

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00000001	<b>2 PAGE #</b> 1 of 23
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST Sergio	MI
	NICKNAME Chico	LAST Rodriguez	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	638 Cantrell San Antonio, TX 78221		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Ms.	FIRST Lisa	MI
	NICKNAME	LAST Avila	SUFFIX
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	3828 Nash San Antonio, TX 78223		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	333-3792	
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
<b>9 PERIOD COVERED</b>	Month	Day	Year
	01/01/2010		THROUGH 06/30/2010
<b>10 ELECTION</b>	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
<b>11 OFFICE</b>	OFFICE HELD (if any) Bexar County Commissioner District 1		<b>12 OFFICE SOUGHT (if known)</b>
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		

**OFFICE USE ONLY**

Date Received: 2010 JUL 15 2:21 PM

Date Hand-delivered or Date Postmarked: \_\_\_\_\_

Receipt #	Amount
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Date Processed: \_\_\_\_\_

Date Imaged: \_\_\_\_\_

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME **Rodriguez, Sergio (Mr.)**

15 ACCOUNT # (Ethics Commission filers)  
00000001

### 16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

### 17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,100.00
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### EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	83.09
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4.	TOTAL POLITICAL EXPENDITURES	\$	18,121.04
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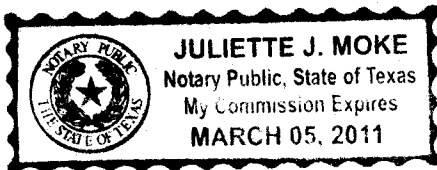
### CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	53,422.60
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### OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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### 18 AFFIDAVIT



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.

*Sergio Rodriguez*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sergio "Chico" Rodriguez, this the 15<sup>th</sup> day of July, 20 10, to certify which, witness my hand and seal of office.

*Juliette J. Moke*  
 \_\_\_\_\_  
 Signature of officer administering oath

JULIETTE J. MOKE  
 \_\_\_\_\_  
 Print name of officer administering oath

NOTARY PUBLIC  
 \_\_\_\_\_  
 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/23	
2 FILER NAME Rodriguez, Sergio (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/20/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hausman Holdings LTD  6 Contributor address; City; State; Zip Code PO Box 1341 Helotes, TX 78023	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/20/2010	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00386029) HNTB Holdings Ltd.  Contributor address; City; State; Zip Code 715 Kirk Dr. Kansas City, MO 64105	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holt, Peter (Mr.)  Contributor address; City; State; Zip Code 2191 Little Blanco Rd. Blanco, TX 78606	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joeris, Gary L.  Contributor address; City; State; Zip Code 19419 Settler's Creek San Antonio, TX 78258	Amount of contribution (\$)  \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Arn  Contributor address; City; State; Zip Code 1211 San Dario Ave #290 Laredo, TX 78040	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/2 Report: 4/23

**2** FILER NAME Rodriguez, Sergio (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Scholl, Dennis

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

02/04/2010

**6** Contributor address; City; State; Zip Code  
8070 W Dixon Rd.  
Somerset, TX 78069

\$100.00

(If travel outside of Texas, complete Schedule T)

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

**10** Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/19 Report: 5/23
<b>2</b> FILER NAME Rodriguez, Sergio (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  03/31/2010	<b>5</b> Payee name Abundis, Elva  <b>6</b> Payee address; City; State; Zip Code 550 Yukon San Antonio, TX 78221	<b>7</b> Amount (\$)  \$130.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Community Outreach Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/22/2010	Payee name Aldrete, Joe  Payee address; City; State; Zip Code 1602 Hillcrest Drive E San Antonio, TX 78228	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Fundraiser Contribution for ACCD Campaign  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/29/2010	Payee name American Legion #443  Payee address; City; State; Zip Code 20295 Somerset Rd Somerset, TX 78069	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Fundraiser Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/09/2010	Payee name Central Park Pizza  Payee address; City; State; Zip Code 136 Main Plaza San Antonio, TX 78205	Amount (\$)  \$26.88
Purpose of payment (See instructions regarding type of information required.) Staff Meeting Luncheon  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 2/19 Report: 6/23
<b>2</b> FILER NAME Rodriguez, Sergio (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  06/28/2010	<b>5</b> Payee name Denny's  <b>6</b> Payee address; City; State; Zip Code 903 E Commerce San Antonio, TX 78205	<b>7</b> Amount (\$)  \$33.49
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Office Holder Related Expense: Breakfast Meeting Meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/17/2010	Payee name Dollar Tree  Payee address; City; State; Zip Code 7142 San Pedro San Antonio, TX 78216	Amount (\$)  \$59.47
Purpose of payment (See instructions regarding type of information required.) Campaign Fundraising Event Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/02/2010	Payee name E&L House of Flowers  Payee address; City; State; Zip Code 5402 S. Zarzamora San Antonio, TX 78211	Amount (\$)  \$91.91
Purpose of payment (See instructions regarding type of information required.) Flowers for Campaign Event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/01/2010	Payee name El Sol Bakery  Payee address; City; State; Zip Code 728 S Presa St San Antonio, TX 78210	Amount (\$)  \$45.20
Purpose of payment (See instructions regarding type of information required.) Bakery Goods for Precinct 1 Senior Centers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/19 Report: 7/23

**2** FILER NAME Rodriguez, Sergio (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name El Sol Bakery	<b>7</b> Amount (\$)
06/01/2010	<b>6</b> Payee address; City; State; Zip Code 728 S Presa St San Antonio, TX 78210	\$46.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Bakery Goods for Precinct 1 Senior Centers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> El Sol Bakery	<b>Amount (\$)</b>
06/07/2010	<b>Payee address; City; State; Zip Code</b> 728 S Presa St San Antonio, TX 78210	\$25.00

<b>Purpose of payment (See instructions regarding type of information required.)</b> Bakery Goods for Precinct 1 Senior Centers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> El Taco de Jalisco	<b>Amount (\$)</b>
05/27/2010	<b>Payee address; City; State; Zip Code</b> 4407 Vance Jackson San Antonio, TX 78230	\$73.85

<b>Purpose of payment (See instructions regarding type of information required.)</b> Office Holder Related Expense--Breakfast for Seniors  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Galvan, Dora	<b>Amount (\$)</b>
06/03/2010	<b>Payee address; City; State; Zip Code</b> 726 Koplou San Antonio, TX 78221	\$100.00

<b>Purpose of payment (See instructions regarding type of information required.)</b> Barbeque Fundraiser  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 4/19 Report: 8/23
<b>2 FILER NAME</b> Rodriguez, Sergio (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001
<b>4 Date</b>  03/12/2010	<b>5 Payee name</b> Gonzalez, Moses (Mr.)  <hr/> <b>6 Payee address; City; State; Zip Code</b> 640 Cantrell San Antonio, TX 78221	<b>7 Amount (\$)</b>  \$100.00
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) General Campaign Activity Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  06/14/2010	<b>Payee name</b> Gonzalez, Moses (Mr.)  <hr/> <b>Payee address; City; State; Zip Code</b> 640 Cantrell San Antonio, TX 78221	<b>Amount (\$)</b>  \$100.00
<b>Purpose of payment</b> (See instructions regarding type of information required.) Community Outreach  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  02/02/2010	<b>Payee name</b> Gonzalez, Veronica  <hr/> <b>Payee address; City; State; Zip Code</b> 25114 Orchard Acres San Antonio, TX 78261	<b>Amount (\$)</b>  \$75.00
<b>Purpose of payment</b> (See instructions regarding type of information required.) Professional Services: Campaign Related Activity, Faxing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  03/05/2010	<b>Payee name</b> Gonzalez, Veronica  <hr/> <b>Payee address; City; State; Zip Code</b> 25114 Orchard Acres San Antonio, TX 78261	<b>Amount (\$)</b>  \$100.00
<b>Purpose of payment</b> (See instructions regarding type of information required.) Professional Services: Campaign Related Activity  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/19 Report: 9/23

**2** FILER NAME Rodriguez, Sergio (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name Gonzalez, Veronica	<b>7</b> Amount (\$)
04/02/2010	<b>6</b> Payee address; City; State; Zip Code 25114 Orchard Acres San Antonio, TX 78261	\$125.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Professional Services: Campaign Related Activity  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Gonzalez, Veronica	Amount (\$)
05/10/2010	Payee address; City; State; Zip Code 25114 Orchard Acres San Antonio, TX 78261	\$80.00

Purpose of payment (See instructions regarding type of information required.) Professional Services: Campaign Related Activity, Reimbursement Office Couch  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name HB's	Amount (\$)
02/05/2010	Payee address; City; State; Zip Code 304 South Flores San Antonio, TX 78204	\$30.44

Purpose of payment (See instructions regarding type of information required.) Staff meeting lunch expense  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Jaramillo, Leonard	Amount (\$)
02/11/2010	Payee address; City; State; Zip Code 330 W Baetz San Antonio, TX 78221	\$200.00

Purpose of payment (See instructions regarding type of information required.) Community Outreach  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 6/19 Report: 10/23
<b>2</b> FILER NAME Rodriguez, Sergio (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  03/09/2010	<b>5</b> Payee name Jaramillo, Leonard  <b>6</b> Payee address; City; State; Zip Code 330 W Baetz San Antonio, TX 78221	<b>7</b> Amount (\$)  \$500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Community Outreach Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/18/2010	Payee name Jaramillo, Leonard  Payee address; City; State; Zip Code 330 W Baetz San Antonio, TX 78221	Amount (\$)  \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Community Outreach Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/14/2010	Payee name Johnny Carinos  Payee address; City; State; Zip Code 3147 SE Military Dr San Antonio, TX 78223	Amount (\$)  \$68.60
Purpose of payment (See instructions regarding type of information required.) Office Holder Related Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/12/2010	Payee name Judge Monica Guerrero Campaign  Payee address; City; State; Zip Code 5804 Babcock Rd 301 San Antonio, TX 78240	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Re-election Campaign Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held: