CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | |
|---|---|---|---|--|
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST Mrs. Zulena | E. | OFFICE USE ONLY | |
| NAME | NICKNAME LAST Rodriguez | SUFFIX | LAUN :18 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | CITY: STATE; ZIP CODE | KECEINED | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (432) 448-1646 | EXTENSION | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST Mrs. Zulena | E. | Receipt # Amount \$ | |
| | NICKNAME LAST Rodriguez | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER | STREET ADDRESS (NO PO BOX PLEASE); APT / S | SUITE #; CITY; | STATE; ZIP CODE | |
| ADDRESS (Residence or Business) | 1927 5 Park | Pecos | Tx 79772 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (432) 448-1646 | EXTENSION | | |
| 9 REPORT TYPE | January 15 30th day before e | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | |
| | July 15 Sth day before ele | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 07/15/23 THROUGH 01/15/2024 | | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year Primary General Special | | | |
| 12 OFFICE | Reeves County Treas | 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 | GENERAL COMMITTEE ADDRESS | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | COMMITTEE CAMPAIGN TR | REASURER ADDRESS | | |
| GO TO PAGE 2 | | | | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | Zulema E Rodriguez | | 16 Filer ID (Ethics Commission Filers) |
|-------------------------------|---|--|--|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTR | CONTRIBUTIONS (OTHER THAN FEES OF LOANS, OR | \$ -0 - |
| C 11 7 7 | 2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS, | | \$ - 0 - |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | \$ -0- |
| | 4. TOTAL POLITICAL EXPENDITU | JRES | \$ - 0 - |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD | NS MAINTAINED AS OF THE LAS | ST DAY \$ -0- |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F | | ^{стне} \$ - 0 - |
| | swear, or affirm, under penalty of perjury, that equired to be reported by me under Title 15, Elec | | e and correct and includes all information |
| | | | |
| | | | • |
| | | Signature of Ca | ndidate or Officeholder |
| | | | |
| | | | |
| | Please comple | te either option below | /: |
| | | | |
| | | | |
| (1) Affidavit | | | |
| | | | |
| NOTARY STAMP/SEA | AL | | |
| | | | day of |
| | before me by | this the | day of, |
| 20, to certify | y which, witness my hand and seal of office. | | |
| Signature of officer administ | ering oath Printed name of officer | administering oath | Title of officer administering oath |
| | 0 | | |
| (2) Unsworn Declarat | | | |
| My name is Zule | 0 | , and my date of birth is | 02-15-72 |
| My address is9 | 27 5 PA-IX Pecos | TK 78772 . T | X. 79172, Reeves. |
| Reev | | | state) (zip code) (country) |
| Executed in | County, State of Texas | on the <u>16</u> day of <u>16</u> | |
| | | Signature of Candid | date/Officeholder (Declarant) |
| | | | |