

# 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) 11111111	2 PAGE # 1 of 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Luis		OFFICE USE ONLY  Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged
	NICKNAME LAST SUFFIX Mike Rodriguez		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10218 Braemar Dr Austin, TX 78747		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             2014 OCT 27 PM 3:12              RECEIVED              AUSTIN CITY CLERK           </div>
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. C.		
	NICKNAME LAST SUFFIX Dean Goodnight		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4504 S. Congress Ave Austin, TX 78745		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 422-2619		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    Month Day Year 09/26/2014    THROUGH    10/25/2014		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/04/2014		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) AUSTIN CITY COUNCIL, DISTRICT 5
GO TO PAGE 2			

**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. ..

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**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

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

\$

1,685.00

**EXPENDITURE  
TOTALS**

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

5,825.56

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

\$

8,659.56

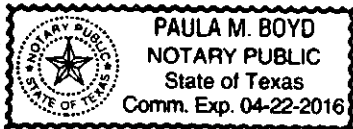
**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

10,000.00

**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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/3 Report: 4/7

2 FILER NAME Rodriguez, Luis (Mr.)

3 ACCOUNT # (Ethics Commission filers)

11111111

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Luther, Leslie

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

10/20/2014

6 Contributor address; City; State; Zip Code  
818 Congress Ave  
Austin, TX 78701

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Martinez, Gilbert (Mr.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/11/2014

Contributor address; City; State; Zip Code  
10113 Dobbin Dr  
Austin, TX 78748

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Morris, Terry

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/17/2014

Contributor address; City; State; Zip Code  
8804 Texas Sun Dr  
Austin, TX 78748

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Newman, Polly

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/13/2014

Contributor address; City; State; Zip Code  
2916 Fleet Dr  
Austin, TX 78748

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Nuccio, Antonino (Mr.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/16/2014

Contributor address; City; State; Zip Code  
11037 River Plantation Dr  
Austin, TX 78747

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
USAF Officer

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

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Randle, Gail (Ms.)

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

10/01/2014

6 Contributor address; City; State; Zip Code  
11116 Sea Hero Lane  
Austin, TX 78748

\$25.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Roberson, Jay (Mr.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/04/2014

Contributor address; City; State; Zip Code  
9001 Comburg Dr  
Austin, TX 78747

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rose, Jeffrey

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/16/2014

Contributor address; City; State; Zip Code  
3300 Aldwyche Dr  
Austin, TX 78704

\$25.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Santiago, Greg (Mr.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/11/2014

Contributor address; City; State; Zip Code  
10508 Thoroughbred Dr  
Austin, TX 78748

\$75.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Statum, Barbara (Ms.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/17/2014

Contributor address; City; State; Zip Code  
9400 Silk Oak Cove  
Austin, TX 78748

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

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