

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  
CANDIDATE/  
OFFICEHOLDER  
NAME

Mrs

MI

NICKNAME

LAST

SUFFIX

Elizabeth

Rodriguez-Ross

OFFICE USE ONLY

Date Received

**RECEIVED**

OCT 06 2025

CITY OF MESQUITE  
CITY SECRETARY

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

Date Hand-delivered or Date Postmarked

Receipt #Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

MI

Ms.

Erika Estrada

NICKNAME

SUFFIX

Date Processed

Date Imaged

STATE; ZIP CODE

7 CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

2442 Whitt Dr, Mesquite TX

75150

(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

7 / 1 / 25

THROUGH

Month

09 / 25 / 25

11 ELECTION

ELECTION DATE

Month Day

Year

11 / 4 / 25

Primary

General

ELECTION TYPE

Runoff Other

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

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: MONETARY POLITICAL CONTRIBUTIONS	\$ 1725.00
2. SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULEB: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULEE: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULEF1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2968.15
6. SCHEDULEF2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULEF3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULEG: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULEH: PAYMENT MADE FROM POLITICAL CONTRIBUTION TO A BUSINESS OF C/OH	\$
11. SCHEDULEI: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12. SCHEDULEK: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>Elizabeth Rodriguez Ross</b>		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)	\$ <b>1725.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>2968.15</b>
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>1139</b>
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 is true and correct and includes all required to be reported by me under Title 15, Election Code.

  
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 5th 20 day of October 2025, to certify which, witness my hand and seal of office.

Shannon Long 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)

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	<b>Elizabeth Ridriguez-Ross</b>	3 Filer ID (Ethics Commission Filers)
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4 <b>9/4/2025</b>	5 Payee name <b>MAILOGIX</b>
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6 Amount (\$) <b>450.00</b>	7 City; State; Zip Code <b>1351 Crampton St, Dallas, TX 75207</b>
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>POSTAGE EXPENSE</b>	<b>MAIL</b>
	(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 <b>6/26/25</b>	Payee name <b>BANKEM PRINTING</b>
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Amount (\$) <b>650.00</b>	Payee address; City; State; Zip Code <b>ARLINGTON, TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	Description <b>DOOR HANGERS/ POSTCARDS</b>
	(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 <b>09/10/2025</b>	Payee name <b>Campaign Partners</b>
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Amount (\$) <b>260.00</b>	Payee address; City; State; Zip Code <b>PO Box 118 Still River, MA 01467</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website</b>
	(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

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	<b>Elizabeth Ridriguez-Ross</b>	3 Filer ID (Ethics Commission Filers)
4	08/27/2025	5 Payee name <b>NGP VAN</b>
6	Amount (\$) <b>360.00</b>	7 City; State; Zip Code <b>1351 Crampton St, Dallas, TX 75207</b>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	<b>VOTER DATA</b>
(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/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>6/26/25</b>	Payee name <b>PRINT PLACE</b>	
Amount (\$) <b>338.15</b>	Payee address; City; State; Zip Code <b>ARLINGTON, TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	Description <b>CARDS</b>
Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>09/15/2025</b>	Payee name <b>JV ENTERPRISES</b>	
Amount (\$) <b>910.00</b>	Payee address; City; State; Zip Code <b>6424 Tumbling Creek Trl Dallas, TX 75241</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>MARKETING SERVICES</b>
Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
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 1

2 FILER NAME

Elizabeth Rodriguez Ross

3 Filer ID (Ethics Commission Filers)

4 Date

08/29/2025

5 Full name of contributor

Daniel Montgomery

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

600.00

6 Contributor address;

City;

State;

Zip Code

1236 MANCHESTER DR. ROCKWALL TX 75032

8 Principal occupation / Job title (See Instructions)

President & CEO

9 Employer (See Instructions)

Fritz Industries

Date

8/29/2025

Full name of contributor

Jennifer Montgomery

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

600.00

Contributor address;

City;

State;

Zip Code

1236 MANCHESTER DR. ROCKWALL TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Fritz Industries

Date

9/5/2025

Full name of contributor

Michael Brown

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1617 Choctaw Dr, Mesquite TX

Principal occupation / Job title (See Instructions)

NON PROFIT

Employer (See Instructions)

White Rock Community Church

Date

9/22/2025

Full name of contributor

MESQUITE POLICE ASSOCIATION

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

924 Windbell Circle - Suite A Mesquite, Texas 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

1725