

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

RECEIVED

JAN 17 2024

CITY OF MESQUITE

CITY SECRETARY

Date Hand Delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

STATE; ZIP CODE

3 C / MRS / MR FIRST
OFFICEHOLDER
NAME

Mrs Elizabeth
NICKNAME LAST SUFFIX
Rodriguez-Ross

4 CANDIDATE/
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2214 Bamboo Street, Mesquite TX 75149

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 815-8252

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs Erika
NICKNAME LAST SUFFIX
Estrada

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;
2442 Whit Dr, Mesquite TX 75150

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 336-1680

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after
 July 15 8th day before election Exceeded Modified campaign treasurer
Reporting Limit (Attach C/OH - FR) Final Report

10 PERIOD
COVERED

Month Day Year Month Day Year
10 / 29 / 23 THROUGH 12 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
General Description
Special

12 OFFICE

OFFICE HELD (if any)
Mesquite City Council- District 3

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE/OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE COMMITTEE NAME
GENERAL COMMITTEE ADDRESS
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Elizabeth Rodriguez-Ross		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,214.23
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING 6. LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elizabeth Rodriguez-Ross this the 15 day of January, 2024, to certify which, witness my hand and seal of office.

[Handwritten Signature] _____ Printed name of officer administering oath Shannon Long _____ Title of officer administering oath Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____. My address is _____
(street) (city)(state)(zipcode)(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 1	2 FILER NAME Elizabeth Rodriguez-Ross	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2023	5 Payee name Maillogix	
6 Amount (\$) 889.47	7 Payee address; City; State; Zip Code 1512 Bruce Way, Seagoville TX 75159	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mail Service
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/03/2023	Payee name Point Blank Political	
Amount (\$) 324.23	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description texting Service
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILERNAME Elizabeth Rodriguez- Ross		20 Filer ID (Ethics Commission Filers)
21 SCHEDULESUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULEA1:MONETARYPOLITICALCONTRIBUTIONS		\$
2. SCHEDULEA2:NON-MONETARY(IN-KIND)POLITICALCONTRIBUTIONS		\$
3. SCHEDULEB:PLEGGEDCONTRIBUTIONS		\$
4. SCHEDULEE:LOANS		\$
5. <input type="checkbox"/> SCHEDULEF1:POLITICALEXPENDITURESMADEFROMPOLITICALCONTRIBUTIONS		\$ 1,214.23
6. SCHEDULEF2:UNPAIDINCURREDOBLIGATIONS		\$
7. SCHEDULEF3:PURCHASEOFINVESTMENTSMADEFROMPOLITICALCONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULEG:POLITICALEXPENDITURESMADEFROMPERSONALFUNDS		\$
10. SCHEDULEH:PAYMENTMADEFROMPOLITICALCONTRIBUTIONSTOABUSINESSOFC/OH		\$
11. SCHEDULEI:NON-POLITICALEXPENDITURESMADEFROMPOLITICALCONTRIBUTIONS		
12. SCHEDULEK:INTEREST,CREDITS,GAINS,REFUNDS,ANDCONTRIBUTIONSRETURNED TO FILER		