Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 20 A 11:58

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	TITLE: MS FIRST: LOURDES MI: NICKNAME: LAST: RODRIGUEZ SUFFIX:	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 303 PASEO VERDE S.A. TX 78207	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE: MR. FIRST: WILLIAM MI: F. NICKNAME: LAST: EDWARDS SUFFIX:	Receipt # / Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3110 SAGEHILL DRIVE S.A., TX 78230-4991	
7 CAMPAIGN TREASURER PHONE	AREA CODE: (210) PHONE NUMBER: 341-5358 EXTENSION:	

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 05/01/01 THROUGH Month Day Year: 07/14/01

10 ELECTION

ELECTION DATE Month Day Year: 05/05/01

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): CITY COUNCIL - DISTRICT 5

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• 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: N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

SAN ANTONIO CLERK
2001 JUL 20 A 11:58

14 C/OH NAME LOURDES RODRIGUEZ

15 ACCOUNT # (Ethics Commission filers)

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. ••

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ -0-
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1821.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 2556.22
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3500.00

19 AFFIDAVIT

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Lourdes Rodriguez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lourdes Rodriguez, this the 20th day of July, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez	Melinda S. Lopez	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 20 A 11:52

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/01/01	MARY CRUZ 1706 PARNELL, S.A, TX 78224	50.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/01/01	ANGELA CRUZ 1416 CALLAGHAN RD S.A, TX 78228	125.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/01/01	ROSA ROSALES 107 JAMIS RAE S.A, TX 78201	50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/01/01	ROSE MARY BARRIENTES P.O. BOX 126 ELMENDORF, TX 78112	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY OF SAN ANTONIO CITY CLERK

SCHEDULE A1
FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 20 A 11:58

1 Total pages this Schedule A1: 2-2

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/09/01	HENRY RODRIGUEZ 1945 HUISACHE S.A. TX 78201	450.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/07/01	TEXAS SECURITY AND INVESTIGATIONS 666 SW MILITARY DR. SUITE 1 S.A., TX 78221		96.00

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/11/01	CARMEN RODRIGUEZ 631 MARBACH S.A. TX 78237	50	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 20 A 11:58

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1-1

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ -0-

5 Date of loan	7 Name of lender	9 Loan Amount ($)
4-27/7-14/01	LOURDES RODRIGUEZ ☐ out-of-state PAC (ID#:_____)	1500.00
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code	10 Interest rate -0-
		11 Maturity date 12-31-01

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☒ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender	Loan Amount ($)
	☐ out-of-state PAC (ID#:_____)	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☐ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 20 A 11:58

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/27	OFFICE DEPOT SANATONIO TX	8.63

8 Purpose of payment (See instructions regarding type of information required.): PRINTING

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/28	LOURDES RODRIGUEZ 303 PASEO VERDE 78207	100.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/30	PORTERS POULTRY 5478 HWY 90 WEST EXPWY	125.12

Purpose of payment (See instructions regarding type of information required.): CHICKENS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/30	MG BLDG. MATERIALS 227 NEW LAREDO HWY SIGN MATERIALS	30.93 ~~308.54~~

Purpose of payment (See instructions regarding type of information required.): SIGN MATERIALS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

CITY OF SAN ANTONIO CITY CLERK 2001 JUL 20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/1	MUNGUIA'S PRINTING 2201 BUENA VISTA 78207	388.54

8 Purpose of payment (See instructions regarding type of information required.): PRINTING

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/1	ELECTION SUPPORT SERVICES 4958 MILITARY DR. WEST	457.58

Purpose of payment (See instructions regarding type of information required.): MAILOUT

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/3	SAMS WAREHOUSE S.W. MILITARY DR. SAN ANTONIO TX	72.45

Purpose of payment (See instructions regarding type of information required.): FOOD FOR ELECTION DAY

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	ANA LISA MARTINEZ YMCA CONTRIBUTION	25.00

Purpose of payment (See instructions regarding type of information required.): FACE PAINTING

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

CITY SECRETARY SAN ANTONIO TEXAS

2001 JUL 20 A 11:58

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/4	MUNGUIA PRINTING 2201 BUENA VISTA 78207	159.61

8 Purpose of payment (See instructions regarding type of information required.): PRINTING

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/4	L.U. BETANCOURT 133 E. WOODLAWN 78212	900.00

Purpose of payment (See instructions regarding type of information required.): MANAGER CONSULTANT SERVICES

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/17	OFFICE MAX SAN ANTONIO TX 782	23.36

Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES / TK U CARDS

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/24	HERNANDO NAME 2820 NOGALITOS 78225	165.00

Purpose of payment (See instructions regarding type of information required.): RENT (PRORATED)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
LOURDES RODRIGUEZ

3 - ACCOUNT # (Spiral Formation Form)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/25	LOURDES RODRIGUEZ 303 PASEO VERDE 78207	100.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
REIMBURSEMENT	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR 27 A 8:10

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 11

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MS FIRST: LOURDES MI:

NICKNAME: LAST: RODRIGUEZ SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 303 PASEO VERDE SAN ANTONIO, TX 78207

5 CAMPAIGN TREASURER NAME

TITLE: MR. FIRST: WILLIAM MI: F.

NICKNAME: "BILL" LAST: EDWARDS SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 3110 SAGEHILL DRIVE SAN ANTONIO TX 78230-4921

7 CAMPAIGN TREASURER PHONE

AREA CODE / PHONE NUMBER / EXTENSION: (210) 341-5358

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 04/01/01 THROUGH Month Day Year: 04/27/01

10 ELECTION

ELECTION DATE Month Day Year: 05/05/01

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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: N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR 27 A 8:10

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: LOURDES RODRIGUEZ

15 ACCOUNT # (Ethics Commission filers):

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. **

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 3915.56
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 6354.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 124.08
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9902.65
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2150.00

19 AFFIDAVIT

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Lourdes Rodriguez

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said LOURDES RODRIGUEZ, this the 27th day of APRIL, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez	Melinda S. Lopez	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 27 A 8:10

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1-3

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/01/01	KATHY AGUEROS 2129 LAMANDA S.A., TX 78201	150.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/01/01	MARY MARTINEZ 115 TAOS DR S.A. 78207	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/01/01	F. P. CHAVEZ 5400 STAHLBURN LOOP S.A. 78145	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/01/01	BRIANNA PODOJIL 11843 BRAESVILLE #2102 S.A. 78213	75.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 27 A 8:10

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

21 Total pages this Schedule A1: 2-3

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/12/01	NINFA MONCADA P. 13015 KINGS FORREST ST S.A 78230	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/01	VEZMA S. ORTEGA 127 S.W. 29TH ST S.A. 78237	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/01	CINDY V. GUSTAMANTE 801 GENTLEMAN APT 216 S.A. 78201	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/01	HENRY RODRIGUEZ 1947 W. HUISACHE S.A 78201	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/01	CHARLES P. JONES 115 N. CIBOLO ST S.A. 78202	200.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1
(FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

2001 APR 27 A 8:03

1 Total pages this Schedule A1:

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME: LOURDES RODRIGUEZ

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (If applicable)
4/18/01	BEX. HER PAC P.O. BOX 15166 S.A. 78212	250.00	

9 Principal occupation (Optional) / 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (If applicable)
4/19/01	RAY GONZALEZ S.A.	84.19	FOOD BILL FOR FUND RAISER

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (If applicable)
4/19/01	GARCIA REV. LIVING TRUST 3410 LURA LN S.A. 78228	200.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (If applicable)
4/19/01	MARIA T. GOMEZ 802 W. POPULAR S.A. 78212	240.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (If applicable)
4/19/01	HENRY RODRIGUEZ 1942 W. HUISACHE S.A. 78201	50.00 *	

Principal occupation (Optional) / Employer (Optional)

* 3RD CONTRIBUTION THIS PERIOD

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 21 A 8:10

1 Total pages Schedule F: 6

2 FILER NAME: Lourdes Rodriguez

3 ACCOUNT # (Ethics Commission filing)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/1/01	Coca Cola S.A.	234.63

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Products	Lourdes Rodriguez	City Council	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/1/01	Pico De Gallo San Antonio	154.13

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Food	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/2/01	Budweiser Budco S.A.	650.25

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Products	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/3/01	Lu BeTancourt 133 E. Woodlawn #3 San Antonio, Texas 78212	700.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Campaign Consultant	"	"	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 10

2 FILER NAME: Lourdes Rodriguez

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/5/01	Fernando Contreras 946 S.W 35th St San Antonio, Texas 78237	500.00

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
Consultant	Lourdes Rodriguez	City Council	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/5/01	Gloria Estela 1016 W. Huisache San Antonio, Texas 78212	2,000.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
Repayment of Loan	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/6/01	Cash Lourdes Rodriguez 303 Paseo Verde San Antonio, Texas 78207	300.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
Petty Cash	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/6	S.A. Post Publication P.O. Box 14463 San Antonio, Texas 78214	400.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
Advertising			

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POLITICAL EXPENDITURES

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SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3-6

2 FILER NAME: Lourdes Rodriguez

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/7/01	Roddys 1043 Leah y San Antonio, Texas 78211	539.38

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Advertising	Lourdes Rodriguez	City Council	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/8/01	Hernando Nome 2820 Nogalitos San Antonio, Texas 78205	450.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Office Rent	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/10/01	Lourdes Rodriguez 303 Paseo Verde San Antonio, Texas 78207	300.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Partial Payment of loan	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/10/01	Munguia Printers 2201 Buena Vista San Antonio, Texas 78207	710.42

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Printing Service	"	"	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4-6

2 FILER NAME: Lourdes Rodriguez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/10/01	Election Support Service 4958 Military Dr. West San Antonio Texas 78242	500.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Postage		City Council	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/10/01	Election Support Service 4958 Military Dr. West San Antonio, Texas	52.00

Purpose of payment (See instructions regarding type of information required.)	Candidate / Officeholder name	Office sought	Office held
Postage	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/16/01	Porter Poultry	125.12

Purpose of payment (See instructions regarding type of information required.)	Candidate / Officeholder name	Office sought	Office held
Fund Raiser Food Products	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/17/01	S.A. Graphics 1810 N. Pine San Antonio, Texas 78208	496.23

Purpose of payment (See instructions regarding type of information required.)	Candidate / Officeholder name	Office sought	Office held
Graphic Services	"	"	

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POLITICAL EXPENDITURES

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SCHEDULE F

The Instruction Guide explains how to complete this form.

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Total pages Schedule F: 5-6

2 FILER NAME: Lourdes Rodriguez

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/17/01	Election Support Services 4958 Military Dr. West San Antonio, Texas	600.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
Postage	Lourdes Rodriguez	City Council	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/18/01	Roddy's 1043 Leahy San Antonio, Texas 78211	578.75

Purpose of payment (See instructions regarding type of information required.)	Candidate / Officeholder name	Office sought	Office held
Advertising	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/19/01	CPS (Villita Hall) S.A. Texas 78205	280.00

Purpose of payment (See instructions regarding type of information required.)	Candidate / Officeholder name	Office sought	Office held
Special Event	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/19	S.W.B. San Antonio, Texas	83.66

Purpose of payment (See instructions regarding type of information required.)	Candidate / Officeholder name	Office sought	Office held
Communications	"	"	

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POLITICAL EXPENDITURES

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SCHEDULE F

The Instruction Guide explains how to complete this form.

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1 Total pages Schedule F: 6-6

2 FILER NAME: Lourdes Rodriguez

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/20/01	U.S. Post Office San Antonio, Texas	68.00

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
Campaign Mail Out	Lourdes Rodriguez	City Council	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/25/01	M.G. Building Materials 227 New Laredo Hwy San Antonio, Texas 78211	56.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 18

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MS FIRST: LOURDES MI:
NICKNAME: LAST: RODRIGUEZ SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 303 PASEO VERDE APT / SUITE #: CITY: SAN ANTONIO STATE: TX ZIP CODE: 78207

5 CAMPAIGN TREASURER NAME

TITLE: MR FIRST: WILLIAM MI: F.
NICKNAME: "BILL" LAST: EDWARDS SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3110 SAGEHILL DRIVE APT / SUITE #: CITY: SAN ANTONIO STATE: TX ZIP CODE: 78230-4921

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) PHONE NUMBER: 341-5358 EXTENSION:

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 01/01/01 THROUGH Month Day Year: 03/31/01

10 ELECTION

ELECTION DATE Month Day Year: 05/05/

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): CITY COUNCIL (DISTRICT 5)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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: N/A

Address / PO Box: Apt / Suite #: City: State: Zip Code:

☐ additional pages

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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: LOURDES RODRIGUEZ

15 ACCOUNT # (Ethics Commission filers):

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. ••

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

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17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 3220.75
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10870.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 1126.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 11735.11
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 4450.00

19 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.

Lourdes Rodriguez
Signature of Candidate or Officeholder

AVA LEE HELMS
NOTARY PUBLIC
STATE OF TEXAS
11/4/01

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Lourdes Rodriguez, this the 6th day of April, 20 01, to certify which, witness my hand and seal of office.

Ava Lee Helms — Ava Lee Helms — Notary
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1-7

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-04-01	VELMA ORTEGA 447 W. HUISACHE SAN ANTONIO, TX 78201	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-04-01	AL PEELER 7314 GLEN MANOR SAN ANTONIO, TX 78239	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-05-01	GLORIA ESTALA 1016 W. HUISACHE SAN ANTONIO, TX 78201	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-05-01	GLORIA ESTALA 123 REHMAN SAN ANTONIO, TX 78204	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-11-01	COOL ARROWS 1025 S. NOGALITOS SAN ANTONIO, TX 78204	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2-7

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-11-01	AMPELIA ESTALA 123 REHMAN SAN ANTONIO, TX 78204	500.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-11-01	RAUL ARRISPE 4406 NEWCOME SAN ANTONIO, TX 78229	100.00	

Principal occupation (Optional) | Employer (Optional) --

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-11-01	JO ANN PUENTE 1602 COLIMA SAN ANTONIO, TX 78207	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-11-01	JOSEPHINE MARTINEZ 18614 CREEKSIDE PASS SAN ANTONIO, TX 78259	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-11-01	GRACE SCHNEIDER 427 BASSWOOD SAN ANTONIO, TX 78213	200.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3-7

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-11-01	NANCY MARTINEZ 210 BENNER DR SAN ANTONIO, TX 78201	500.00	

9 Principal occupation (Optional): 10 Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-19-01	LORENCO, INC 1830 AUSTIN HWY SAN ANTONIO, TX 78209	500.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-19-01	NORTH CENTRAL CLINIC 226 BITTER RD SAN ANTONIO, TX 78216	500.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-19-01	ROMAN PALOMARES 8904 HUNTERS GLEN TRAIL FORT WORTH, TX 76120	200.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-6-01	BLANCA GARCIA 3410 LYRA LN SAN ANTONIO, TX 78228	300.00	

Principal occupation (Optional): Employer (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 4-7

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2-6-01	ALEJOS INTERESTS, INC 680 S.W. MILITARY SAN ANTONIO, TX 78221	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-21-01	VIVIANO RAMON 3939 PORTSMOUTH SAN ANTONIO, TX 78223	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-03-01	SOPHIE LIM 1626 McCULLOUGH SAN ANTONIO, TX 78212	300.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-07-01	CARMEN RODRIGUEZ 631 MARBACH SAN ANTONIO, TX 78232	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-07-01	AL PEELER 7314 GLEN MANOR SAN ANTONIO, TX 78239	200.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 5-7

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-09-01	GARCES METAL SPECIALISTS, INC 2915 ZARZAMORA SAN ANTONIO, TX 78225	200.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-13-01	MARY MONTEZ 142 EZMO AVE SAN ANTONIO, TX 78225	125.00	

Principal occupation (Optional) | Employer (Optional) —

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-15-01	RAYMOND GONZALEZ INS. CO 306 SAN PEDRO AVE SAN ANTONIO, TX 78205	125.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-15-01	HECTOR V. LEAL 9311 FERNGLEN SAN ANTONIO, TX 78240	125.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-16-01	ERNEST CRUZ 4020 SUNRISE COVE DR SAN ANTONIO, TX 78244	75.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 6-7

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-19-01	JO ANN PUENTE 1602 COLIMA SAN ANTONIO, TX 78207	125.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-01	JOSEPHINE V. RAMON 3939 PORTSMOUTH SAN ANTONIO, TX 78223	125.00	

Principal occupation (Optional) | Employer (Optional) —

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-20-01	CHARLES P. JONES 115 N. CIBOLO ST SAN ANTONIO, TX 78207	200.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-21-01	MELBA NIXON 8911 RIDGEHOLLOW ST SAN ANTONIO, TX 78250	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-25-01	ROMAN PALOMARES 8904 HUNTERS GLEN TRAIL FORT WORTH, TX	250.00	—

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7-7

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-26-01	SANDRA CANTU 2101 W. GRAMERCY SAN ANTONIO, TX 78201	125.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-30-01	ESTHER MENDOZA 130 MELROSE PL SAN ANTONIO, TX 78212	75.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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LOANS

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SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ -0-

5 Date of loan	7 Name of lender	9 Loan Amount ($)
2/28/01	☐ out-of-state PAC (ID#:_____) GLORIA ESTALA	2000.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code: 1016 W. HUISACHE SAN ANTONIO, TX 78	10 Interest rate 0%
		11 Maturity date 05-05-01

12 Description of Collateral
☒ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☒ not applicable	15 Guarantor address; City; State; Zip Code	--

17 Principal Occupation	18 Employer

Date of loan	Name of lender	Loan Amount ($)
3/28/01	☐ out-of-state PAC (ID#:_____) LOURDES RODRIGUEZ	500.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code: 303 PASEO DRIVE SAN ANTONIO, TX 78207	Interest rate 0%
		Maturity date 05-05-01

Description of Collateral
☒ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☒ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

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1 Total pages Schedule F: 1-9

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/5/01	ALLIED PRINTING 3700 BLANCO S.A. TX 78212	1406.42

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
SIGNS	LOURDES RODRIGUEZ

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/5/01	JOSE FRANCO 1323 W. THOMPSON 78226	75.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
PHOTOS	" "

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/8/01	MUNGUIA PRINTERS 2201 BUENA VISTA 78207	91.70

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
CAMPAIGN PRINTING	" "

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/8/01	IMAGEN 121 E. WOODLAWN Ste A 78212	200.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
ART WORK ~~CAMPAIGN PRINTI~~	" "

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2-9

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/10/01	TOMMY'S RESTRAUNT 1205 NOGALITOS ST. 78204	539.38

8 Purpose of payment (See instructions regarding type of information required.): ANNOUNCEMENT. FUNDRAISER BUFFET.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: LOURDES RODRIGUEZ
Office sought: CITY COUNCIL DIST. 5
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/13/01	BUY BEST ~~PRODUCTS~~ 6065 N.W. LOOP 410 SAN PEDRO SAN ANTONIO TX 78238	183.34

Purpose of payment (See instructions regarding type of information required.): OFFICE EQUIPMENT

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: "
Office sought: "
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/13/01	FERNANDO CONTRERAS 946 S. W. 35th St S.A TX 78237	500.00

Purpose of payment (See instructions regarding type of information required.): Political Consultant

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: "
Office sought: "
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/17/01	MUNGUIA PRINTERS 2201 BUENA VISTA	591.85

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN PRINTING

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: "
Office sought: "
Office held:

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SCHEDULE F

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1 Total pages Schedule F: 3-9

2 FILER NAME: Lourdes Rodriguez

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-24-01	Hernando Name 2820 Nogalitos St S.A. Texas 78205	250.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
OFFICE RENT	Lourdes for City Council District 5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-25-01	S.A. Womens Chamber 217 Hemisfair Plaza S.A. Texas 78205	100.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
MEMBERSHIP (PR)	— — —

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-26-01	City of San Antonio San Antonio, Texas	165.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
CERTIFICATE OF OCCUPANCY	— — —

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/29/01	City of San Antonio (CPS) P.O. Box 2678 San Antonio Texas	250.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Deposit Utilities	— — —

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SCHEDULE F

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1 Total pages Schedule F: 4-9

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-29-01	HERNANO NAME 2800 NOGALITOS ST. SA. TX 78225	200.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
OFFICE RENT (PARTIAL PAYMENT)	LOURDES RODRIGUEZ		CITY COUNCIL DIST. 5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/30/01	S.W. BELL P.O. BOX 4844 HOUSTON TX 77097	255.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
CAMPAIGN OFFICE PHONE	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/1/01	HOLY FAMILY SR. CITIZENS 3814 NASH BLVD S.A, TX 78223	100.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
SPONSOR / P.R. CONTRIBUTION	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/4/01	MUNGUIA PRINTERS 2201 BUENA VISTA 78207	266.45

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
CAMPAIGN PRINTING	"	"	

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SCHEDULE F

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1 Total pages Schedule F: 5-9

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/16/01	KINKO'S 11745 WEST IH 10 SA TX 78230	74.91

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
COPIES	LOURDES RODRIGUEZ	CITY COUNCIL DIST 5	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/21/01	U.S POST OFFICE SAN ANTONIO TX	102.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
POSTAGE MAIL OUT	—	—	—

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/28/01	RUBEN RAMOS 10615 ETTA LANE AUSTIN TX	1000.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
FUND RAISER DEPOSIT FOR ENTERTAINMENT	"	"	"

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/04/01	HERNANDO NAME 2820 NOGALITOS ST. SA TX 78225	450

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
OFFICE RENT	"		"

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1 Total pages Schedule F: 6-9

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/5/01	CPS SPECIAL EVENTS VILLITA HALL S.A. TX 78205	305.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
FUND RAISER INS. VILLITA HALL DEPOSIT	LOURDES RODRIGUEZ / CITY COUNCIL DIST. 5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/5/01	CPS HALL SAN ANTONIO TX 78205	810.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
FUND RAISER EVENT	" / "

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/5/01	LU BETANCOURT 133 E. WOODLAWN S.A TX 78212	300.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
CAMPAIGN MANAGER	" / "

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/10/01	PORTER POULTRY 545 HWY 90 WEST S.A TX 78227	565.10

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
BBQ FUNDRAISER	" / "

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SCHEDULE F

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1 Total pages Schedule F: 7-9

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/15/01	S. W. BELL S.A TX	233.57

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
OFFICE ~~COM~~ TELEPHONE	LOURDES RODRIGUEZ	CITY COUNCIL DIST. 5.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/20/01	LUIBETANCOURT	300.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
CAMPAIGN MANAGER	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/20/01	RODDY'S ADVERTISING 1043 LEAHY 78211	500.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
SIGNS PRINTING	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/21/01	PEE WEE ANGELS 1311 W. THED 78225	100.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
ADVERTISEMENT DONATION P.R.	"	"	

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8 of 9

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/23/01	OFFICE DEPOT SAN ANTONIO, TX	137.93

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
PRINTING SUPPLIES	LOURDES RODRIGUEZ	CITY COUNCIL DISTRICT 5	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/24/01	KINKOS SAN ANTONIO, TX 78	—

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
PRINTING	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/26/01	HENRY RODRIGUEZ 1947 W. HUISACHE SAN ANTONIO, TX 78201	100.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
BEER LICENSE	"	"	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/27/01	SAWS SAN ANTONIO, TX 78205	95.25

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name	Office sought	Office held
	"	"	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 9-9

2 FILER NAME: LOURDES RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/28/01	MARY MONTEZ 142 ELMO ST SAN ANTONIO, TX 78225	250.67

8 Purpose of payment (See instructions regarding type of information required.): FUNDRAISER SUPPLIES

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/29/01	JO ANN RAMON 3939 PORTSMOUTH SAN ANTONIO, TX 78223	145.00

Purpose of payment (See instructions regarding type of information required.): SERVICES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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