

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:

6

3 MS / MRS / MR / FIRST
CANDIDATE/
OFFICEHOLDER
NAME

Mrs

MI

OFFICE USE ONLY

NICKNAME

LAST

SUFFIX

Elizabeth

Rodriguez-Ross

Date Received

RECEIVED

JUL 15 2025

**CITY OF MESQUITE
CITY SECRETARY**

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

STATE; ZIP CODE

4 CANDIDATE/
OFFICEHOLDER
MAILING
ADDRESS

2214 Bamboo St, Mesquite TX 75150

STATE; ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

EXTENSION

972 815 8252

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MI

Ms.

Erika Estrada

NICKNAME

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

2442 Whitt Dr, Mesquite TX
75150

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(Officeholder Only)

2143361686

(Attach C/OH - FR)

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after
campaign treasurer
appointment

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report

10 PERIOD
COVERED

Month

01 / 15 / 25

THROUGH

Month

06 / 30 / 25

11 ELECTION

ELECTION DATE

Month Day

Year

11 / 4 / 25

ELECTION TYPE

Primary

Runoff Other

General

Description
Special

12 OFFICE

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

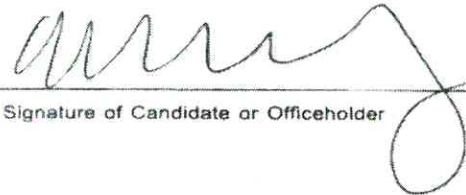
15 C/OH NAME **Elizabeth Rodriguez Ross**

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2776.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 394.58
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2381.67
OUTSTANDING 6. LOANTOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report required to be reported by me under Title 15, Election Code.

is true and correct and includes all



Signature of Candidate or Officeholder

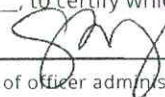
Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elizabeth Rodriguez-Ross this the 15 20 July 2025, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Shannon Long
Printed name of officer administering oath

Notary
Title of officer administering oath

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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

Elizabeth Rodriguez Ross

20 Filer ID (Ethics Commission Filers)

21 SCHEDULESUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULEA1:MONETARYPOLITICALCONTRIBUTIONS	\$ 2776.00
2. SCHEDULEA2:NON-MONETARY(IN-KIND)POLITICALCONTRIBUTIONS	\$
3. SCHEDULEB:PLEGGEDCONTRIBUTIONS	\$
4. SCHEDULEE:LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULEF1:POLITICALEXPENDITURESMADEFROMPOLITICALCONTRIBUTIONS	\$ 394.58
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	

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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	2 Elizabeth Ridriguez-Ross	3 Filer ID (Ethics Commission Filers)
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4 6/26/25	5 Payee name On The Boarder
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6 Amount (\$) 295.50	7 City; State; Zip Code Peachtree/ Gus Thomason Mesquite TX
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Appitizers and Drinks
	(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
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Date 6/26/25	Payee name Walgreens
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Amount (\$) 45.33	Payee address; City; State; Zip Code 401 N Galloway, Mesquite TX 75149
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Signage
	(c) 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
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Date 6/17/25	Payee name Campaign Partners
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Amount (\$) 54.00	Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	(c) 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 3

2 FILER NAME

Elizabeth Rodriguez Ross

3 Filer ID (Ethics Commission Filers)

4 Date

06/08/2025

5 Full name of contributor

Elizabeth Walley

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

1112 Siebold Ct, MESQUITE TX 75150

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

6/18/2025

Full name of contributor

Ronnie Chenault

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

2624 Hollow Bnd, Mesquite, TX 75150

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Owner/operator

Employer (See Instructions)

Merit Medical

Date

6/18/2025

Full name of contributor

Stephanie Chenault

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

2624 Hollow Bnd, Mesquite, TX 75150

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Owner/operator

Employer (See Instructions)

Merit Medical

Date

6/26/2025

Full name of contributor

Teresa Sparks

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

901 Via Avenida, Mesquite TX 75150

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

2000

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 3
2 FILER NAME Elizabeth Rodriguez Ross		3 Filer ID (Ethics Commission Filers)
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy Strong 6 Contributor address; City; State; Zip Code 1713 Cool Springs Dr, Mesquite TX 75149	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Rodriguez Contributor address; City; State; Zip Code 1048 Lynx Hollow	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Theriot Contributor address; City; State; Zip Code	Amount of contribution (\$) 26.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mildred Arnold Contributor address; City; State; Zip Code 2206 Luau St, Mesquite TX 75150	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
		576.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 3
2 FILER NAME Elizabeth Rodriguez Ross		3 Filer ID (Ethics Commission Filers)
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberta Nolan	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 725 Valiant Ct, Garland TX		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)