

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: 12
3 CANDIDATE/ OFFICEHOLDER NAME	Mrs NICKNAME LAST SUFFIX Elizabeth Rodriguez-Ross	MI	OFFICE USE ONLY Date Received <b>RECEIVED</b> <b>OCT 27 2025</b> <b>CITY OF MESQUITE</b> <b>CITY SECRETARY</b> Date Hand-Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged STATE; ZIP CODE
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS  Change of Address	2214 Bamboo St, Mesquite TX 75150		
5 CANDIDATE/ OFFICEHOLDER PHONE	972 815 8252		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MI Ms. Erika Estrada NICKNAME SUFFIX		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 2442 Whitt Dr, Mesquite TX 75150		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION (Officeholder Only) (Attach C/OH - FR)
2143361686			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report		
10 PERIOD COVERED	Month Month 9 / 26 / 25 THROUGH 10 / 25 / 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.		
Additional Pages	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

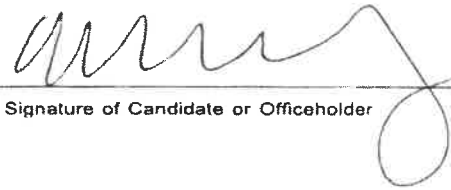
GO TO PAGE 2

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>7381.00</b>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ <b>7909.04</b>
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>611.00</b>
OUTSTANDING 6. LOAN TOTALS	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

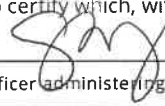
Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elizabeth Rodriguez-Ross this the 25th day of October, 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 Public 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: MONETARY POLITICAL CONTRIBUTIONS	\$ 7381.00
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	\$ 7909.00
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 CONTRIBUTIONS 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	

# 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 6

2 FILER NAME

Elizabeth Rodriguez Ross

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

10/7/2025

LINDA GARCIA

6 Contributor address;

City;

State;

Zip Code

100.00

1908 HADDOCK DR, MESQUITE TX 75149

8 Principal occupation / Job title (See Instructions)

PUBLIC SPEAKER

9 Employer (See Instructions)

SELF

Date

Full name of contributor

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

Amount of contribution (\$)

10/7/2025

PRISMA GARCIA

Contributor address;

City;

State;

Zip Code

103.00

912 SUMAC, DALLAS TX 7217

Principal occupation / Job title (See Instructions)

Human Resources

Employer (See Instructions)

Pizza Hut, US

Date

Full name of contributor

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

Amount of contribution (\$)

10/8/2025

EDWARD LOPEZ

Contributor address;

City;

State;

Zip Code

257.00

4719 Byron Circle, Irving, TX 75038

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Linebarger and Associates

Date

Full name of contributor

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

Amount of contribution (\$)

10/8/2025

ADAM MEDRANO

Contributor address;

City;

State;

Zip Code

500.00

2338 Douglas Ave, Dallas TX 75219

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Adam Medrano Consulting

# 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: <b>2 of 6</b>
2 FILER NAME <b>Elizabeth Rodriguez Ross</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/8/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pamela Lee</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>3500 Maple Ave, Dallas TX 75219</b>		
8 Principal occupation / Job title (See Instructions) <b>Partner</b>		9 Employer (See Instructions) <b>Linebarger and Associates</b>
Date <b>10/8/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adam Bazaldua</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>6926 Belteau Lane, Dallas TX</b>		
Principal occupation / Job title (See Instructions) <b>Human Resources</b>		Employer (See Instructions) <b>Pizza Hut, US</b>
Date <b>10/8/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OMAR NAVAREZ</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>411 Broadway Ave, Apt 5320, DALLAS TX 75212</b>		
Principal occupation / Job title (See Instructions) <b>ASSOCIATE</b>		Employer (See Instructions) <b>ON it</b>
Date <b>10/8/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAULINE MEDRANO</b>	Amount of contribution (\$) <b>257.00</b>
Contributor address; City; State; Zip Code <b>2346 Douglas Ave, Dallas TX 75219</b>		
Principal occupation / Job title (See Instructions) <b>TREASURER</b>		Employer (See Instructions) <b>DALLAS COUNTY</b>

# 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 6
2 FILER NAME Elizabeth Rodriguez Ross		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridget Lopez	7 Amount of contribution (\$) 600.00
6 Contributor address; City; State; Zip Code 3500 Maple Ave, Dallas TX 75219		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Linebarger and Associates
Date 10/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meli Montes	Amount of contribution (\$) 51.00
Contributor address; City; State; Zip Code 1113 Melissa Ln, Garland TX		
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Dallas County DA
Date 10/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Moreno	Amount of contribution (\$) 604.00
Contributor address; City; State; Zip Code 9475 Forest Springs Dr Apt 1046 Dallas, TX 75243		
Principal occupation / Job title (See Instructions) City of Dallas		Employer (See Instructions) Council Person
Date 10/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Rodriguez Prilliman	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3724 Hamilton Ave, Ft Worth TX		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Entrepreneur

**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:  
4 of 6**2** FILER NAME

Elizabeth Rodriguez Ross

**3** Filer ID (Ethics Commission Filers)**4** Date

10/9/2025

**5** Full name of contributor

JAIME CORTEZ

 out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)

100.00

**6** Contributor address;

City;

State;

Zip Code

1130 Cedar Hill Ave., Dallas TX 75208

**8** Principal occupation / Job title (See Instructions)

self

**9** Employer (See Instructions)

Truck Driver

Date

10/9/2025

Full name of contributor

Victoria Neave-Criado

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

PO BOX 822827, Dallas TX

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Neave Law

Date

10/20/2025

Full name of contributor

Sara Martinez

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

Amount of contribution (\$)

51.00

Contributor address;

City;

State;

Zip Code

4227 Blackheath rd, Dallas TX 75227

Principal occupation / Job title (See Instructions)

Constable

Employer (See Instructions)

Dallas County

Date

10/8/2025

Full name of contributor

Dominga Lira

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

Amount of contribution (\$)

600.00

Contributor address;

City;

State;

Zip Code

3143 Dusty Oak Dr Dallas, TX 75227

Principal occupation / Job title (See Instructions)

ASSISTANT PRINCIPAL

Employer (See Instructions)

BUCKNER PREP

**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: 5 of 6
2 FILER NAME Elizabeth Rodriguez Ross		3 Filer ID (Ethics Commission Filers)
4 Date 10/9/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggan, Blair and Sampson 6 Contributor address; City; State; Zip Code 3500 Maple Ave, Dallas TX 75219	7 Amount of contribution (\$) 600.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) LINEBARGER FIRM
Date 10/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALBERTO BRAVO Contributor address; City; State; Zip Code 1155 Timplemore Dr Dallas, TX 75218	Amount of contribution (\$) 604.00
Principal occupation / Job title (See Instructions) Adjuster		Employer (See Instructions) Combined Group Insurance Services
Date 10/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONICA LIRA-BRAVO Contributor address; City; State; Zip Code 1155 Timplemore Dr Dallas, TX 75218	Amount of contribution (\$) 604.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lira Bravo Law
Date 10/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROY CARLOS LOPEZ Contributor address; City; State; Zip Code 4326 Meadowdale Ln Dallas, TX 75229	Amount of contribution (\$) 600.00
Principal occupation / Job title (See Instructions) LBK2RIO Investments		Employer (See Instructions) Owner

**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: 6 of 6
2 FILER NAME <b>Elizabeth Rodriguez Ross</b>		3 Filer ID (Ethics Commission Filers)
4 Date 10/9/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darren Smith</b>	7 Amount of contribution (\$) <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>1800 Preston Park Blvd, Suite 210 Plano, TX 75093</b>		
8 Principal occupation / Job title (See Instructions) <b>Head of Development</b>		9 Employer (See Instructions) <b>Auxano</b>
Date 10/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy Bernadino</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>3138 Dusty Oak, Dallas TX 75227</b>		
Principal occupation / Job title (See Instructions) <b>Assoc Superintendent</b>		Employer (See Instructions) <b>Dallas ISD</b>
Date 10/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Miriam Mirando</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>4933 Lomax, Dallas TX 75227</b>		
Principal occupation / Job title (See Instructions) <b>Practice Manager</b>		Employer (See Instructions) <b>Lira Bravo Law</b>
Date 10/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deanna Hammond</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Mesquite TX</b>		
Principal occupation / Job title (See Instructions) <b>Constable</b>		Employer (See Instructions) <b>Dallas County</b>

**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	2 <b>Elizabeth Ridriguez-Ross</b>	3 Filer ID (Ethics Commission Filers)
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4 <b>10/8/2025</b>	5 Payee name <b>Basia Marks</b>	
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6 Amount (\$) <b>103.00</b>	7 <b>5110 Broadway Blvd Apt 1021 Garland, TX 75043</b>	City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>Server</b>
	(c) Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/8/2025</b>	Payee name <b>TOM THUMB</b>	
--------------------------	--------------------------------	--

Amount (\$) <b>42.23</b>	Payee address; <b>TURTLE CREEK, DALLAS TX</b>	City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>	Description <b>SOFT DRINKS/ WATER/ ICE</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
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Date <b>10/8/2025</b>	Payee name <b>HEB</b>	
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Amount (\$) <b>382.00</b>	Payee address; <b>DALLAS, TX</b>	City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>FOOD FOR FUNDRAISER</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
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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 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.

<b>1</b>	<b>2</b> Elizabeth Ridriguez-Ross	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> 10/22/2025	<b>5</b> Payee name MAILLOGIX
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<b>6</b> Amount (\$) 2123.58	<b>7</b> City; State; Zip Code PO Box 224291, Dallas, TX, 75222-429
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>Mail Services</b>
	(c) Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/20/2025</b>	Payee name <b>BANKEM PRINTING</b>
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Amount (\$) <b>1786.10</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>POSTCARDS/DOORHANGERS/HAND BILLS</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
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Date <b>10/15/2025</b>	Payee name <b>Shannon Long</b>
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Amount (\$) <b>3152.63</b>	Payee address; City; State; Zip Code <b>2748 Ingram Cir, Mesquite TX 75181</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Consulting /Marketing Expense</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
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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	2 <b>Elizabeth Ridriguez-Ross</b>	3 Filer ID (Ethics Commission Filers)
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4 <b>10/20/2025</b>	5 Payee name <b>Scale to Win</b>
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6 Amount (\$) <b>95.00</b>	7 City; State; Zip Code <b>13742 Harper St, Santa Ana, CA 92703</b>
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Text Campaign
	(c) Check if Austin, TX, officeholder living expense	

9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/25/2025</b>	Payee name <b>Paypal</b>
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Amount (\$) <b>224.50</b>	Payee address; City; State; Zip Code <b>2211 N First Street, San Hose CA 95131</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertiing Expenses</b>	Description <b>Donation/banking platform fee</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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 <b>ONLY</b> 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