



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME Rodriguez, Luis (Mr.)

14 ACCOUNT # (Ethics Commission filers)  
11111111

15 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  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 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)	\$	1,685.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	5,825.56
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CONTRIBUTION BALANCE

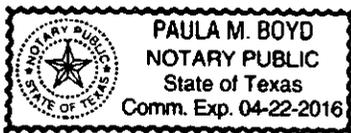
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,659.56
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,000.00
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17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Luis Mike Rodriguez*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Luis Mike Rodriguez, this the 27<sup>th</sup> day of October, 2014, to certify which, witness my hand and seal of office.

*Paula M Boyd*  
Signature of officer administering oath

Paula M Boyd  
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: 1/3 Report: 3/7	
2 FILER NAME Rodriguez, Luis (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date  09/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corcoran, James (Mr.)  6 Contributor address; City; State; Zip Code 3606 Saddlestring Tr Austin, TX 78739	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Software Marketing		10 Employer (See Instructions) Retired	
Date  09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corcoran, Nancy (Mrs.)  Contributor address; City; State; Zip Code 3606 Saddlestring Tr Austin, TX 78739	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Educator/ Teacher		Employer (See Instructions) Retired	
Date  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Engblom, Dennis (Mr.)  Contributor address; City; State; Zip Code 3312 Azalea Blossom Dr Austin, TX 78748	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Travel Industry		Employer (See Instructions) Retired	
Date  10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grossman, Joseph (Mr.)  Contributor address; City; State; Zip Code 2616 Barton Hills Dr Austin, TX 78704	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jasso, John  Contributor address; City; State; Zip Code 2304 Lancaster Drive Austin, TX 78748	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
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: 2/3 Report: 4/7	
2 FILER NAME Rodriguez, Luis (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luther, Leslie ..... 6 Contributor address; City; State; Zip Code 818 Congress Ave Austin, TX 78701	7 Amount of contribution (\$) \$100.00	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"/>	
10 Employer (See Instructions)			
Date 10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Gilbert (Mr.) ..... Contributor address; City; State; Zip Code 10113 Dobbin Dr Austin, TX 78748	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, Terry ..... Contributor address; City; State; Zip Code 8804 Texas Sun Dr Austin, TX 78748	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newman, Polly ..... Contributor address; City; State; Zip Code 2916 Fleet Dr Austin, TX 78748	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nuccio, Antonino (Mr.) ..... Contributor address; City; State; Zip Code 11037 River Plantation Dr Austin, TX 78747	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) USAF Officer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions) Retired			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 5/7	
2 FILER NAME Rodriguez, Luis (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date  10/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randle, Gail (Ms.) ..... 6 Contributor address; City; State; Zip Code 11116 Sea Hero Lane Austin, TX 78748	7 Amount of contribution (\$)  \$25.00	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"/>	
10 Employer (See Instructions)			
Date  10/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberson, Jay (Mr.) ..... Contributor address; City; State; Zip Code 9001 Comburg Dr Austin, TX 78747	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose, Jeffrey ..... Contributor address; City; State; Zip Code 3300 Aldwyche Dr Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santiago, Greg (Mr.) ..... Contributor address; City; State; Zip Code 10508 Thoroughbred Dr Austin, TX 78748	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Statum, Barbara (Ms.) ..... Contributor address; City; State; Zip Code 9400 Silk Oak Cove Austin, TX 78748	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/2 Report: 6/7		<b>2 FILER NAME</b> Rodriguez, Luis (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 11111111	
<b>4 Date</b> 09/29/2014	<b>5 Payee name</b> Abbey Printing				
<b>6 Amount (\$)</b> \$433.00	<b>7 Payee address</b> City; State; Zip Code 1310 S. Lamar Austin, TX 78704				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Proven Leader Stickers		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 10/11/2014	<b>Payee name</b> Knolls of Slaughter Creek HOA				
<b>Amount (\$)</b> \$75.00	<b>Payee address</b> City; State; Zip Code 10508 Thoroughbred Dr Austin, TX 78748				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Newsletter Ad		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 10/17/2014	<b>Payee name</b> Paragon Printing & Mailing				
<b>Amount (\$)</b> \$1,230.45	<b>Payee address</b> City; State; Zip Code 10423 McKalla Place Austin, TX 78758				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Post cards		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 10/21/2014	<b>Payee name</b> Paragon Printing & Mailing				
<b>Amount (\$)</b> \$1,261.89	<b>Payee address</b> City; State; Zip Code 10423 McKalla Place Austin, TX 78758				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Letter Mailing & Postage		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/2 Report: 7/7		<b>2</b> FILER NAME Rodriguez, Luis (Mr.)		<b>3</b> ACCOUNT # (TEC filers) 11111111	
<b>4</b> Date 10/24/2014	<b>5</b> Payee name Paypal				
<b>6</b> Amount (\$) \$22.17	<b>7</b> Payee address City; State; Zip Code paypal.com Austin, TX 78747				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking			<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paypal Transfer Fee	
	<input type="checkbox"/> 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:	
Date 10/02/2014	Payee name Printing Solutions				
Amount (\$) \$108.25	Payee address City; State; Zip Code 2301 S. Congress Ave # 20 Austin, TX 78704				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense			<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bumper Stickers	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/08/2014	Payee name Rasmussen Consulting, LLC				
Amount (\$) \$362.80	Payee address City; State; Zip Code PO Box 92632 Austin, TX 78709				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense			<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Consultant for Candidate	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/21/2014	Payee name U.S.P.S.				
Amount (\$) \$2,332.00	Payee address City; State; Zip Code Manchaca Office Manchaca, TX 78748				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense			<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	