code                              |  |
| 8  | Principal occupa          | ation / Job title (See instructions)                                    |                                   | 9 Employer (See instru<br>Queen of the Mouth | -                                      |
|  | Date<br>10/27/2022        | Full name of contributor Anthony Betori                                 | out-of-state P                    | AC (ID#)                                     | Amount of contribution (\$) 50.00      |
|  |                           | Contributor address; 2030 W Mulberry Ave San Antonio, TX 78201          | City;                             | State; Zip Code                              |  |
| Principal occupation / Job title (See instructions)  Director                |                           |   |                                   | Employer (See instru                         | uctions)                               |
| Date Full name of contributor □ out-of-state PAC  10/27/2022 Felicia Venegas |                           | AC (ID#)  | Amount of contribution (\$) 20.00 |  |  |
|  |                           | Contributor address; 300 E Basse Rd Apt 1331 San Antonio, TX 78209      | City;                             | State; Zip Code                              |  |
|  | Principal occupa          | ation / Job title (See instructions) gement liaison                     |                                   | Employer (See instru<br>Onehome              | uctions)                               |
|  | Date<br>10/27/2022        | Full name of contributor  Joseph Lutz                                   | Out-of-state P                    | AC (ID#)                                     | Amount of contribution (\$) 100.00     |
|  |                           | Contributor address;<br>6810 Country Cross<br>San Antonio, TX 78240     | City;                             | State; Zip Code                              |  |
|  | Principal occupa          | ation / Job title (See instructions)                                    |                                   | Employer (See instru                         | uctions)                               |
|  |                           |   |                                   |  |  |
|  |                           |   |                                   |  |  |
|  |                           |   |                                   |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|   | Т                                | he Instruction Guide explains how to complete th                      | is form.                              | 1 Total pages Schedule A1:<br>10 of 22 |
|---|----------------------------------|---|---------------------------------------|--|
| 2   | FILER NAME  Jalen McKee-Ro       | odriguez  |                                       | 3 Filer ID (Ethics Commission Filers)  |
| 4   | Date<br>10/27/2022               | 5 Full name of contributor ☐ out-of-state  Beverly Cagle              | PAC (ID#)                             | 7 Amount of contribution (\$)<br>15.00 |
|   |                                  | 6 Contributor address; City; 1200 Avenue B #732 San Antonio, TX 78215 | State; Zip Code                       |  |
| 8   | Principal occupa Special Educati | tion / Job title (See instructions) on Teacher                        | 9 Employer (See instru                | uctions)                               |
|   | Date<br>10/28/2022               | Full name of contributor  | PAC (ID#)                             | Amount of contribution (\$) 20.00      |
|   |                                  | Contributor address; City; 511 Belcross Street San Antonio, TX 78237  | State; Zip Code                       |  |
|   |                                  |   | Employer (See instru<br>Self-employed | uctions)                               |
|   | Date<br>10/28/2022               | Full name of contributor  | PAC (ID#)                             | Amount of contribution (\$) 25.00      |
|   |                                  | Contributor address; City; 14109 mulch court San Antonio, TX 78252    | State; Zip Code                       |  |
|   | Principal occupa  Customer servi | tion / Job title (See instructions)                                   | Employer (See instru<br>Carlisha      | uctions)                               |
|   | Date<br>10/28/2022               | Full name of contributor  | PAC (ID#)                             | Amount of contribution (\$) 500.00     |
|   |                                  | Contributor address; City; 31305 Kenneland Dr Boerne, TX 78015        | State; Zip Code                       |  |
| Principal occupation / Job title (See instructions)  Vp |                                  |   | 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

www.ethics.state.tx.us

#### SCHEDULE A1

|   | 1                                 | he Instruction Guide explains how to complete this                           | s form.                                   | 1 Total pages Schedule A1:<br>11 of 22 |
|---|-----------------------------------|--|---|--|
| 2 | FILER NAME  Jalen McKee-R         | odriguez   |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 | Date<br>10/28/2022                | 5 Full name of contributor  ut-of-state F                                    | PAC (ID#)                                 | 7 Amount of contribution (\$) 20.00    |
|   |                                   | 6 Contributor address; City; 303 Covington rd San Antonio, TX 78220          | State; Zip Code                           |  |
| 8 | Principal occupa  Medical assista | ntion / Job title (See instructions)   | 9 Employer (See instru<br>Lumina wellness | uctions)                               |
|   | Date<br>10/28/2022                | Full name of contributor   | PAC (ID#)                                 | Amount of contribution (\$) 30.00      |
|   |                                   | Contributor address; City; 303 Jeanette Drive San Antonio, TX 78216          | State; Zip Code                           |  |
|   | Principal occupa                  | ation / Job title (See instructions) ce Analyst                              | Employer (See instru<br>USAA              | uctions)                               |
|   | Date<br>10/28/2022                | Full name of contributor   | PAC (ID#)                                 | Amount of contribution (\$) 150.00     |
|   |                                   | Contributor address; City; 5919 Pearl Pass San Antonio, TX 78222             | State; Zip Code                           |  |
|   | Principal occupa                  | ation / Job title (See instructions)  Officer                                | Employer (See instru                      | uctions)                               |
|   | Date<br>10/29/2022                | Full name of contributor  ut-of-state F                                      | PAC (ID#)                                 | Amount of contribution (\$) 5.00       |
|   |                                   | Contributor address; City; 100 N Santa Rosa St Apt 620 San Antonio, TX 78207 | State; Zip Code                           |  |
|   | Principal occupa Student          | 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

www.ethics.state.tx.us

#### SCHEDULE A1

|   | 7                               | he Instruction Guide explains how to                           | complete this     | form.                                    | 1 Total pages Schedule A1:<br>12 of 22   |
|---|---------------------------------|--|-------------------|--|--|
| 2   | FILER NAME  Jalen McKee-Re      | odriguez   |                   |  | 3 Filer ID (Ethics Commission Filers)    |
| 4   | Date<br>10/29/2022              | 5 Full name of contributor stephen versteeg                    | out-of-state PA   | AC (ID#)                                 | 7 Amount of contribution (\$) 300.00     |
|   |                                 | 6 Contributor address;<br>105 Reno St<br>San Antonio, TX 78208 | City; S           | State; Zip Code                          |  |
| 8   | Principal occupa                | ation / Job title (See instructions)                           |                   | 9 Employer (See instru                   | ctions)                                  |
|   | Date<br>10/29/2022              | Full name of contributor  Amador Salazar                       | out-of-state PA   | AC (ID#)                                 | Amount of contribution (\$) 100.00       |
|   |                                 | Contributor address; 6503 Arrid Pass San Antonio, TX 78238     | City; S           | State; Zip Code                          |  |
| Principal occupation / Job title (See instructions)  Graduate Student  Employer (See instructions  University of Texas at Sar |                                 |  |                   | •  |  |
|   | Date<br>10/29/2022              | Full name of contributor  Bianca Rosales                       | ☐ out-of-state PA | AC (ID#)                                 | Amount of contribution (\$) <b>20.00</b> |
|   |                                 | Contributor address; 1123 Loma Mesa San Antonio, TX 78214      | City; S           | State; Zip Code                          |  |
|   |                                 | ation / Job title (See instructions)                           |                   | Employer (See instru<br>NEO Philanthropy | ctions)                                  |
|   | Date<br>10/29/2022              | Full name of contributor  Anahi Gonzalez                       | ☐ out-of-state PA | AC (ID#)                                 | Amount of contribution (\$) <b>20.00</b> |
|   |                                 | Contributor address; 331 Cass Ave Apt 1 San Antonio, TX 78204  | City; S           | State; Zip Code                          |  |
|   | Principal occupa Operations Mar | nager  |                   | Employer (See instru<br>SAY SÃ-          | ctions)                                  |
|   |                                 |  |                   |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|   | -                  | The Instruction Guide explains how                               | to complete this | form.                                       | 1 Total pages Schedule A1:<br>13 of 22   |
|---|--------------------|--|------------------|---|--|
| 2 | FILER NAME         | odviguoz   |                  |   | 3 Filer ID (Ethics Commission Filers)    |
| 4 | Date<br>10/29/2022 | 5 Full name of contributor Gina Cramer                           | out-of-state P   | AC (ID#)                                    | 7 Amount of contribution (\$)<br>40.00   |
|   |                    | 6 Contributor address; 2234 Fresno San Antonio, TX 78201         | City;            |   |  |
| 8 | Principal occupa   | ation / Job title (See instructions)                             |                  | 9 Employer (See instru                      | uctions)                                 |
|   | Date<br>10/29/2022 | Full name of contributor Angela Cassidy                          | out-of-state P   | AC (ID#)                                    | Amount of contribution (\$) 20.00        |
|   |                    | Contributor address; 315 Saint Charles San Antonio, TX 78202     | City;            | State; Zip Code                             |  |
|   | Principal occupa   | ation / Job title (See instructions)                             |                  | Employer (See instru                        | uctions)                                 |
|   | Date<br>10/29/2022 | Full name of contributor  Denise Hernandez                       | out-of-state P   | AC (ID#)                                    | Amount of contribution (\$) <b>20.00</b> |
|   |                    | Contributor address; 1214 Morey Peak Drive San Antonio, TX 78213 | City;            | State; Zip Code                             |  |
|   | Principal occupa   | ation / Job title (See instructions)                             |                  | Employer (See instru<br>City of San Antonio |  |
|   | Date<br>10/29/2022 | Full name of contributor<br>Serena Moreno                        | out-of-state P   | AC (ID#)                                    | Amount of contribution (\$) 50.00        |
|   |                    | Contributor address; 201 Brenda Dr Converse, TX 78109            | City;            | State; Zip Code                             |  |
|   |                    | ation / Job title (See instructions)                             |                  | Employer (See instru                        | -  |
|   | IT & Facilities I  | Manager  |                  | DeLorean Motor Co                           | mpany                                    |
|   |                    |  |                  |   |  |
|   |                    |  |                  |   |  |
|   |                    |  |                  |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|   | т                             | he Instruction Guide explains how t                              | o complete this | form.                                 | 1     | Total pages Schedule A1: 14 of 22   |
|---|-------------------------------|--|-----------------|---------------------------------------|-------|-------------------------------------|
| 2 | FILER NAME  Jalen McKee-Re    | odriguez   |                 |                                       | 3     | Filer ID (Ethics Commission Filers) |
| 4 | Date<br>10/29/2022            | 5 Full name of contributor<br>Lisa Cervantes                     | Out-of-state PA | AC (ID#)                              |       | Amount of contribution (\$) 20.00   |
|   |                               | 6 Contributor address;<br>1218 Essex ST<br>San Antonio, TX 78210 | City;           | State; Zip Code                       |       |                                     |
| 8 | Principal occupa  Hostess     | tion / Job title (See instructions)                              |                 | 9 Employer (See instru<br>Pharm Table | uctio | ns)                                 |
|   | Date<br>10/29/2022            | Full name of contributor<br>Jesse Mata                           | Out-of-state PA | AC (ID#)                              |       | Amount of contribution (\$) 150.00  |
|   |                               | Contributor address; 515 East Park Avenue San Antonio, TX 78212  | City;           | State; Zip Code                       |       |                                     |
|   | Principal occupa<br>Director  | tion / Job title (See instructions)                              |                 | Employer (See instru<br>USAA          | uctio | ns)                                 |
|   | Date<br>10/29/2022            | Full name of contributor  Joshua Garcia                          | out-of-state PA | AC (ID#)                              |       | Amount of contribution (\$) 20.00   |
|   |                               | Contributor address; 4910 Dodd Corpus Christi, TX 78415          | City;           | State; Zip Code                       |       |                                     |
|   | Principal occupa              | ntion / Job title (See instructions)                             |                 | Employer (See instru<br>Bexar County  | uctio | ns)                                 |
|   | Date<br>10/29/2022            | Full name of contributor<br>Melissa Guzman                       | Out-of-state PA | AC (ID#)                              |       | Amount of contribution (\$) 20.00   |
|   |                               | Contributor address; 6298 Lockhill Rd #605 San Antonio, TX 78240 | City;           | State; Zip Code                       |       |                                     |
|   | Principal occupa Not Employed | tion / Job title (See instructions)                              |                 | Employer (See instru                  | uctio | ns)                                 |
|   |                               |  |                 |                                       |       |                                     |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

#### SCHEDULE A1

|   |                           | The Instruction Guide explains how to comp                           | 1 Total pages Schedule A1:<br>15 of 22 |   |  |
|---|---------------------------|--|--|---|--|
| 2   | FILER NAME  Jalen McKee-R | odriguez   |  |   | 3 Filer ID (Ethics Commission Filers)    |
| 4   | Date<br>10/29/2022        | 5 Full name of contributor  ut-out-o                                 | of-state PA                            | C (ID#)                                     | 7 Amount of contribution (\$)<br>40.00   |
|   |                           | 6 Contributor address; C 6518 Spring Lark St San Antonio, TX 78249   | city; S                                | tate; Zip Code                              |  |
| 8   | Principal occupa          | ation / Job title (See instructions)<br>es                           |  | 9 Employer (See instru<br>United healthcare | ctions)                                  |
|   | Date<br>10/29/2022        | Full name of contributor   | of-state PA                            | C (ID#)                                     | Amount of contribution (\$) <b>20.00</b> |
|   |                           | Contributor address; C 7151 Western Trail Dr San Antonio, TX 78244   | City; S                                | tate; Zip Code                              |  |
| Principal occupation / Job title (See instructions)  Not Employed |                           |  | Employer (See instru  Not Employed     | ctions)                                     |  |
|   | Date<br>10/30/2022        | Full name of contributor   | of-state PA                            | C (ID#)                                     | Amount of contribution (\$) <b>30.00</b> |
|   |                           | Contributor address; C 824 Camino La Costa #323 Austin, TX 78752     | <br>City; S                            | tate; Zip Code                              |  |
|   | Principal occupa  Artist  | ation / Job title (See instructions)                                 |  | Employer (See instru<br><b>Myself</b>       | ctions)                                  |
|   | Date<br>10/30/2022        | Full name of contributor   | of-state PA                            | C (ID#)                                     | Amount of contribution (\$) 15.00        |
|   |                           | Contributor address; C 7308 Aaron Jordan Drive San Antonio, TX 78252 | <br>City; S                            | tate; Zip Code                              |  |
|   | Principal occupa          | ation / Job title (See instructions)                                 |  | Employer (See instru<br>Centene             | ctions)                                  |
|   |                           |  |  |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|   | Т                          | he Instruction Guide explains how to complete this t                      | form.                   | 1 Total pages Schedule A1:<br>16 of 22 |
|---|----------------------------|---|-------------------------|--|
| 2 | FILER NAME  Jalen McKee-Ro | odriguez  |                         | 3 Filer ID (Ethics Commission Filers)  |
| 4 | Date<br>11/7/2022          | 5 Full name of contributor  ut-of-state PA  Jessica Cisneros for Congress | C (ID#)                 | 7 Amount of contribution (\$) 500.00   |
|   |                            | 6 Contributor address; City; S PO Box 660 Laredo, TX 78042                | tate; Zip Code          |  |
| 8 | Principal occupa           | tion / Job title (See instructions)                                       | 9 Employer (See instruc | ctions)                                |
|   | Date<br>11/7/2022          | Full name of contributor  | C (ID#)                 | Amount of contribution (\$) 500.00     |
|   |                            | Contributor address; City; S 120 Sunway Hollywood Park, TX 78232          | tate; Zip Code          |  |
|   | Principal occupa           | tion / Job title (See instructions)                                       | Employer (See instruc   | ctions)                                |
|   | Date<br>11/7/2022          | Full name of contributor  | C (ID#)                 | Amount of contribution (\$) 1000.00    |
|   |                            | Contributor address; City; S PO Box 1361 San Antonio, TX 78295            | tate; Zip Code          |  |
|   | Principal occupa           | tion / Job title (See instructions)                                       | Employer (See instruc   | ctions)                                |
|   | Date<br>11/7/2022          | Full name of contributor  | C (ID#)                 | Amount of contribution (\$) 50.00      |
|   |                            | Contributor address; City; S 527 Burnet St San Antonio, TX 78202          | tate; Zip Code          |  |
|   | Principal occupa           | tion / Job title (See instructions)                                       | Employer (See instruc   | ctions)                                |
|   |                            |   |                         |  |
|   |                            |   |                         |  |
|   |                            |   |                         |  |
|   |                            |   |                         |  |
|   |                            | ATTACH ADDITIONAL COPIES OF   | F THIS SCHEDULE AS N    | EEDED                                  |

Forms provided by Texas Ethics Commission

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

www.ethics.state.tx.us

#### SCHEDULE A1

|  | т                              | he Instruction Guide explains how to complete t                         | his form.                              | 1 Total pages Schedule A1:<br>17 of 22 |
|--|--------------------------------|---|--|--|
| 2  | FILER NAME  Jalen McKee-Ro     | odriguez  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4  | Date<br>11/9/2022              | 5 Full name of contributor ☐ out-of-state Frank Garcia                  | e PAC (ID#)                            | 7 Amount of contribution (\$) 5.00     |
|  |                                | 6 Contributor address; City; 246 moonstone Dr San Antonio, TX 78233     | State; Zip Code                        |  |
| 8  | Principal occupa  Not Employed | tion / Job title (See instructions)                                     | 9 Employer (See instru<br>Not Employed | uctions)                               |
|  | Date<br>11/12/2022             | Full name of contributor  | e PAC (ID#)                            | Amount of contribution (\$) 15.00      |
|  |                                | Contributor address; City; 712 Virginia Boulevard San Antonio, TX 78210 | State; Zip Code                        |  |
| Principal occupation / Job title (See instructions) Employer (See in Adjuster WMIC |                                |   | Employer (See instru                   | uctions)                               |
|  | Date<br>11/12/2022             | ,   |  | Amount of contribution (\$) 2.00       |
|  |                                | Contributor address; City; 1502 Sunbend Fls San Antonio, TX 78224       | State; Zip Code                        |  |
|  | Principal occupa  Not Employed | tion / Job title (See instructions)                                     | Employer (See instru                   | uctions)                               |
|  | Date<br>11/12/2022             | Full name of contributor  | e PAC (ID#)                            | Amount of contribution (\$) 30.00      |
|  |                                | Contributor address; City; 110 Broadway San Antonio, TX 78205           | State; Zip Code                        |  |
|  | Principal occupa  Not Employed | tion / Job title (See instructions)                                     | Employer (See instru                   | uctions)                               |
|  |                                |   |  |  |
|  |                                |   |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|                          | Ţ                              | he Instruction Guide explains how to complete this                             | form.                                   | 1 Total pages Schedule A1:<br>18 of 22   |
|--------------------------|--------------------------------|--|---|--|
| 2 FILER<br>Jalen         | NAME<br><b>McKee-R</b> e       | odriguez   |   | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br>11/12/2        | 2022                           | Ariana Rodriguez   | AC (ID#)                                | 7 Amount of contribution (\$)<br>10.00   |
|                          |                                | 6 Contributor address; City; S PO Box 1563 Alice, TX 78333                     | State; Zip Code                         |  |
|                          | oal occupa<br>I Media          | tion / Job title (See instructions)  | 9 Employer (See instru<br>VOTEPROCHOICE | uctions)                                 |
| Date<br><b>11/12</b> /2  | 2022                           | Full name of contributor   | AC (ID#)                                | Amount of contribution (\$) <b>15.00</b> |
|                          |                                | Contributor address; City; S 34 W 6 1004 Cincinnati, OH 45202                  | State; Zip Code                         |  |
| Princip<br><b>Acco</b> u | -                              | tion / Job title (See instructions)  | Employer (See instru<br><b>GE</b>       | uctions)                                 |
| Date<br><b>11/12</b> /2  | 2022                           | Full name of contributor   | AC (ID#)                                | Amount of contribution (\$) 5.00         |
|                          |                                | Contributor address; City; S 7151 Western Trail Dr San Antonio, TX 78244       | State; Zip Code                         |  |
| -                        | oal occupa<br>mployed          | tion / Job title (See instructions)  | Employer (See instru<br>Not Employed    | uctions)                                 |
| Date<br><b>11/12</b> /2  | 2022                           | Full name of contributor   | AC (ID#)                                | Amount of contribution (\$) 100.00       |
|                          |                                | Contributor address; City; S 123 Brackenridge Avenue 206 San antonio, TX 78209 | State; Zip Code                         |  |
|                          | oal occupa<br>E <b>ngineer</b> | tion / Job title (See instructions)  | Employer (See instru<br>Kimley-Horn     | uctions)                                 |
|                          |                                |  |   |  |
|                          |                                |  |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

Revised 01/01/2020

#### SCHEDULE A1

|   | т                                 | he Instruction Guide explains how   | to complete this | form.                                       | 1 Total pages Schedule A1:<br>19 of 22 |
|---|-----------------------------------|---|------------------|---|--|
| 2 | FILER NAME  Jalen McKee-Ro        | odriguez  |                  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 | Date<br>11/12/2022                | 5 Full name of contributor<br>Karen Munoz                                   | Out-of-state P   | AC (ID#)                                    | 7 Amount of contribution (\$) 4.00     |
|   |                                   | 6 Contributor address;<br>1000 N. LBJ Drive Apt. D6<br>San Marcos, TX 78666 | City;            | State; Zip Code                             |  |
| 8 | Principal occupa  Digital Educato | tion / Job title (See instructions)   |                  | 9 Employer (See instru<br>Hays-Caldwell Wom | •                                      |
|   | Date<br>11/12/2022                | Full name of contributor<br>Sarita Retiz                                    | Out-of-state P   | AC (ID#)                                    | Amount of contribution (\$) 100.00     |
|   |                                   | Contributor address;  1 Minuteman In  Wellesley Hills, MA 02481             | City;            | State; Zip Code                             |  |
|   |                                   | Employer (See instru  | uctions)         |   |  |
|   | Date<br>11/13/2022                | Full name of contributor  Elizabeth Garza                                   | Out-of-state P   | AC (ID#)                                    | Amount of contribution (\$) 10.00      |
|   |                                   | Contributor address; 9526 Contessa Dr San Antonio, TX 78216                 | City;            | State; Zip Code                             |  |
|   | Principal occupa<br>Teacher       | tion / Job title (See instructions)   |                  | Employer (See instru                        | ictions)                               |
|   | Date<br>11/13/2022                | Full name of contributor Frank Garcia                                       | out-of-state P   | AC (ID#)                                    | Amount of contribution (\$) 10.00      |
|   |                                   | Contributor address; 246 moonstone Dr San Antonio, TX 78233                 | City;            | State; Zip Code                             |  |
|   | Principal occupa  Not Employed    | tion / Job title (See instructions)   |                  | Employer (See instru                        | ictions)                               |
|   |                                   |   |                  |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

#### SCHEDULE A1

|   |                           | The Instruction Guide explains how to complete t                       | nis form.                                     | 1 Total pages Schedule A1:<br>20 of 22 |
|---|---------------------------|--|---|--|
| 2   | FILER NAME  Jalen McKee-R | odriguez   |   | 3 Filer ID (Ethics Commission Filers)  |
| 4   | Date<br>11/13/2022        | 5 Full name of contributor ☐ out-of-state  Natalie Moreno              | e PAC (ID#)                                   | 7 Amount of contribution (\$)<br>25.00 |
|   |                           | 6 Contributor address; City; 125 Claremont Ave 2 San Antonio, TX 78209 | State; Zip Code                               |  |
| 8   | Principal occup           | ation / Job title (See instructions)                                   | 9 Employer (See instru<br>High Street Wine Co |  |
|   | Date<br>11/13/2022        | Full name of contributor  ut-of-state                                  | PAC (ID#)                                     | Amount of contribution (\$) 5.00       |
|   |                           | Contributor address; City; 4326 Algruth Dr San Antonio, TX 78220       | State; Zip Code                               |  |
| Principal occupation / Job title (See instructions) Social Worker |                           | Employer (See instru<br>University Health                              | uctions)                                      |  |
|   | Date<br>11/14/2022        | Full name of contributor  ut-of-state                                  | PAC (ID#)                                     | Amount of contribution (\$) 30.00      |
|   |                           | Contributor address; City; 1130 E Quincy San Antonio, TX 78212         | State; Zip Code                               |  |
|   | Principal occup  Attorney | ation / Job title (See instructions)                                   | Employer (See instru<br>Jackson Walker LL     | · · · · · · · · · · · · · · · · · · ·  |
|   | Date<br>11/27/2022        | Full name of contributor  ut-of-state                                  | PAC (ID#)                                     | Amount of contribution (\$) 10.00      |
|   |                           | Contributor address; City; 2030 W Mulberry Ave San Antonio, TX 78201   | State; Zip Code                               |  |
|   | Principal occup           | ation / Job title (See instructions)                                   | Employer (See instru<br>Non profit            | uctions)                               |
|   |                           |  |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

#### SCHEDULE A1

|   | т                             | he Instruction Guide explains how t  | o complete this | form.                                   | 1 Total pages Schedule A1:<br>21 of 22   |
|---|-------------------------------|--|-----------------|---|--|
| 2 | FILER NAME  Jalen McKee-Ro    | odriguez   |                 |   | 3 Filer ID (Ethics Commission Filers)    |
| 4 | Date<br>11/29/2022            | 5 Full name of contributor<br>Colton Unden                                     | out-of-state PA | AC (ID#)                                | 7 Amount of contribution (\$)<br>10.00   |
|   |                               | 6 Contributor address;<br>100 N Santa Rosa St Apt 620<br>San Antonio, TX 78207 | <b>3</b> /      | State; Zip Code                         |  |
| 8 | Principal occupa Student      | tion / Job title (See instructions)  |                 | 9 Employer (See instru<br>UTSA          | ictions)                                 |
|   | Date<br>12/13/2022            | Full name of contributor Elizabeth Garza                                       | out-of-state PA | AC (ID#)                                | Amount of contribution (\$) <b>10.00</b> |
|   |                               | Contributor address; 9526 Contessa Dr San Antonio, TX 78216                    | City;           | State; Zip Code                         |  |
|   | Principal occupa Teacher      | tion / Job title (See instructions)  |                 | Employer (See instru<br><b>Saisd</b>    | uctions)                                 |
|   | Date<br>12/14/2022            | Full name of contributor Christine Peralta                                     | out-of-state PA | AC (ID#)                                | Amount of contribution (\$) <b>30.00</b> |
|   |                               | Contributor address; 19 Dana Pl Amherst, MA 01002                              | City;           | State; Zip Code                         |  |
|   | Principal occupa<br>Professor | tion / Job title (See instructions)  |                 | Employer (See instru<br>Amherst College | actions)                                 |
|   | Date<br>12/27/2022            | Full name of contributor<br>Meagan Knuth                                       | out-of-state PA | AC (ID#)                                | Amount of contribution (\$) <b>30.00</b> |
|   |                               | Contributor address; 729 Junction Dr Apt 729 Allen, TX 75013                   | City;           | State; Zip Code                         |  |
|   | Principal occupa              | tion / Job title (See instructions)  |                 | Employer (See instru<br>Self            | ictions)                                 |
|   |                               |  |                 |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|  | Т                             | he Instruction Guide explains how to complete this                             | 1 Total pages Schedule A1:<br>22 of 22 |  |
|--|-------------------------------|--|--|--|
| 2  | FILER NAME  Jalen McKee-Ro    | odriguez   |  | 3 Filer ID (Ethics Commission Filers)  |
| 4  | Date<br>12/27/2022            | 5 Full name of contributor   |  | 7 Amount of contribution (\$)<br>10.00 |
|  |                               | 6 Contributor address; City; S 924 Potomac St San Antonio, TX 78202            | State; Zip Code                        |  |
| 8  | Principal occupa<br>Recruiter | tion / Job title (See instructions)  | 9 Employer (See instru<br>Adecco       | actions)                               |
|  | Date<br>12/27/2022            | Full name of contributor   | AC (ID#)                               | Amount of contribution (\$) 10.00      |
|  |                               | Contributor address; City; S 6519 Candledim Cir San Antonio, TX 78244          | State; Zip Code                        |  |
| Principal occupation / Job title (See instructions)  Team Lead |                               | Employer (See instructions) Healthy Futures of Texas                           |  |  |
|  | Date<br>12/29/2022            | Full name of contributor   | C (ID#)                                | Amount of contribution (\$) 10.00      |
|  |                               | Contributor address; City; S 100 N Santa Rosa St Apt 620 San Antonio, TX 78207 | State; Zip Code                        |  |
|  | Principal occupa Student      | tion / Job title (See instructions)  | Employer (See instru<br>UTSA           | actions)                               |
|  | Date<br>12/29/2022            | Full name of contributor   | C (ID#)                                | Amount of contribution (\$) 10.00      |
|  |                               | Contributor address; City; S 2030 W Mulberry Ave San Antonio, TX 78201         | State; Zip Code                        |  |
|  | Principal occupa<br>Director  | tion / Job title (See instructions)  | Employer (See instru  Non profit       | actions)                               |
|  |                               |  |  |  |

Forms provided by Texas Ethics Commission

Revised 01/01/2020

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

|    | The Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A2:<br>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 T   | THE COUEDING AC MEEDED   |  |  |

### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

|    | 1                       | The Instruction Guide explains how to complete this form.                             |                | 1 Total pages Schedule B:<br>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 THI   | S 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)**

Accounting/Banking Advertising Expense Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

| Contributions/Donations Made By<br>Candidate/Officeholder/Political C<br>Credit Card Payment |  | Expense<br>s/Wages/Contract Labor<br>plete this form | Travel Out Of District Other (enter a category not listed above) |
|--|--|--|--|
| 1 Total pages Schedule F1:<br>1 of 6   | 2 FILER NAME Jalen McKee-Rodriguez   |  | 3 Filer ID (Ethics Commission Filers)                            |
| 4 Date<br>7/6/2022   | 5 Payee name<br>Zoom   |  |  |
| 6 Amount (\$)<br>16.00   | 7 Payee address; City; State; Zip<br>55 Almaden Blvd<br>San Jose, CA 95113 | Code   |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)  Fees     | (b) Description Zoom Account                         |  |
|  | (c) Check if travel outside of Texas, complete schedule                    | T Check if Au  | ustin, TX, officeholder living expense                           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C                           | Candidate / Officeholder name  H Jalen McKee-Rodriguez                     | Office sought  Council District 2                    | Office held  Council District 2                                  |
| Date<br><b>7/15/2022</b>   | Payee name<br><b>Mailchimp</b>   |  |  |
| Amount (\$)<br><b>46.91</b>  | Payee address; City; State; Zip<br>675 Ponce de Leon<br>Atlanta, GA 30308  | Code   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule) Fees          | Description<br><b>Mailchimp</b>                      |  |
|  | Check if travel outside of Texas, complete schedule                        | T Check if Au  | ustin, TX, officeholder living expense                           |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name  H Jalen McKee-Rodriguez                     | Office sought Council District 2                     | Office held Council District 2                                   |
| Date<br>8/8/2022   | Payee name <b>Zoom</b>   |  |  |
| Amount (\$)<br><b>16.00</b>  | Payee address; City; State; Zip<br>55 Almaden Blvd<br>San Jose, CA 95113   | Code   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule) Fees          | Description <b>Zoom</b>                              |  |
|  | Check if travel outside of Texas, complete schedule                        | T Check if Au  | ustin, TX, officeholder living expense                           |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name  H Jalen McKee-Rodriguez                     | Office sought  Council District 2                    | Office held  Council District 2                                  |
|  | ATTACH ADDITIONAL COPIES OF THIS SO  | CHEDULE AS NEEDE                                     |  |

|  | EXPENDITURE CATEGORIES                                      | FOR BOX 8(a)                                   |   |
|--|---|--|---|
| Accounting/Banking   | ·   | 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                                |   | 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 t                        | o complete this form                           |   |
| 1 Total pages Schedule F1:                                     | 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)                         |
| 2 of 6   | Jalen McKee-Rodriguez                                       |  |   |
| 4 Date<br>8/15/2022  | 5 Payee name Mailchimp                                      |  |   |
| 6 Amount (\$)  | <b>7</b> Payee address; City; State;                        | Zip Code                                       |   |
| 52.77  | 675 Ponce de Leon   |  |   |
|  | Atlanta, GA 30308   |  |   |
| 8  | (a) Category (See categories listed at the top of this sche | dule) (b) Description Mailchimp                |   |
| PURPOSE<br>OF  | 1 000   |  |   |
| EXPENDITURE  |   |  |   |
|  | (c) Check if travel outside of Texas, complete so           | hedule T Check if A                            | Austin, TX, officeholder living expense                       |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/C |   | Office sought  Council District 2              | Office held  Council District 2                               |
| experialitire to beliefit G/C                                  | OH Jalen McKee-Rodriguez                                    | Council District 2                             | Council District 2  |
| Date<br><b>8/22/2022</b>                                       | Payee name<br><b>Spoke</b>                                  |  |   |
| Amount (\$)  | Payee address; City; State;                                 | Zip Code                                       |   |
| 89.27  | 13742 Harper St   |  |   |
|  | Santa Ana, CA 92703   |  |   |
|  | Category (See categories listed at the top of this sche     | dule) Description                              |   |
| PURPOSE  | Fees  | Robocall                                       |   |
| OF   |   |  |   |
| EXPENDITURE  |   |  |   |
|  | Check if travel outside of Texas, complete sc               | hedule 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                                     |   | Council District 2                             | Council District 2  |
|  |   |  |   |
| Date   | Payee name  |  |   |
| 9/6/2022   | Zoom  |  |   |
| Amount (\$)  | Payee address; City; State;                                 | Zip Code                                       |   |
| 16.00  | 55 Almaden Blvd   | P  |   |
|  | San Jose, CA 95113  |  |   |
|  |   |  |   |
|  | Category (See categories listed at the top of this sche     | dule) Description Zoom                         |   |
| PURPOSE  | Fees  | 200111   |   |
| OF   |   |  |   |
| EXPENDITURE  |   |  |   |
|  | Check if travel outside of Texas, complete so               |  | 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  |
|  |   |  |   |
|  | ATTACH ADDITIONAL COPIES OF TH                              | IIS SCHEDIII E AS NEEDI                        | =D  |
|  | ATTACH ADDITIONAL OUT IEU OF TH                             | CONEDULE AU NEEDI                              |   |

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |  |  |  |
|--|--|--|--|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C | Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Ex ommittee Legal Services | Loan Repayment/Reimbursen Office Overhead/Rental Exper Polling Expense pense Printing Expense Salaries/Wages/Contract Labo | nse Transportation Equipment & Related Expense Travel in District Travel Out Of District |
| Credit Card Payment  | The Instruction Guide e  | xplains how to complete this form  |  |
| 1 Total pages Schedule F1:<br>3 of 6   | 2 FILER NAME Jalen McKee-Rodriguez   |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>9/15/2022  | 5 Payee name Mailchimp   |  |  |
| 6 Amount (\$)<br>134.85  | 7 Payee address; City;<br>675 Ponce de Leon<br>Atlanta, GA 30308                           | State; Zip Code  |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the Fees  | top of this schedule) (b) Description Mailchimp  |  |
|  | (c) Check if travel outside of Texas   | , complete schedule T  | neck if Austin, TX, officeholder living expense  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Candidate / Officeholder nar<br>DH <b>Jalen McKee-Rodriguez</b>                            | ne Office sought Council Distri  | Office held ct 2 Council District 2  |
| Date<br>10/6/2022  | Payee name <b>Zoom</b>   |  |  |
| Amount (\$)<br><b>16.00</b>  | Payee address; City;<br>55 Almaden Blvd<br>San Jose, CA 95113                              | State; Zip Code  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the Fees  | top of this schedule)  Description Fee   |  |
|  | Check if travel outside of Texas   | s, complete schedule T Cr  | neck if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder nar  DH Jalen McKee-Rodriguez                                     | one Office sought  Council Distric   | Office held ct 2 Council District 2  |
| Date<br>10/17/2022   | Payee name<br><b>Mailchimp</b>   |  |  |
| Amount (\$)<br><b>41.05</b>  | Payee address; City;<br>675 Ponce de Leon<br>Atlanta, GA 30308                             | State; Zip Code  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the <b>Fees</b>   | top of this schedule)  Description Fees  |  |
|  | Check if travel outside of Texas   | , complete schedule T Cr   | neck if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   |  | ne Office sought Council Distri  | Office held ct 2 Council District 2  |
|  | ATTACH ADDITIONAL COP  | IES OF THIS SCHEDULE AS N  | EEDED  |

|                                    |                       | EXPENDITURE CATEGORIE                         | S FOR BOX 8(a)           |              |  |
|------------------------------------|-----------------------|---|--------------------------|--------------|--|
| Accounting/Banking                 |                       | Event Expense                                 | Loan Repayment/Reimbu    | ursement     | Solicitation/Fundraising Expense           |
| Advertising Expense                |                       | Fees  | Office Overhead/Rental E |              | Transportation Equipment & Related Expense |
| Consulting Expense                 |                       | Food/Beverage Expense                         | Polling Expense          |              | Travel in District                         |
| Contributions/Donations Made By    |                       | Gifts/Awards/Memorials Expense                | Printing Expense         |              | Travel Out Of District                     |
| Candidate/Officeholder/Political C | Committee             | Legal Services                                | Salaries/Wages/Contract  | t Labor      | Other (enter a category not listed above)  |
| Credit Card Payment                |                       | The Instruction Guide explains how            | to complete this form    | ı            |  |
| 1 Total pages Schedule F1:         | 2 FILER NAM           | ле  |                          | 3            | Filer ID (Ethics Commission Filers)        |
| 4 of 6                             | Jalen McI             | Kee-Rodriguez                                 |                          |              | (  |
| 15.                                |                       |   |                          |              |  |
| 4 Date                             | 5 Payee nam           | ne  |                          |              |  |
| 11/7/2022                          | Zoom                  |   |                          |              |  |
| 6 Amount (\$)                      | 7 Payee add           | ress; City; State;                            | Zip Code                 |              |  |
| 16.00                              | 55 Almad              |   | •                        |              |  |
|                                    |                       | , CA 95113                                    |                          |              |  |
|                                    | Jan Juse              | , CA 33113                                    |                          |              |  |
| 8                                  | (a) Category          | (See categories listed at the top of this sch | edule) (b) Descrip       | ntion        |  |
|                                    | Fees                  | (Gee sategories noted at the top of this son  | Fee                      | /tiori       |  |
| PURPOSE                            | 1 663                 |   | ''                       |              |  |
| OF                                 |                       |   |                          |              |  |
| EXPENDITURE                        |                       |   |                          |              |  |
|                                    | (c) Chec              | k if travel outside of Texas, complete s      | chedule T                | Check if Au  | stin, TX, officeholder living expense      |
| 9 Complete ONLY if direct          | Cano                  | lidate / Officeholder name                    | Office sough             | nt           | Office held                                |
| expenditure to benefit C/0         |                       | n McKee-Rodriguez                             | Council Di               |              | Council District 2                         |
| experience to benefit or           | on ouic               | ii McRee-Rouriguez                            | Oourion Di               | 311101 2     | Godfiell Bistrict 2                        |
|                                    | 1                     |   |                          |              |  |
| Date                               | Payee nam             | ne  |                          |              |  |
| 11/15/2022                         | Mailchim              |   |                          |              |  |
| A ( (0)                            |                       | <u>'</u>                                      | 7' 0 1                   |              |  |
| Amount (\$)                        | Payee add             |   | Zip Code                 |              |  |
| 41.05                              |                       | e de Leon                                     |                          |              |  |
|                                    | Atlanta, G            | SA 30308                                      |                          |              |  |
|                                    |                       |   |                          |              |  |
|                                    | Category              | (See categories listed at the top of this sch | edule) Descrip           | otion        |  |
| PURPOSE                            | Fees                  |   | Fees                     |              |  |
| OF                                 |                       |   |                          |              |  |
| EXPENDITURE                        |                       |   |                          |              |  |
|                                    |                       | Lifetiment and the of Tanana and the          | -bd-1 <b>T</b>           | Ob 1- 15 A   | atte. TV affinalisation links a see an a   |
|                                    | Cned                  | k if travel outside of Texas, complete s      | cnedule I                | Check if Aus | stin, TX, officeholder living expense      |
| Complete ONLY if direct            |                       | lidate / Officeholder name                    | Office sough             | nt           | Office held                                |
| expenditure to benefit C/0         | OH <b>Jale</b>        | n McKee-Rodriguez                             | Council Dis              | strict 2     | Council District 2                         |
|                                    |                       |   |                          |              |  |
| Date                               | Dayles non            |   |                          |              |  |
| 12/6/2022                          | Payee nan <b>Zoom</b> | ie  |                          |              |  |
| 12/0/2022                          | 200111                |   |                          |              |  |
| Amount (\$)                        | Payee add             | ress; City; State;                            | Zip Code                 |              |  |
| 16.00                              | 55 Almad              | en Blvd                                       |                          |              |  |
|                                    | San Jose              | , CA 95113                                    |                          |              |  |
|                                    |                       | ,   |                          |              |  |
|                                    | Category              | (See categories listed at the top of this sch | edule) Descrip           | otion        |  |
| BUBBOSE                            | Fees                  |   | Fees                     |              |  |
| PURPOSE                            |                       |   |                          |              |  |
| OF                                 |                       |   |                          |              |  |
| EXPENDITURE                        |                       |   |                          |              |  |
|                                    | Chec                  | k if travel outside of Texas, complete s      | chedule T                | Check if Au  | stin, TX, officeholder living expense      |
| Complete ONLY if direct            | Cano                  | lidate / Officeholder name                    | Office sough             | <br>nt       | Office held                                |
| expenditure to benefit C/0         |                       | n McKee-Rodriguez                             | Council Di               |              | Council District 2                         |
| superiorities to bottonic O/C      | Jaie                  |   | Council Di               | J.1.101 &    | Journal District E                         |
|                                    |                       |   |                          |              |  |
|                                    |                       |   |                          |              |  |
|                                    | ATTAC                 | H ADDITIONAL COPIES OF T                      | HIS SCHEDULE A           | S NEEDED     | )  |

|  | EXPENDITURE CATEGORIES                                      | S FOR BOX 8(a)                    |   |
|--|---|-----------------------------------|---|
| Accounting/Banking   | •   | Loan Repayment/Reimbursement      | Solicitation/Fundraising Expense                              |
| Advertising Expense  | Fees  | Office Overhead/Rental Expense    | Transportation Equipment & Related Expense Travel in District |
| Consulting Expense Contributions/Donations Made By             | Food/Beverage Expense<br>Gifts/Awards/Memorials Expense     | Polling Expense Printing Expense  | Travel Out Of District  |
| Candidate/Officeholder/Political C                             |   | Salaries/Wages/Contract Labor     | Other (enter a category not listed above)                     |
| Credit Card Payment  | The Instruction Guide explains how t                        | to complete this form             |   |
| 1 Total pages Schedule F1:                                     | 2 FILER NAME  |                                   | 3 Filer ID (Ethics Commission Filers)                         |
| 5 of 6   | Jalen McKee-Rodriguez                                       |                                   | ,   |
| 4 Date   | 5 Payee name  |                                   |   |
| 12/7/2022  | HEB   |                                   |   |
| 6 Amount (\$)  | 7 Payee address; City; State;                               | Zip Code                          |   |
| 35.91  | 6030 Montgomery   |                                   |   |
|  | San Antonio, TX 78239                                       |                                   |   |
|  |   |                                   |   |
| 8  | (a) Category (See categories listed at the top of this sche | (b) Description  Food for Volunte | 040   |
| PURPOSE  | Food/Beverage Expense                                       | Food for Volunte                  | ers   |
| OF   |   |                                   |   |
| EXPENDITURE  | (c) Check if travel outside of Texas, complete so           | . To a du la T                    | Aughin TV officeholder living average                         |
|  |   |                                   | Austin, TX, officeholder living expense                       |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/C |   | Office sought  Council District 2 | Office held  Council District 2                               |
| experioration to belieff G/C                                   | DH Jalen McKee-Rodriguez                                    | Council District 2                | Council District 2  |
|  |   |                                   |   |
| Date   | Payee name  |                                   |   |
| 12/15/2022   | Mailchimp   |                                   |   |
| Amount (\$)  | Payee address; City; State;                                 | Zip Code                          |   |
| 41.05  | 675 Ponce de Leon   |                                   |   |
|  | Atlanta, GA 30308   |                                   |   |
|  | Category (See categories listed at the top of this sche     | dule) Description                 |   |
| PURPOSE  | Fees  | Fees                              |   |
| OF   |   |                                   |   |
| EXPENDITURE  |   |                                   |   |
|  | Check if travel outside of Texas, complete so               | chedule T Check if A              | Austin, TX, officeholder living expense                       |
| Complete ONLY if direct  | <u> </u>  | Office sought                     | Office held   |
| expenditure to benefit C/C                                     |   | Council District 2                | Council District 2  |
| •  |   |                                   |   |
| Date   | Payee name  |                                   |   |
| 12/16/2022   | In the Eye of the Beholder Art Gallery &                    | Studio                            |   |
|  |   |                                   |   |
| Amount (\$)<br><b>200.26</b>                                   | Payee address; City; State; 1917 N New Braunfels            | Zip Code                          |   |
| 200.20   |   |                                   |   |
|  | San Antonio, TX 78208                                       |                                   |   |
|  | Category (See categories listed at the top of this sche     | dule) Description                 |   |
| PURPOSE  | Event Expense   | Event Space                       |   |
| OF   | -   |                                   |   |
| EXPENDITURE  |   |                                   |   |
|  | Check if travel outside of Texas, complete so               | chedule T Check if A              | Austin, TX, officeholder living expense                       |
| Complete ONLY if direct  |   | Office sought                     | Office held   |
| expenditure to benefit C/C                                     |   | Council District 2                | Council District 2  |
| F  |   | - Committee                       |   |
|  |   |                                   |   |
|  | ATTACH ADDITIONAL COPIES OF TH                              | IIS SCHEDULE AS NEEDE             | ED .  |
|  |   |                                   |   |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees 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 Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 of 6 Jalen McKee-Rodriguez 4 Date 5 Payee name 12/20/2022 **Spoke** 6 Amount (\$) 7 Payee address; City; State; Zip Code 72.20 13742 Harper St Santa Ana, CA 92703 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Fees **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 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 Amount (\$) Pavee address: City: State: Zip Code Category (See categories listed at the top of this schedule) Description **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 Date Payee name Amount (\$) Payee address; City; Zip Code State; Category (See categories listed at the top of this schedule) Description **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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **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   |
| 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH                |  |  | Office held   |
| Date  | Payee name   |  |   |
| Amount (\$)   | Payee address; City; State   | e; Zip Code  |   |
| TYPE OF<br>EXPENDITURE  | Political Non-Po   | olitical   |   |
| PURPOSE<br>OF<br>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

|   | TI            | ne Instruction Guide explains how to complete this form.     | 1 Total pages Schedule F3:<br>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<br>OF<br>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<br>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<br>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<br>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<br>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:<br>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<br>OF<br>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<br>OF<br>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:<br>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<br>OF<br>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<br>OF<br>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<br>OF<br>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  | 11 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<br>IcKee-Rodriguez  | Filer ID (Ethics Commission Filers)  |  |
| SIGNA   | TURE  |  |  |
| a repo  | ot expect any further political contributions or political expenditures in cor<br>ort as a final report terminates my campaign treasurer appointment. I also<br>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  |  |