CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this for	m. 1 Filer ID (Ethics Commissio	n Filers) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Jalen	МІ	OFFICE USE ONLY	
NAME	NICKNAME LAST McKee-Re	SUFFIX SUFFIX	Date Received 1/16/2024 5:58:23PM	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 7362 Monets Gdn San Antonio TX 78218	CITY; STATE; ZIP COL	DE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER () -	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Taylor	MI	Receipt # Amount \$	
NAME	NICKNAME LAST Watson	SUFFIX	Date Processed 1/16/2024 5:58:23PM Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEA 743 Eleanor Ave #101 San Antonio TX 78209 AREA CODE PHONE NUMBER () -	SE); APT / SUITE #; CITY; EXTENSION	STATE; ZIP CODE	
9 REPORT TYPE	January 15: Semi-Annual			
10 PERIOD COVERED	Month Day Y	Year M	onth Day Year 12/31/2023	
11 ELECTION	Month Day Year 5/3/2025	Primary Runoff Oth General Special		
12 OFFICE	OFFICE HELD (if any) Council District 2		OUGHT (if known) I District 2	
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-Rod	riguez				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	IGN TREASURER NAME		
		COMMITTEE CAMPA	IGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	 PLEDGES, LC 	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	4102.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	3106.59
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	0
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	5168.01
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes al me under Title 15, Election Code.		
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	te or Officeho	lder
Sworn to and subscribe of <u>January</u> ,				this t	ne <u>16th</u> day
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)	
	Jalen McKee-Rodriguez		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETAR	Y POLITICAL CONTRIBUTIONS	\$ 4102.00
2.	X SCHEDULE A2: NON-MON	ETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	X SCHEDULE B: PLEDGED C	CONTRIBUTIONS	\$ 0
4.	X SCHEDULE E: LOANS		\$ 0
5.	X SCHEDULE F1: POLITICAL	EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3106.59
6.	X SCHEDULE F2: UNPAID IN	ICURRED OBLIGATIONS	\$0
7.	X SCHEDULE F3: PURCHASI	E OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	\$ \$ 0
8.	X SCHEDULE F4: EXPENDIT	URES MADE BY CREDIT CARD	\$0
9.	X SCHEDULE G: POLITICAL	EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10.	X SCHEDULE H: PAYMENT N	MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$0
11.	X SCHEDULE I: NON-POLITIC	CAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	\$ \$ 0
12.	SCHEDULE K: INTEREST, RETURNED TO FILER	CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	\$ 0

SCHEDULE A1

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2 of 5
2	FILER NAME Jalen McKee-Ro	odriguez	3 Filer ID (Ethics Commission Filers)
4	Date 8/4/2023	5 Full name of contributor □ out-of-state PAC (ID#) LESLIE FINCHER	7 Amount of contribution (\$) 7.00
		6 Contributor address; City; State; Zip Code 336 336 CLAREMONT AVE Apt 2 SAN ANTONIO, TX 78209	
8	Principal occupa Security Data To	tion / Job title (See instructions) echnician 9 Employer (See instructions) CyberFortress	uctions)
	Date 8/5/2023	Full name of contributor	Amount of contribution (\$) 10.00
		Contributor address; City; State; Zip Code 314 314 Tall Oaks Dr Durham, NC 27713	
	Principal occupa Not employed	tion / Job title (See instructions) Employer (See instru Not employed	uctions)
	Date 8/6/2023	Full name of contributor	Amount of contribution (\$) 7.00
		Contributor address; City; State; Zip Code 729 729 Junction Dr Apt 729 Allen, TX 75013	
	Principal occupa Lawyer	tion / Job title (See instructions) Employer (See instru Self	uctions)
	Date 8/19/2023	Full name of contributor	Amount of contribution (\$) 15.00
		Contributor address; City; State; Zip Code 1322 1322 Eastwind Drive Early, TX 76802	
	Principal occupa Not employed	tion / Job title (See instructions) Employer (See instru Not employed	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 5
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 8/20/2023	12033 12033 Canyon Rock Ln	C (ID#)	7 Amount of contribution (\$) 500.00
		San Antonio, TX 78254		
8	Principal occupa Chief of Staff	tion / Job title (See instructions)	9 Employer (See instru	ctions) Government Corporation
	Date 9/4/2023	Full name of contributor out-of-state PA LESLIE FINCHER Contributor address; City; S 336 336 CLAREMONT AVE Apt 2		Amount of contribution (\$) 7.00
		SAN ANTONIO, TX 78209		
	Principal occupa Security Data To	tion / Job title (See instructions) echnician	Employer (See instru CyberFortress	ctions)
	Date 9/5/2023	Full name of contributor □ out-of-state PA Daniel Keegan	C (ID#) State; Zip Code	Amount of contribution (\$) 10.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Not employed	ctions)
	Date 9/8/2023	Full name of contributor ut-of-state PA Meagan Knuth Contributor address; City; S 729 729 Junction Dr Apt 729 Allen, TX 75013	C (ID#)	Amount of contribution (\$) 7.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Self	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

		The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 4 of 5
2	FILER NAME Jalen McKee-R	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 9/12/2023	5 Full name of contributor ☐ out-of-state PAG Frank Burney	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; Si 112 112 E. Pecan St. Suite 1616 San Antonio, TX 78205	ate; Zip Code	
8	Principal occup Partner	ation / Job title (See instructions)	9 Employer (See instru- Martin & Drought, P.	•
	Date 9/26/2023	Full name of contributor Out-of-state PAG	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Si 555 Ginsberg Dr Schertz, TX 78154	ate; Zip Code	
	Principal occup Self	ation / Job title (See instructions)	Employer (See instru Self	ctions)
	Date 9/26/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Si 522 Possum Oak Shavano Park, TX 78230	ate; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instru Self	ctions)
	Date 9/26/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Si 3703 Wild Fig San Antonio, TX 78257	ate; Zip Code	
	Principal occup Self	ation / Job title (See instructions)	Employer (See instru Self	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 5
2	FILER NAME Jalen McKee-Ro	odriguez		3 Filer ID (Ethics Commission Filers)
4	Date 9/26/2023	Christensen Patrick and Mardi	AC (ID#)	7 Amount of contribution (\$) 500.00
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 9/26/2023	Full name of contributor out-of-state Part Loredo Sarah Contributor address; City; Sarah Spring Branch, TX 78070	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa Founder	tion / Job title (See instructions)	Employer (See instru	•
	Date 9/26/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date		AC (ID#)	Amount of contribution (\$)
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED

Forms provided by Texas Ethics Commission

Revised 01/01/2021

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 01/01/2020

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Accounting/Banking Event Expense Solicitation/Fundraising Expense Advertising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jalen McKee-Rodriguez 1 of 13 4 Date 5 Payee name 7/3/2023 Alejandro Barragan 6 Amount (\$) 7 Payee address; City; Zip Code State; 1250.00 2614 Arlene Park San Antonio, TX 78251 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **Fundraising** Salaries/Wages/Contract Labor **PURPOSE** OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Jalen McKee-Rodriguez **Council District 2 Council District 2** Date Payee name 7/6/2023 Spoke Amount (\$) Payee address; City; State; Zip Code 57.03 13742 Harper St Santa Ana, CA 92703 Category (See categories listed at the top of this schedule) Description Fees **Fees PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 2** Jalen McKee-Rodriguez **Council District 2** Payee name Date 7/7/2023 ActBlue Amount (\$) Payee address; City; State; Zip Code 11.26 PO Box 441146 Somerville, MA 12144 Category (See categories listed at the top of this schedule) Description Fees Fees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 2 Council District 2** Jalen McKee-Rodriguez ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES	S 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	to complete this form	
1 Total pages Schedule F1: 2 of 13	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 7/10/2023	5 Payee name Amazon		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
10.81	410 Terry Ave N	Zip dodd	
	Seattle, WA 98109		
8	(a) Category (See categories listed at the top of this sche Fees	(b) Description Fees	
PURPOSE	rees	rees	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date 7/11/2023	Payee name ActBlue		
Amount (\$)	Payee address; City; State;	Zip Code	
19.13	PO Box 441146		
	Somerville, MA 12144		
	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	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
7/17/2023	MailChimp		
Amount (\$)	Payee address; City; State;	Zip Code	
42.11	675 Ponce de Leon AVE NE #5000		
	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	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Council District 2	Council District 2
	-		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

www.ethics.state.tx.us

SCHEDULE F1

	EXPENDITURE CATEGORIES	` '	0.11.11.15
Accounting/Banking Advertising Expense	Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	o complete this form	
1 Total pages Schedule F1: 3 of 13	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 7/18/2023	5 Payee name DropBox		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
12.78	1800 Owens St		
	San Francisco, CA 94158		
8 PURPOSE	(a) Category (See categories listed at the top of this sche Fees	(b) Description Fees	
OF EXPENDITURE			
-	(c) Check if travel outside of Texas, complete so	hedule T Check if /	Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
Date 7/20/2023	Payee name Amazon		
Amount (\$)	Payee address; City; State;	Zip Code	
10.81	410 Terry Ave N		
	Seattle, WA 98109		
	Category (See categories listed at the top of this sche	· ·	
PURPOSE	Fees	Fees	
OF EXPENDITURE			
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date 7/25/2023	Payee name ActBlue		
Amount (\$)	Payee address; City; State;	Zip Code	
15.00	PO Box 441146		
	Somerville, MA 12144		
	Category (See categories listed at the top of this sche	•	
PURPOSE	Fees	Fees	
OF EXPENDITURE			
EXPENDITORE	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Council District 2	Council District 2
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED

www.ethics.state.tx.us

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule F1: 4 of 13	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/2023	5 Payee name Amazon		
		75- O- 4-	
6 Amount (\$) 12.98	7 Payee address; City; State; 410 Terry Ave N	Zip Code	
12.30	Seattle, WA 98109		
	ocatile, WA 30103		
8 PURPOSE	(a) Category (See categories listed at the top of this sche Fees	(b) Description Fees	
OF			
EXPENDITURE	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Council District 2	Council District 2
Date 8/15/2023	Payee name MailChimp		
Amount (\$)	Payee address; City; State;	Zip Code	
42.11	675 Ponce de Leon AVE NE #5000		
	Atlanta, GA 30308		
	Category (See categories listed at the top of this sche	edule) Description	
DUDDOOF	Fees	Fees	
PURPOSE OF	. 333	1 200	
EXPENDITURE			
EXI ENDITORE	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	<u> </u>	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C		Council District 2	Council District 2
experiunate to benefit of	Jaion Mortos Roungasz	Godinon Biotriot 2	
Data	Payee name		
Date 8/18/2023	Payee name DropBox		
Amount (\$)	Payee address; City; State;	Zip Code	
12.78	1800 Owens St		
	San Francisco, CA 94158		
	Out and Connection listed at the top of this cake	adula) D	
DUDDOG	Category (See categories listed at the top of this sche	Description Fees	
PURPOSE	1 303		
OF EXPENDITURE			
EXPENDITORE	Chack if traval autaids of Tayas, complete or	chadula T Chack if a	Austin TV officeholder living expense
Complete ONLY if direct	Check if travel outside of Texas, complete so	Office sought	Austin, TX, officeholder living expense Office held
expenditure to benefit C/C		Council District 2	Council District 2
,			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense Travel in District
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense 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	s how to complete this form	
1 Total pages Schedule F1: 5 of 13	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
8/21/2023	Amazon		
6 Amount (\$)		tate; Zip Code	
10.81	410 Terry Ave N		
	Seattle, WA 98109		
8 PURPOSE	(a) Category (See categories listed at the top of the Fees	(b) Description Fees	
OF EXPENDITURE			
EXPENDITURE	(c) Check if travel outside of Texas, comp	olete 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/0	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date 9/5/2023	Payee name ActBlue		
Amount (\$)	Payee address; City; S	tate; Zip Code	
8.10	PO Box 441146		
	Somerville, MA 12144		
	Category (See categories listed at the top of the	nis schedule) Description	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE			
	Check if travel outside of Texas, comp	elete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	H Jalen McKee-Rodriguez	Council District 2	Council District 2
Date 9/7/2023	Payee name Marriott St Louis		
Amount (\$)	Payee address; City; S	tate; Zip Code	
14.17	800 Washington Ave		
	St Louis, MO 63101		
DUDD CC-	Category (See categories listed at the top of the Country of the C	nis schedule) Description Conference	
PURPOSE	Guior. Guior. Guior		
OF EXPENDITURE			
LAFENDITORE	X Check if travel outside of Texas, comp	Nete schedule T	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
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEED!	ED

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C	committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule F1: 6 of 13	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
9/7/2023	American Airlines		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
30.00	9710 Airport Blvd		
	San Antonio, TX 78216		
•			
8	(a) Category (See categories listed at the top of this sche Other: Other: Other	(b) Description Conference	
PURPOSE	Other. Other. Other	Contenence	
OF			
EXPENDITURE	(c) X Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Council District 2	Council District 2
	· ·		
Date 9/7/2023	Payee name Lyft		
	-	7:- O - d -	
Amount (\$) 37.19	Payee address; City; State; 185 Berry St	Zip Code	
37.19	San Francisco, CA 94107		
	Sali Francisco, CA 94107		
	Category (See categories listed at the top of this scho	edule) Description	
PURPOSE	Other: Other: Other	Conference	
OF			
EXPENDITURE			
	X Check if travel outside of Texas, complete se	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
9/7/2023	Marriott St Louis		
Amount (\$)	Payee address; City; State;	Zip Code	
28.73	800 Washington Ave	Zip Code	
	St Louis, MO 63101		
	ot Louis, inc oo to t		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Other: Other: Other	Conference	
OF			
EXPENDITURE			
	X Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Council District 2	Council District 2
	-		
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .

www.ethics.state.tx.us

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services The Instruction Guide explains how	Salaries/Wages/Contract Labor to complete this form	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
7 of 13	Jalen McKee-Rodriguez		,
4 Date 9/8/2023	5 Payee name Marriott St Louis		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
76.34	800 Washington Ave		
	St Louis, MO 63101		
8	(a) Category (See categories listed at the top of this sch		
PURPOSE	Other: Other	Conference	
OF EXPENDITURE			
	(c) X Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date 9/11/2023	Payee name United Airlines		
Amount (\$)	Payee address; City; State;	Zip Code	
35.00	10701 Lambert International Blvd		
	St Louis, MO 63145		
	Category (See categories listed at the top of this sch		
PURPOSE	Other: Other Other	Conference	
OF EXPENDITURE			
ZXI ZXISTI GXZ	X Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
9/11/2023	Marriott St Louis		
Amount (\$)	Payee address; City; State;	Zip Code	
18.00	800 Washington Ave		
	St Louis, MO 63101		
	Category (See categories listed at the top of this sch	·	
PURPOSE	Other: Other: Other	Conference	
OF			
EXPENDITURE			
	X Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held
expenditure to benefit C/C	DH Jalen McKee-Rodriguez	Council District 2	Council District 2
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED

www.ethics.state.tx.us

		EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Accounting/Banking		Event Expense	Loan Repayment/Reimbu	rsement	Solicitation/Fundraising Expense	
Advertising Expense		Fees	Office Overhead/Rental E	xpense	Transportation Equipment & Related Expense	
Consulting Expense		Food/Beverage Expense	Polling Expense		Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expense Printing Expense				Travel Out Of District	
Candidate/Officeholder/Political C	Committee	Legal Services	Salaries/Wages/Contract	Labor	Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explains how	to complete this form			
1 Total pages Schedule F1:	2 FILER NAM			3	Filer ID (Ethics Commission Filers)	
8 of 13	-	Kee-Rodriguez			(,	
4 Date	5 Payee nam	ne				
9/11/2023	Amazon					
6 Amount (\$)	7 Payee add	ress; City; State;	Zip Code			
12.98	410 Terry		Zip oode			
12.30	_					
	Seattle, V	/A 98109				
0	(5) 0 1	(Con estamping listed at the tax of this cah	adula) (la) Da a arind			
8	(a) Category	(See categories listed at the top of this sch	(b) Descript Fees	lion		
PURPOSE	Fees		rees			
OF						
EXPENDITURE						
	(c) Chec	k if travel outside of Texas, complete s	chedule T	Check if Aus	tin, TX, officeholder living expense	
9 Complete ONLY if direct	Cano	lidate / Officeholder name	Office sough	1	Office held	
expenditure to benefit C/C		n McKee-Rodriguez	Council Dis		Council District 2	
experience to benefit 6/0	Jane Jale	ii McKee-Rouriguez	Oddinen bis	Strict 2	Council District 2	
Date	Payee nam	ne				
9/11/2023	MailChim					
		<u> </u>				
Amount (\$)	Payee add		Zip Code			
6.43	675 Ponc	e de Leon AVE NE #5000				
	Atlanta, G	SA 30308				
	Category	(See categories listed at the top of this sch	edule) Descript	ion		
PURPOSE	Fees		Fees			
OF						
EXPENDITURE						
EXI ENDITORE						
	Chec	k if travel outside of Texas, complete s	chedule T	Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct	Cano	lidate / Officeholder name	Office sough	t	Office held	
expenditure to benefit C/0	OH Jale	n McKee-Rodriguez	Council Dis	strict 2	Council District 2	
	I _					
Date	Payee nan					
9/15/2023	MailChim	р				
Amount (\$)	Payee add	ress; City; State;	Zip Code			
42.11	-	e de Leon AVE NE #5000	Zip oodo			
	Atlanta, C					
	Aliania, C	SA 30306				
	Cotogony	(See categories listed at the top of this sch	edule) Descript	lon		
	Fees	(See categories listed at the top of this scr	edule) Descript Fees	IIUII		
PURPOSE	rees		rees			
OF						
EXPENDITURE						
	Chec	k if travel outside of Texas, complete s	chedule T	Check if Aus	tin, TX, officeholder living expense	
Complete ONLY 'f i'		·				
Complete ONLY if direct		lidate / Officeholder name	Office sough		Office held	
expenditure to benefit C/0	דוכ Jale	n McKee-Rodriguez	Council Dis	SUTICE Z	Council District 2	
	ATTAC	H ADDITIONAL COPIES OF T	HIS SCHEDULE AS	S NEEDED		

SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense		Polling Expense	Travel in District
Contributions/Donations Made By		Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	Demmittee Legal Services The Instruction Guide explains how to	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	to complete this form	3 Filer ID (Ethics Commission Filers)
9 of 13	Jalen McKee-Rodriguez		OTHER ID (Ethics Commission Files)
4 Date 9/18/2023	5 Payee name Amazon		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
12.78	410 Terry Ave N		
	Seattle, WA 98109		
8 PURPOSE	(a) Category (See categories listed at the top of this sche Fees	(b) Description Fees	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date 10/5/2023	Payee name ActBlue		
Amount (\$)	Payee address; City; State;	Zip Code	
7.87	PO Box 441146		
	Somerville, MA 12144		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Fees	Fees	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
onponunu o to bonom o,	Guidi Mortoo Rouriguoz	Godinon Biotriot 2	Godinon Biother 2
Date	Payee name		
10/10/2023	LAZ Parking		
Amount (\$)	Payee address; City; State;	Zip Code	
29.00	112 E Pecan St		
	San Antonio, TX 78205		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Other: Other: Other	Parking for Fund	raiser
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	DH Jalen McKee-Rodriguez	Council District 2	Council District 2
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

www.ethics.state.tx.us

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1: 10 of 13	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/11/2023	5 Payee name ActBlue			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
9.52	PO Box 441146	Zip Code		
V.V_	Somerville, MA 12144			
8 PURPOSE	(a) Category (See categories listed at the top of this sch Fees	(b) Description Fees		
OF EXPENDITURE				
EXPENDITURE	(c) Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2	
Date 10/16/2023	Payee name MailChimp			
Amount (\$)	Payee address; City; State;	Zip Code		
42.11	675 Ponce de Leon AVE NE #5000			
	Atlanta, GA 30308			
	Catagony (See entagaries listed at the top of this sele	odulo) Deceription		
DUDD005	Category (See categories listed at the top of this sch	edule) Description Fees		
PURPOSE OF	1 000			
EXPENDITURE				
EXI ENDITORE	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	<u> </u>		Office held	
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Council District 2	
experiunate to benefit of	outen mortee rearriguez	Godinon Biothot 2		
Data	Payes name			
Date 10/18/2023	Payee name DropBox			
Amount (\$)	Payee address; City; State;	Zip Code		
12.78	1800 Owens St			
	San Francisco, CA 94158			
	Category (See categories listed at the top of this sch	odulo) Description		
DUDDOOF	Fees	edule) Description Fees		
PURPOSE OF	. 333			
OF EXPENDITURE				
LAFENDITORE	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C		Council District 2	Council District 2	
,				
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDE	ED .	

www.ethics.state.tx.us

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By		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)
11 of 13	Jalen McKee-Rodriguez		
4 Date 10/20/2023	5 Payee name Delta Airlines		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
362.78	9800 Airport Blvd		
	San Antonio, TX 78216		
8	(a) Category (See categories listed at the top of this sche Other: Other: Other	(b) Description Conference Trave	۵۱
PURPOSE	Other. Other. Other	Gomerence may	
OF EXPENDITURE			
	(c) X Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
11/6/2023	Home Depot		
Amount (\$)	Payee address; City; State;	Zip Code	
92.39	4909 Windsor HI		
	San ANtonio, TX 78218		
	Category (See categories listed at the top of this sche	dule) Description	
PURPOSE	Other: Other: Other	Supplies	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Jalen McKee-Rodriguez	Council District 2	Council District 2
Date	Payee name		
11/9/2023	ActBlue		
Amount (\$)	Payee address; City; State;	Zip Code	
4.27	PO Box 441146	·	
	Somerville, MA 12144		
	Category (See categories listed at the top of this sche	dule) Description Fees	
PURPOSE	rees	rees	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held
experiorate to beliefit 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 COLIEG OF TE	JOHEDULE AU HEEDI	

	EXPENDITURE CATEGOR	IES 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 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 Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	-	(g ,
1 Total pages Schedule F1:	2 FILER NAME Jalen McKee-Rodriguez	To complete unit form	3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2023	5 Payee name MailChimp	1	
6 Amount (\$) 42.11	7 Payee address; City; State 675 Ponce de Leon AVE NE #5000 Atlanta, GA 30308	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this see Fees	(b) Description Fees	
	(c) Check if travel outside of Texas, complete	schedule T Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Jalen McKee-Rodriguez	Office sought Council District 2	Office held Council District 2
Date 11/16/2023	Payee name Delta Airlines		
Amount (\$) 130.00	Payee address; City; State 9800 Airport Blvd San Antonio, TX 78216	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: Other: Other	Description Conference Trave	ıl
	X Check if travel outside of Texas, complete	schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
Date 11/20/2023	Payee name Delta Airlines		
Amount (\$) 30.00	Payee address; City; State 9800 Airport Blvd San Antonio, TX 78216	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: Other: Other	Description Conference Trave	ıl
	X Check if travel outside of Texas, complete	schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense	Event Expense I	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	o complete this form	
1 Total pages Schedule F1: 13 of 13	2 FILER NAME Jalen McKee-Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2023	5 Payee name MailChimp		
6 Amount (\$) 47.97	7 Payee address; City; State; 675 Ponce de Leon AVE NE #5000 Atlanta, GA 30308	Zip Code	
	Atlanta, GA 30300		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched	(b) Description Fees	
EXPENDITURE			
	(c) Check if travel outside of Texas, complete sc	hedule T Check if I	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
Date 12/15/2023	Payee name Monarch Trophy		
Amount (\$) 453.57	Payee address; City; State; 16227 San Pedro Ave San Antonio, TX 78232	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sched Other: Other: Other	Description Fiesta Medals	
EXPENDITURE	Check if travel outside of Texas, complete sc	hedule 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
Date 12/18/2023	Payee name DropBox		
Amount (\$) 12.78	Payee address; City; State; 1800 Owens St San Francisco, CA 94158	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Fees	Description Fees	
	Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 2	Office held Council District 2
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED!	ED .

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	ommittee	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services		е	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explains	s how to compl	ete this form	
1 Total pages Schedule F2: 1 of 1	2 FILER NAM Jalen Mck	1E Kee-Rodriguez			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ED UNPAID I	NCURRED OBLIGATIONS			\$ 0
5 Date	6 Payee nam	е		•	
7 Amount (\$)	8 Payee addr	ess; City; State	; Zip Code		
9 TYPE OF EXPENDITURE	Politic	al Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Category	(See categories listed at the top of this so	chedule)	(b) Description	
	(c) Check	k if travel outside of Texas, complete	schedule T	Check if	f Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee nam	е			
Amount (\$)	Payee addr	ess; City; State	; Zip Code		
TYPE OF EXPENDITURE	Politic	al Non-Po	litical		
PURPOSE OF EXPENDITURE	Category	(See categories listed at the top of this so	chedule)	Description	
	Chec	k if travel outside of Texas, complete	schedule T	Check it	f Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTA	CH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEE	DED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

The Instruction Guide explains how to complete this form

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

Event Expense Fees

Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Other (enter a category not listed above)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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

Fees Food/Beverage Expense Gifts/Awards/Memorials Expense

Printing Expense

Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officeholder/Political C	Committee Legal Services Sa	laries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to complete this form			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
1 of 1	Jalen McKee-Rodriguez			
4 Date	5 Payee Name			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule	(b) Description		
EXPENDITURE	(c) Check if travel outside of Texas, complete sche	dule T Check i	f Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF				
EXPENDITURE	Check if travel outside of Texas, complete sche	dule T Check i	f Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedul	e) Description		
EXPENDITURE	Check if travel outside of Texas, complete sche	dule T Check i	f Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

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

Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out Of District

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

SCHEDULE

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••		
C/OH NA	AME IcKee-Rodriguez	Filer ID (Ethics Commission Filers)
SIGNA	TURE	
a repo	ot expect any further political contributions or political expenditures in cor ort as a final report terminates my campaign treasurer appointment. I also outions or make any campaign expenditures without a campaign treasure	o 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	ome 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 contributions unexpended interest or income earned on political contributions long understand that I must dispose of unexpended political contributions accontributions in accordance with the requirements of Election Code, §	ncome earned on political contributions to personal use. I putions 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 per	st 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