

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 6		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01	01	2014	02	03	2014

RECEIVED FEB 04 2014
3:27pm
CS

6 EXPLANATION OF CORRECTION

I am correcting Cover Sheet Page 2, Line 4.
I inadvertently did not include political expenditures.
Total expenditures for the reporting period should be \$60,340.02 and not \$55,898.89

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ricardo Rodriguez this the 4th day of February

20 14 to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Sylvia G. Rocha*
Printed name of officer administering oath: Sylvia G Rocha
Title of officer administering oath: Notary

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Ricardo Rodriguez, Jr.

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,719.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 60,340.02

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 10,536.25

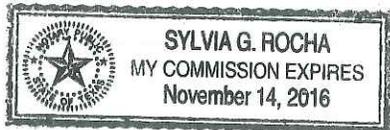
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 180,200.00

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ricardo Rodriguez, this the 4th day of February, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Ricardo Rodriguez, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01-16-14	5 Payee name Exxon Mobile	
6 Amount (\$) 67.83	7 Payee address; City; State; Zip Code 2822 West Monte Cristo Road Edinburg, TX 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) Fuel Campaign Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01-07-14	Payee name Advance Auto	
Amount (\$) 63.30	Payee address; City; State; Zip Code 2809 West University Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Ball hitch
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01-15-14	Payee name AT&T	
Amount (\$) 57.70	Payee address; City; State; Zip Code 1431 Apple Street Dallas, TX 75204-5201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office overhead	Description (If travel outside of Texas, complete Schedule T) Campaign office telephone bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01-15-14	Payee name TXU Energy	
Amount (\$) 132.56	Payee address; City; State; Zip Code P O Box 31427 El Paso, TX 79931	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office overhead	Description (If travel outside of Texas, complete Schedule T) Campaign office electric bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Ricardo Rodriguez, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01-21-14	5 Payee name Exxon Mobile	
6 Amount (\$)	7 Payee address; City; State; Zip Code 2822 West Monte Cristo Road Edinburg, TX 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel in district	(b) Description (If travel outside of Texas, complete Schedule T) Fuel campaign expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01-21-14	Payee name Allied Advertising	
Amount (\$)	Payee address; City; State; Zip Code 3700 Blanco Road San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Wires for yard signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01-22-14	Payee name Nationbuilder	
Amount (\$) 49.00	Payee address; City; State; Zip Code 448 S. Hill Street, Suite 200 Los Angeles, CA 90013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political advertising	Description (If travel outside of Texas, complete Schedule T) campaign website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01-22-14	Payee name Copy Plus	
Amount (\$) 635.48	Payee address; City; State; Zip Code 4500 N. 10th, Suite 240 McAllen, TX 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) campaign literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Ricardo Rodriguez, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01-27-14	5 Payee name HEB	
6 Amount (\$) 67.16	7 Payee address; City; State; Zip Code 1212 South Closner Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel in district	(b) Description (If travel outside of Texas, complete Schedule T) campaign fuel expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01-29-14	Payee name Stripes	
Amount (\$) 40.56	Payee address; City; State; Zip Code Closner and Hwy 281 Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel in district	Description (If travel outside of Texas, complete Schedule T) campaign fuel expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01-27-14	Payee name Allied Advertising	
Amount (\$) 1,169.10	Payee address; City; State; Zip Code 3700 Blanco Road San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Wires for yard signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01-31-14	Payee name Facebook	
Amount (\$) 500.44	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025-1452	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) political advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Ricardo Rodriguez, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01-28-14	5 Payee name Texas National Bank	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 4914 South Jackson Road Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking fee	(b) Description (If travel outside of Texas, complete Schedule T) Banking fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date -1-28-14	Payee name Texas National Bank	
Amount (\$) 70.00	Payee address; City; State; Zip Code 4914 South Jackson Road Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking Fee	Description (If travel outside of Texas, complete Schedule T) Banking Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED