

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>55</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST    MI <b>Mrs</b> <b>IRNA</b> ..... NICKNAME                              LAST    SUFFIX <b>Rudolph</b>	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>9706 Barons Crk San Antonio TX 78251</b>	Date Received	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER    EXTENSION ( <b>210</b> ) <b>500-5022</b>	Date Hand-delivered or Date Postmarked	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST    MI <b>Mrs</b> <b>Monica</b> ..... NICKNAME                              LAST    SUFFIX <b>Sampson</b>	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3855 Wetmore Rdg San Antonio TX 78247</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER    EXTENSION ( <b>210</b> ) <b>649-6801</b>		
<b>9</b> REPORT TYPE	<b>January 15: Semi-Annual</b>		
<b>10</b> PERIOD COVERED	Month    Day    Year    Month    Day    Year <b>7/1/2022</b> THROUGH <b>12/31/2022</b>		
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year <b>5/6/2023</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <b>Council District 6</b>	

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# SUBTOTALS - COH

**FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME <b>Mrs IRNA Rudolph</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$ 10367.27</b>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		<b>\$ 0</b>
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		<b>\$ 0</b>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 5109.31</b>
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$ 0</b>
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$ 0</b>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		<b>\$ 0</b>
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		<b>\$ 0</b>
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**1 of 34**

**2** FILER NAME  
**Mrs IRNA Rudolph**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**7/5/2022**

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr TONY CASTELLUCI**

**7** Amount of contribution (\$)  
**200.00**

**6** Contributor address; City; State; Zip Code  
**4518 EVERSTONE  
SAN ANTONIO, TX 78251**

**8** Principal occupation / Job title (See instructions)  
**SELF**

**9** Employer (See instructions)  
**SELF**

Date  
**7/5/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs LAURA MIGNORE**

Amount of contribution (\$)  
**20.00**

Contributor address; City; State; Zip Code  
**72 BANKER RD  
HEWITT, NJ 07421**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)  
**N/A**

Date  
**7/13/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs MARC LAHOOD**

Amount of contribution (\$)  
**60.00**

Contributor address; City; State; Zip Code  
**127 ENCINO BLANCO  
SAN ANTONIO, TX 78232**

Principal occupation / Job title (See instructions)  
**LAWYER**

Employer (See instructions)  
**LAHOOD LAW PLLC**

Date  
**7/13/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr MARC LAHOOD**

Amount of contribution (\$)  
**49.34**

Contributor address; City; State; Zip Code  
**127 ENCINO BLANCO  
SAN ANTONIO, TX 78232**

Principal occupation / Job title (See instructions)  
**LAWYER**

Employer (See instructions)  
**LAHOOD LAW PLLC**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/13/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs TERESA BOLIN**

7 Amount of contribution (\$)  
**20.00**

6 Contributor address; City; State; Zip Code  
**11423 ASH HOLLOW DR  
SAN ANTONIO, TX 78245**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**7/15/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr THOMAS PARINSON**

Amount of contribution (\$)  
**54.67**

Contributor address; City; State; Zip Code  
**3919 PERRIN CENTRAL BLV #903  
SAN ANTONIO, TX 78217**

Principal occupation / Job title (See instructions)  
**IT**

Employer (See instructions)  
**SELF**

Date  
**7/15/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs SORA HUN**

Amount of contribution (\$)  
**54.67**

Contributor address; City; State; Zip Code  
**23538 SEVEN WINDS  
SAN ANTONIO, TX 78258**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)  
**N/A**

Date  
**7/17/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr CHAD EMMERT**

Amount of contribution (\$)  
**20.00**

Contributor address; City; State; Zip Code  
**2703 JEFFERSON AVE  
DAVENPORT, IA 52803**

Principal occupation / Job title (See instructions)  
**SELF**

Employer (See instructions)  
**SELF**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**3 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/17/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs MARIA GALAVIZ**

7 Amount of contribution (\$)  
**44.06**

6 Contributor address; City; State; Zip Code  
**239 CENTER ST  
SAN ANTONIO, TX 78202**

8 Principal occupation / Job title (See instructions)  
**PROJECT MANAGER**

9 Employer (See instructions)  
**RANDSTAND**

Date  
**7/21/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr GLEEN TACCONE**

Amount of contribution (\$)  
**20.00**

Contributor address; City; State; Zip Code  
**2419 PAVEENE AVE  
HENDERSON, NV 89052**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)  
**N/A**

Date  
**7/22/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs LAURA ACOSTA**

Amount of contribution (\$)  
**10.00**

Contributor address; City; State; Zip Code  
**149 TWINLEAF LN  
SAN ANTONIO, TX 78213**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)  
**N/A**

Date  
**7/22/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Ms LEIGHA ALMENAREZ**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**5406 VISTA RUN DR  
SAN ANTONIO, TX 78247**

Principal occupation / Job title (See instructions)  
**SELF**

Employer (See instructions)  
**SELF**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/22/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JEFFREY MCCMANUS</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>788 TERRELL RD SAN ANTONIO, TX 78209</b>		
8 Principal occupation / Job title (See instructions) <b>CHAIRMAN</b>		9 Employer (See instructions) <b>GOP</b>
Date <b>7/23/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr MICHAEL SAMANIEGO</b>	Amount of contribution (\$) <b>38.73</b>
Contributor address; City; State; Zip Code <b>12319 FLEMING SURF SAN ANTONIO, TX 78249</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>AF</b>
Date <b>7/23/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr MICHAEL SAMANIEGO</b>	Amount of contribution (\$) <b>60.00</b>
Contributor address; City; State; Zip Code <b>12319 FLEMING SURF SAN ANTONIO, TX 78249</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>AF</b>
Date <b>7/24/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JADEN GRUNDEN</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>3243 NACOGDOCHES RD SAN ANTONIO, TX 78217</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/26/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs MIRIAM PLANAS</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>5722 CREEKWOOD ST SAN ANTONIO, TX 78233</b>		
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions) <b>N/A</b>
Date <b>7/28/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr RICHARD GOLD</b>	Amount of contribution (\$) <b>22.85</b>
Contributor address; City; State; Zip Code <b>3055 QUAKERTOWN SAN ANTONIO, TX 78230</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>
Date <b>7/28/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr AJ CAR</b>	Amount of contribution (\$) <b>22.79</b>
Contributor address; City; State; Zip Code <b>13310 OVERGLEN SAN ANTONIO, TX 78231</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)
Date <b>7/28/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr AJ CAR</b>	Amount of contribution (\$) <b>60.00</b>
Contributor address; City; State; Zip Code <b>13310 OVERGLEN SAN ANTONIO, TX 78231</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/28/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr AJ CAR</b>	7 Amount of contribution (\$) <b>60.00</b>
6 Contributor address; City; State; Zip Code <b>13310 OVERGLEN SAN ANTONIO, TX 78231</b>		
8 Principal occupation / Job title (See instructions) <b>RETIRED</b>		9 Employer (See instructions)
Date <b>8/1/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs ROSARIO YOUNG</b>	Amount of contribution (\$) <b>56.30</b>
Contributor address; City; State; Zip Code <b>5518 HORIZON DR SAN ANTONIO, TX 78228</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>
Date <b>8/2/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms AMY OU</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>4703 CELLAR CRK SAN ANTONIO, TX 78253</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>AF</b>
Date <b>8/3/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs LETICIA CASTILLO</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>3885 DAVIDSON ST CORONA, CA 92879</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**7 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/4/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs MELISSA LASZLO**

7 Amount of contribution (\$)  
**20.00**

6 Contributor address; City; State; Zip Code  
**4102 S NEW BRAUNFELS  
SAN ANTONIO, TX 78223**

8 Principal occupation / Job title (See instructions)  
**SELF**

9 Employer (See instructions)  
**SELF**

Date  
**8/5/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr DAVID BRAUN**

Amount of contribution (\$)  
**35.09**

Contributor address; City; State; Zip Code  
**211 WONDER PARKWAY  
SAN ANTONIO, TX 78213**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

Date  
**8/5/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs MARIA GALAVIZ**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**239 CENTER ST  
SAN ANTONIO, TX 78202**

Principal occupation / Job title (See instructions)  
**PROJECT MANAGER**

Employer (See instructions)  
**RANDSTAND**

Date  
**8/8/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr EDWARD TRIGO**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**4606 SCENIC SIR  
SAN ANTONIO, TX 78251**

Principal occupation / Job title (See instructions)  
**SELF**

Employer (See instructions)  
**SELF**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**8 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/8/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr PAUL JAMES**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**18385 BABCOCK RD  
SAN ANTONIO, TX 78255**

8 Principal occupation / Job title (See instructions)  
**N/A**

9 Employer (See instructions)  
**N/A**

Date  
**8/8/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr KYLE BOLCH**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**23538 SEVEN WINDS  
SAN ANTONIO, TX 78258**

Principal occupation / Job title (See instructions)  
**INSURANCE SALES**

Employer (See instructions)  
**USAA**

Date  
**8/8/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr ZANDER QUCKIAN**

Amount of contribution (\$)  
**5.00**

Contributor address; City; State; Zip Code  
**1511 CANYON PARKE  
SAN ANTONIO, TX 78232**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)  
**N/A**

Date  
**8/8/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr TERESA BOLIN**

Amount of contribution (\$)  
**20.00**

Contributor address; City; State; Zip Code  
**11423 ASH HOLLOW DR  
SAN ANTONIO, TX 78245**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/8/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms JAMIE MARROQUI</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>9131 POWHATAN DR SAN ANTONIO, TX 78230</b>		
8 Principal occupation / Job title (See instructions) <b>SALES</b>		9 Employer (See instructions) <b>N/A</b>
Date <b>8/10/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms NATHALIE ARROYO</b>	Amount of contribution (\$) <b>44.06</b>
Contributor address; City; State; Zip Code <b>1011 BROADWAY #425 SAN ANTONIO, TX 78215</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions) <b>SELF</b>
Date <b>8/11/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr CAMERON QUINTANILLA</b>	Amount of contribution (\$) <b>44.06</b>
Contributor address; City; State; Zip Code <b>2554 NE LOOP 410 SAN ANTONIO, TX 78217</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions) <b>SELF</b>
Date <b>8/11/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JORDAN WHITE</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>2564 MEADOW SAN ANTONIO, TX 78254</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/11/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr CAL MILLER</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>7539 PIPERS WAY DR SAN ANTONIO, TX 78251</b>		
8 Principal occupation / Job title (See instructions) <b>RETIRED</b>		9 Employer (See instructions) <b>RETIRED</b>
Date <b>8/14/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JASON SALAZAR</b>	Amount of contribution (\$) <b>38.77</b>
Contributor address; City; State; Zip Code <b>5843 COMPANCHE SAN ANTONIO, TX 78233</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions) <b>SELF</b>
Date <b>8/15/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JOSE GALVAN</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>1451 W. GERALD SAN ANTONIO, TX 78211</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions) <b>SELF</b>
Date <b>8/17/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr ESTEBAN TORRES</b>	Amount of contribution (\$) <b>54.06</b>
Contributor address; City; State; Zip Code <b>466 HIALEAH SAN ANTONIO, TX 78218</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>11 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/17/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr BRANDON BRADSHAW</b>	7 Amount of contribution (\$) <b>54.67</b>
6 Contributor address; City; State; Zip Code <b>4518 EVERRSTONE SAN ANTONIO, TX 78251</b>		
8 Principal occupation / Job title (See instructions) <b>RETIRED</b>		9 Employer (See instructions)
Date <b>8/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs MISTY SPEARS</b>	Amount of contribution (\$) <b>44.06</b>
Contributor address; City; State; Zip Code <b>2834 SIERRA SALINAS SAN ANTONIO, TX 78259</b>		
Principal occupation / Job title (See instructions) <b>CANDIDATE COUNTY CLERK</b>		Employer (See instructions)
Date <b>8/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs Monica Sampson</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>3855 Wetmore Rdg San Antonio, TX 78247</b>		
Principal occupation / Job title (See instructions) <b>CASE MANAGER</b>		Employer (See instructions) <b>ADVANTAGE CARE</b>
Date <b>8/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs RIXHARD LEMON</b>	Amount of contribution (\$) <b>38.12</b>
Contributor address; City; State; Zip Code <b>PO Box 290290 KERRVILLE, TX 78245</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/19/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs RIXHARD LEMON</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>PO Box 290290 KERRVILLE, TX 78245</b>		
8 Principal occupation / Job title (See instructions) <b>SELF</b>		9 Employer (See instructions)
Date <b>8/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr RAOUL PELLERIN</b>	Amount of contribution (\$) <b>22.85</b>
Contributor address; City; State; Zip Code <b>3801 BERKMAN DR #367 SAN ANTONIO, TX 78228</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)
Date <b>8/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr RODNEY LANDRY</b>	Amount of contribution (\$) <b>48.73</b>
Contributor address; City; State; Zip Code <b>5819 LOST CREEK ST SAN ANTONIO, TX 78247</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions)
Date <b>8/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr RODNEY LANDRY</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>5819 LOST CREEK ST SAN ANTONIO, TX 78247</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**13 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/19/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr GREGORY SAMPSON**

7 Amount of contribution (\$)  
**35.09**

6 Contributor address; City; State; Zip Code  
**33000 I H 10 WEST  
BOERNE, TX 78006**

8 Principal occupation / Job title (See instructions)  
**RETIRED**

9 Employer (See instructions)

Date  
**8/20/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs ROSARIO YOUNG**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**5518 HORIZON DR  
SAN ANTONIO, TX 78228**

Principal occupation / Job title (See instructions)  
**SELF**

Employer (See instructions)

Date  
**8/20/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr ROCKY GARCIA**

Amount of contribution (\$)  
**44.06**

Contributor address; City; State; Zip Code  
**9718 KNOB OAK  
SAN ANTONIO, TX 78250**

Principal occupation / Job title (See instructions)  
**SALES**

Employer (See instructions)  
**SELF**

Date  
**8/20/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr ROCKY GARCIA**

Amount of contribution (\$)  
**80.00**

Contributor address; City; State; Zip Code  
**9718 KNOB OAK  
SAN ANTONIO, TX 78250**

Principal occupation / Job title (See instructions)  
**SALES**

Employer (See instructions)  
**SELF**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**14 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/20/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs EMILY NINO**

7 Amount of contribution (\$)  
**42.00**

6 Contributor address; City; State; Zip Code  
**3568 VIA PESCADOS  
SAN ANTONIO, TX 78245**

8 Principal occupation / Job title (See instructions)  
**INSURANCE SALES**

9 Employer (See instructions)  
**USAA**

Date  
**8/20/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs EMILY NINO**

Amount of contribution (\$)  
**60.00**

Contributor address; City; State; Zip Code  
**3568 VIA PESCADOS  
SAN ANTONIO, TX 78245**

Principal occupation / Job title (See instructions)  
**INSURANCE SALES**

Employer (See instructions)  
**USAA**

Date  
**8/20/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs EMILY NINO**

Amount of contribution (\$)  
**60.00**

Contributor address; City; State; Zip Code  
**3568 VIA PESCADOS  
SAN ANTONIO, TX 78245**

Principal occupation / Job title (See instructions)  
**INSURANCE SALES**

Employer (See instructions)  
**USAA**

Date  
**8/20/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs LORRAINE LEMON**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**PO Box 290290  
KERRVILLE, TX 78245**

Principal occupation / Job title (See instructions)  
**SELF**

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**15 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/20/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr MICHAEL DE LUNA**

7 Amount of contribution (\$)  
**300.00**

6 Contributor address; City; State; Zip Code  
**6207 CHERRY HILLS  
SAN ANTONIO, TX 78244**

8 Principal occupation / Job title (See instructions)  
**GENERAL MANAGER**

9 Employer (See instructions)  
**SERGEANT CLUTCH**

Date  
**8/20/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs SUSIE DE LUNA**

Amount of contribution (\$)  
**240.00**

Contributor address; City; State; Zip Code  
**6207 CHERRY HILLS  
SAN ANTONIO, TX 78244**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)

Date  
**8/20/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs AMY OU**

Amount of contribution (\$)  
**300.00**

Contributor address; City; State; Zip Code  
**221 CORDERO DR  
CIBOLO, TX 78108**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**AF**

Date  
**8/25/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr JAMIE MCCULLOUGH**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**1148 GORDON AVE  
ALBANY, TX 76430**

Principal occupation / Job title (See instructions)  
**TRUCK DRIVER**

Employer (See instructions)  
**SELF**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/25/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JOHN ALVARADO</b>	7 Amount of contribution (\$) <b>20.00</b>
6 Contributor address; City; State; Zip Code <b>825 HWY 289 BOERNE, TX 78006</b>		
8 Principal occupation / Job title (See instructions) <b>OWNER</b>		9 Employer (See instructions) <b>SELF</b>
Date <b>8/27/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs CHELSEY COOPER</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>6307 BRICH VALLEY DR SAN ANTONIO, TX 78242</b>		
Principal occupation / Job title (See instructions) <b>CAMPAIGN MANAGER</b>		Employer (See instructions) <b>SELF</b>
Date <b>8/27/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs SHERLLYN FLICK</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>606 GOLFCREST DR SAN ANTONIO, TX 78239</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions)
Date <b>8/28/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr ROBERT LARES</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>7414 MEADOW HILLS SAN ANTONIO, TX 78251</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>17 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/5/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JESUS CARDENAS</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>6929 CHANNEL C.T EASTVALE, CA 91752</b>		
8 Principal occupation / Job title (See instructions) <b>RETIRED</b>		9 Employer (See instructions) <b>AF</b>
Date <b>9/5/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr KEVIN FREEMAN</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>9406 QUICKSILVER DR SAN ANTONIO, TX 78245</b>		
Principal occupation / Job title (See instructions) <b>CONTACTOR</b>		Employer (See instructions) <b>SELF</b>
Date <b>9/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr RAOUL PELLERIN</b>	Amount of contribution (\$) <b>1.00</b>
Contributor address; City; State; Zip Code <b>3801 BERKMAN DR SAN ANTONIO, TX 78228</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)
Date <b>9/8/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr EARL JURY</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>727 PRIVATE RD 1508 BANDERA, TX 78003</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>18 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/9/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr MICHAEK FRANKLIN</b>	7 Amount of contribution (\$) <b>10.00</b>
6 Contributor address; City; State; Zip Code <b>18636 COUNTRY RD 437 LINDALE, TX 75771</b>		
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions)
Date <b>9/13/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JERRY DANDENEAU</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code <b>8446 MEADOW PINS SAN ANTONIO, TX 78254</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)
Date <b>9/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr GILBERT MONK</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>6781 COMPANCHE VW SAN ANTONIO, TX 78233</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions) <b>US ARMY</b>
Date <b>10/1/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr THOMAS PARINSON</b>	Amount of contribution (\$) <b>38.77</b>
Contributor address; City; State; Zip Code <b>3919 PERRIN CENTRAL BLV SAN ANTONIO, TX 78217</b>		
Principal occupation / Job title (See instructions) <b>IT</b>		Employer (See instructions) <b>SELF</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/1/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs KARLA KILMER</b>	7 Amount of contribution (\$) <b>17.54</b>
6 Contributor address; City; State; Zip Code <b>239 CENTER ST SAN ANTONIO, TX 78202</b>		
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions)
Date <b>10/1/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs NOREEN ESPINOZA</b>	Amount of contribution (\$) <b>38.77</b>
Contributor address; City; State; Zip Code <b>3801 BERKMAN DR SAN ANTONIO, TX 78228</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)
Date <b>10/1/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JC RODRIGUEZ</b>	Amount of contribution (\$) <b>17.54</b>
Contributor address; City; State; Zip Code <b>3568 VIA PESCADOS SAN ANTONIO, TX 78245</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)
Date <b>10/1/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JC RODRIGUEZ</b>	Amount of contribution (\$) <b>60.00</b>
Contributor address; City; State; Zip Code <b>3568 VIA PESCADOS SAN ANTONIO, TX 78245</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**20 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/1/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr JONATHAN MELENDEZ**

7 Amount of contribution (\$)  
**38.77**

6 Contributor address; City; State; Zip Code  
**17038 BULVERDE RD  
SAN ANTONIO, TX 78247**

8 Principal occupation / Job title (See instructions)  
**INSURANCE SALES**

9 Employer (See instructions)

Date  
**10/1/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr JOSE GALVAN**

Amount of contribution (\$)  
**60.00**

Contributor address; City; State; Zip Code  
**1451 W. GERALD  
SAN ANTONIO, TX 78211**

Principal occupation / Job title (See instructions)  
**SELF**

Employer (See instructions)

Date  
**10/1/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr JOSE GALVAN**

Amount of contribution (\$)  
**17.54**

Contributor address; City; State; Zip Code  
**1451 W. GERALD  
SAN ANTONIO, TX 78211**

Principal occupation / Job title (See instructions)  
**SELF**

Employer (See instructions)

Date  
**10/1/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr CAMERON QUINTANILLA**

Amount of contribution (\$)  
**38.77**

Contributor address; City; State; Zip Code  
**2554 NE LOOP 410  
SAN ANTONIO, TX 78217**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**21 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/1/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr AJ CAR**

7 Amount of contribution (\$)  
**60.00**

6 Contributor address; City; State; Zip Code  
**13310 OVERGLEN  
SAN ANTONIO, TX 78231**

8 Principal occupation / Job title (See instructions)  
**TEACHER**

9 Employer (See instructions)  
**HARLANDALE ISD**

Date  
**10/1/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr DAVID BRAUN**

Amount of contribution (\$)  
**45.70**

Contributor address; City; State; Zip Code  
**211 WONDER PARKWAY  
SAN ANTONIO, TX 78213**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)

Date  
**10/1/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr AJ CAR**

Amount of contribution (\$)  
**56.31**

Contributor address; City; State; Zip Code  
**13310 OVERGLEN  
SAN ANTONIO, TX 78231**

Principal occupation / Job title (See instructions)  
**TEACHER**

Employer (See instructions)  
**HARLANDALE ISD**

Date  
**10/1/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr MICHAEL SAMANIEGO**

Amount of contribution (\$)  
**60.00**

Contributor address; City; State; Zip Code  
**12319 FLEMING SURF  
SAN ANTONIO, TX 78249**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**AF**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>22 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/1/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs MARIA GALAVIZ</b>	7 Amount of contribution (\$) <b>60.00</b>
6 Contributor address; City; State; Zip Code <b>239 CENTER ST SAN ANTONIO, TX 78202</b>		
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions)
Date <b>10/1/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs MARIA GALAVIZ</b>	Amount of contribution (\$) <b>38.77</b>
Contributor address; City; State; Zip Code <b>239 CENTER ST SAN ANTONIO, TX 78202</b>		
Principal occupation / Job title (See instructions) <b>PROJECT MANAGER</b>		Employer (See instructions) <b>RANDSTAND</b>
Date <b>10/1/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr MICHAEL SAMANIEGO</b>	Amount of contribution (\$) <b>17.54</b>
Contributor address; City; State; Zip Code <b>12319 FLEMING SURF SAN ANTONIO, TX 78249</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>AF</b>
Date <b>10/1/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs TERESA BOLIN</b>	Amount of contribution (\$) <b>38.77</b>
Contributor address; City; State; Zip Code <b>11423 ASH HOLLOW DR SAN ANTONIO, TX 78245</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>AF</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>23 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/7/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms ELSA PADILLA</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>1603 W COUNTRY RD 135 MIDLAND, TX 79706</b>		
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions)
Date <b>10/8/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs MARSHA LANDRY</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>5819 LOST CREEK ST SAN ANTONIO, TX 78247</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)
Date <b>10/17/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs MAUREEN BALLARD</b>	Amount of contribution (\$) <b>40.00</b>
Contributor address; City; State; Zip Code <b>4703 CELLAR CRK SAN ANTONIO, TX 78253</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NAVY</b>
Date <b>10/17/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs BENJAMIN BONILLA</b>	Amount of contribution (\$) <b>240.00</b>
Contributor address; City; State; Zip Code <b>2115 PLUM BLOSSOM SAN ANTONIO, TX 78247</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>24 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/17/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs LU BONILLA</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>2115 PLUM BLOSSOM SAN ANTONIO, TX 78247</b>		
8 Principal occupation / Job title (See instructions) <b>SELF</b>		9 Employer (See instructions) <b>RED WAVE NAILS</b>
Date <b>10/17/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr KEVIN FREEMAN</b>	Amount of contribution (\$) <b>60.00</b>
Contributor address; City; State; Zip Code <b>9406 QUICKSILVER DR SAN ANTONIO, TX 78245</b>		
Principal occupation / Job title (See instructions) <b>CONTACTOR</b>		Employer (See instructions) <b>SELF</b>
Date <b>10/18/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr RANDAL REEVES</b>	Amount of contribution (\$) <b>40.00</b>
Contributor address; City; State; Zip Code <b>8810 TIMBER PARK ST SAN ANTONIO, TX 78250</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)
Date <b>10/18/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr WADE AMOS</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>2005 E MARTHA LN PASADENA, TX 77502</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**25 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/19/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Ms JAMIE MARROQUI**

7 Amount of contribution (\$)  
**30.00**

6 Contributor address; City; State; Zip Code  
**9131 POWHATAN DR  
SAN ANTONIO, TX 78230**

8 Principal occupation / Job title (See instructions)  
**SELF**

9 Employer (See instructions)

Date  
**10/21/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs MARIA GALAVIZ**

Amount of contribution (\$)  
**40.00**

Contributor address; City; State; Zip Code  
**239 CENTER ST  
SAN ANTONIO, TX 78202**

Principal occupation / Job title (See instructions)  
**PROJECT MANAGER**

Employer (See instructions)  
**RANDSTAND**

Date  
**10/21/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs ELENA LUGO**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**273 AVENUE P #D6  
BROOKLYN, NY 11204**

Principal occupation / Job title (See instructions)  
**SELF**

Employer (See instructions)

Date  
**10/21/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr CHRIS BUENTELLO**

Amount of contribution (\$)  
**110.00**

Contributor address; City; State; Zip Code  
**9140 TIMBER PATH #2404  
SAN ANTONIO, TX 78250**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>26 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/23/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr CHAD EMMERT</b>	7 Amount of contribution (\$) <b>20.00</b>
6 Contributor address; City; State; Zip Code <b>2703 JEFFERSON AVE DAVENPORT, IA 52803</b>		
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions)
Date <b>10/28/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JASON SCOTT</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>12319 FLEMING SURF SAN ANTONIO, TX 78249</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)
Date <b>11/3/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr LUPE RIVERA</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>3568 VIA PESCADOS SAN ANTONIO, TX 78245</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)
Date <b>11/10/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr CLIFFORD WAHI</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>3801 BERKMAN DR SAN ANTONIO, TX 78228</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>27 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/10/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs MISTY SPEARS</b>	7 Amount of contribution (\$) <b>54.67</b>
6 Contributor address; City; State; Zip Code <b>2834 SIERRA SALINAS SAN ANTONIO, TX 78259</b>		
8 Principal occupation / Job title (See instructions) <b>CANDIDATE COUNTY CLERK</b>		9 Employer (See instructions)
Date <b>11/11/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr MANNY GARCIA</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>8714 JOGEVA WAY SAN ANTONIO, TX 78251</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)
Date <b>11/11/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs ROSEMARIE FLORES</b>	Amount of contribution (\$) <b>54.67</b>
Contributor address; City; State; Zip Code <b>17038 BULVERDE RD SAN ANTONIO, TX 78247</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)
Date <b>11/12/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JONATHAN MELENDEZ</b>	Amount of contribution (\$) <b>60.00</b>
Contributor address; City; State; Zip Code <b>17038 BULVERDE RD SAN ANTONIO, TX 78247</b>		
Principal occupation / Job title (See instructions) <b>INSURANCE SALES</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>28 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/12/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr CLIFFORD WAHI</b>	7 Amount of contribution (\$) <b>20.00</b>
6 Contributor address; City; State; Zip Code <b>3801 BERKMAN DR SAN ANTONIO, TX 78228</b>		
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions)
Date <b>11/12/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs GUILLERMINA FERNANDEZ</b>	Amount of contribution (\$) <b>70.00</b>
Contributor address; City; State; Zip Code <b>2907 SUNDAY SONG SAN ANTONIO, TX 78245</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)
Date <b>11/12/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr TIMMY NOLTE</b>	Amount of contribution (\$) <b>130.00</b>
Contributor address; City; State; Zip Code <b>2893 OAK RUN PKWY NEW BRAUNFELS, TX 78132</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)
Date <b>11/12/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs NOREEN ESPINOZA</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>6531 PALMETTO WAY SAN ANTONIO, TX 78253</b>		
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>29 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/12/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr ANTHONY LAVALLA</b>	7 Amount of contribution (\$) <b>120.00</b>
6 Contributor address; City; State; Zip Code <b>647 SWEET PEA LA NEW BRAUNFELS, TX 78130</b>		
8 Principal occupation / Job title (See instructions) <b>RETIRED</b>		9 Employer (See instructions)
Date <b>11/12/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr SHAWN CAULDER</b>	Amount of contribution (\$) <b>60.00</b>
Contributor address; City; State; Zip Code <b>10419 STONE CROFT SAN ANTONIO, TX 78254</b>		
Principal occupation / Job title (See instructions) <b>DEVELOPER</b>		Employer (See instructions) <b>M 65</b>
Date <b>11/12/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr NOAH PEARSON</b>	Amount of contribution (\$) <b>60.00</b>
Contributor address; City; State; Zip Code <b>19 BIGHORN SAN ANTONIO, TX 78258</b>		
Principal occupation / Job title (See instructions) <b>SELF</b>		Employer (See instructions)
Date <b>11/12/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr DAVID UIGIL</b>	Amount of contribution (\$) <b>90.00</b>
Contributor address; City; State; Zip Code <b>8710 PESCO OAKS SAN ANTONIO, TX 78255</b>		
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**30 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**11/12/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs MICHELLE GONZALES**

7 Amount of contribution (\$)  
**30.00**

6 Contributor address; City; State; Zip Code  
**7819 BRAZOVIA PARK  
SAN ANTONIO, TX 78254**

8 Principal occupation / Job title (See instructions)  
**CPS**

9 Employer (See instructions)  
**SELF**

Date  
**11/12/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr JONAH GONZALES**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**12911 WATERLILY WAY  
SAN ANTONIO, TX 78254**

Principal occupation / Job title (See instructions)  
**DETAILER**

Employer (See instructions)  
**TRIED& TRUE**

Date  
**11/12/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs MARSHA LANDRY**

Amount of contribution (\$)  
**40.00**

Contributor address; City; State; Zip Code  
**5819 LOST CREEK ST  
SAN ANTONIO, TX 78247**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)

Date  
**11/12/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs Monica Sampson**

Amount of contribution (\$)  
**20.00**

Contributor address; City; State; Zip Code  
**3855 Wetmore Rdg  
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)  
**CASE MANAGER**

Employer (See instructions)  
**ADVANTAGE CARE**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
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2 FILER NAME  
**Mrs IRNA Rudolph**

3 Filer ID (Ethics Commission Filers)

4 Date  
**11/12/2022**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs NOREEN ESPINOZA**

7 Amount of contribution (\$)  
**60.00**

6 Contributor address; City; State; Zip Code  
**3801 BERKMAN DR  
SAN ANTONIO, TX 78228**

8 Principal occupation / Job title (See instructions)  
**RETIRED**

9 Employer (See instructions)

Date  
**11/12/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr JONATHAN MELENDEZ**

Amount of contribution (\$)  
**20.00**

Contributor address; City; State; Zip Code  
**17038 BULVERDE RD  
SAN ANTONIO, TX 78247**

Principal occupation / Job title (See instructions)  
**INSURANCE SALES**

Employer (See instructions)

Date  
**11/12/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr JOSE GALVAN**

Amount of contribution (\$)  
**40.00**

Contributor address; City; State; Zip Code  
**1451 W. GERALD  
SAN ANTONIO, TX 78211**

Principal occupation / Job title (See instructions)  
**SELF**

Employer (See instructions)

Date  
**11/12/2022**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mr MICHAEL SAMANIEGO**

Amount of contribution (\$)  
**60.00**

Contributor address; City; State; Zip Code  
**12319 FLEMING SURF  
SAN ANTONIO, TX 78249**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**AF**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>32 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/14/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs GUILLERMINA FERNANDEZ</b>	7 Amount of contribution (\$) <b>31.00</b>
6 Contributor address; City; State; Zip Code <b>2907 SUNDAY SONG SAN ANTONIO, TX 78245</b>		
8 Principal occupation / Job title (See instructions) <b>RETIRED</b>		9 Employer (See instructions)
Date <b>11/15/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr EDWARD TRIGO</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>4606 SCENIC SIR SAN ANTONIO, TX 78251</b>		
Principal occupation / Job title (See instructions) <b>CPA</b>		Employer (See instructions) <b>OWNER</b>
Date <b>11/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JAMES Rudolph</b>	Amount of contribution (\$) <b>160.00</b>
Contributor address; City; State; Zip Code <b>9706 Barons Crk San Antonio, TX 78251</b>		
Principal occupation / Job title (See instructions) <b>ENGINEER</b>		Employer (See instructions) <b>9 ENERGY</b>
Date <b>11/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr MARVIN NELSON</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>8823 DUGAS RD #6104 SAN ANTONIO, TX 78251</b>		
Principal occupation / Job title (See instructions) <b>IT</b>		Employer (See instructions) <b>US ARMY</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>33 of 34</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/19/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs MOUREEN BALLARD</b>	7 Amount of contribution (\$) <b>20.00</b>
6 Contributor address; City; State; Zip Code <b>4703 CELLAR CRK SAN ANTONIO, TX 78253</b>		
8 Principal occupation / Job title (See instructions) <b>RETIRED</b>		9 Employer (See instructions)
Date <b>12/3/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs SORA HUN</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>23538 SEVEN WINDS SAN ANTONIO, TX 78258</b>		
Principal occupation / Job title (See instructions) <b>OWNER</b>		Employer (See instructions)
Date <b>12/14/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs KATAYOUN BAHRAMI</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>12003 SANDBAR HILL SAN ANTONIO, TX 78230</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>12/15/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>THAI TOPAZ</b>	Amount of contribution (\$) <b>122.80</b>
Contributor address; City; State; Zip Code <b>2177 NW MILITARYHWY SAN ANTONIO, TX 78213</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**34 of 34**

2 FILER NAME  
**Mrs IRNA Rudolph** 3 Filer ID (Ethics Commission Filers)

4 Date <b>12/23/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BEST CHOICE RESTAURANTS</b>	7 Amount of contribution (\$) <b>187.28</b>
6 Contributor address; City; State; Zip Code <b>PO Box 59924 DALLAS, TX 75229</b>		

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>12/24/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr JAMES Rudolph</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>9706 Barons Crk San Antonio, TX 78251</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See instructions) Employer (See instructions)



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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1 of 1</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		<b>\$ 0</b>
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>7</b> Pledgor address; City; State; Zip Code	<b>8</b> Amount of Pledge \$ <b>9</b> In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
<b>10</b> Principal occupation / Job title (See instructions)		<b>11</b> Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 0</b>
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; . . . . . City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See instructions)		<b>13</b> Employer (See instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; . . . . . City; State; Zip Code	
<b>20</b> Principal occupation (See instructions)		<b>21</b> Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; . . . . . City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; . . . . . City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 6</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>7/25/2022</b>	<b>5</b> Payee name <b>NORTHON LEWIS PRINTING</b>
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<b>6</b> Amount (\$) <b>28.01</b>	<b>7</b> Payee address; City; State; Zip Code <b>12106 VALLIANT ST SAN ANTONIO, TX 78216</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>WEBSITE</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7/29/2022</b>	Payee name <b>FROST</b>
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Amount (\$) <b>10.00</b>	Payee address; City; State; Zip Code <b>7914 CULEBRA SAN ANTONIO, TX 78251</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>BANK FEE</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/29/2022</b>	Payee name <b>GO DADDY</b>
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Amount (\$) <b>111.13</b>	Payee address; City; State; Zip Code <b>2155 E GO DADDY WAY TEMPE, AZ 85284</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>WEBSITE</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 6</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/29/2022</b>	<b>5</b> Payee name <b>UPS STORE</b>	
<b>6</b> Amount (\$) <b>11.22</b>	<b>7</b> Payee address; City; State; Zip Code <b>3535 N ELLISON DR SAN ANTONIO, TX 78251</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Legal Services</b>	<b>(b)</b> Description <b>MAIL</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>8/31/2022</b>	Payee name <b>FROST</b>	
Amount (\$) <b>10.00</b>	Payee address; City; State; Zip Code <b>7914 CULEBRA SAN ANTONIO, TX 78251</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>FEE</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>9/6/2022</b>	Payee name <b>NORTHON LEWIS PRINTING</b>	
Amount (\$) <b>134.45</b>	Payee address; City; State; Zip Code <b>12106 VALLIANT ST SAN ANTONIO, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>PUSH CARDS</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 6</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/20/2022</b>	<b>5</b> Payee name <b>EVENTBRITE</b>	
<b>6</b> Amount (\$) <b>135.38</b>	<b>7</b> Payee address; City; State; Zip Code <b>155 5TH ST SAN FRANCISCO, CA 94103</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>FUNDRASER FEE</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>9/28/2022</b>	Payee name <b>REALITY DEFFENSE</b>	
Amount (\$) <b>204.16</b>	Payee address; City; State; Zip Code <b>980 HUMBLE CAMP RD PLEASANTON, TX 78964</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>FUNDRAISER FEE</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>9/30/2022</b>	Payee name <b>ANEDOT</b>	
Amount (\$) <b>93.74</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS #1770 NEW ORLEANS, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>FEE</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 6</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/19/2022</b>	<b>5</b> Payee name <b>SQ AWALOO SCREENPRINT</b>	
<b>6</b> Amount (\$) <b>285.78</b>	<b>7</b> Payee address; City; State; Zip Code <b>1230 DUKE RD SAN ANTONIO, TX 78251</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>PUSH CARDS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>11/10/2022</b>	Payee name <b>HEB</b>	
Amount (\$) <b>368.50</b>	Payee address; City; State; Zip Code <b>9255 GRISSOM RD SAN ANTONIO, TX 78251</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>EXPENSE</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>11/22/2022</b>	Payee name <b>SQ AWALOO SCREENPRINT</b>	
Amount (\$) <b>239.13</b>	Payee address; City; State; Zip Code <b>1230 DUKE RD SAN ANTONIO, TX 78251</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>PUSH CARDS</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 6</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/23/2022</b>	<b>5</b> Payee name <b>EVENTBRITE</b>	
<b>6</b> Amount (\$) <b>97.81</b>	<b>7</b> Payee address; City; State; Zip Code <b>155 5TH ST SAN FRANCISCO, CA 94103</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>FUNDRAISER FEE</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>12/21/2022</b>	Payee name <b>Mr KYLE BOLCH</b>	
Amount (\$) <b>3000.00</b>	Payee address; City; State; Zip Code <b>23538 SEVEN WINDS SAN ANTONIO, TX 78258</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>CONSULTING</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>12/21/2022</b>	Payee name <b>ANEDOT</b>	
Amount (\$) <b>49.84</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS NEW ORLEANS, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>FEEES</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 6</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/22/2022</b>	<b>5</b> Payee name <b>SQ AWALOO SCREENPRINT</b>	
<b>6</b> Amount (\$) <b>330.16</b>	<b>7</b> Payee address;                      City;    State;    Zip Code <b>1230 DUKE RD SAN ANTONIO, TX 78251</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>PUSH CARDS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME  
**Mrs IRNA Rudolph**

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom investment is purchased

.....  
**6** Address of person from whom investment is purchased;                      City;                      State;                      Zip Code

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....  
Address of person from whom investment is purchased;                      City;                      State;                      Zip Code

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule G: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee Name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;                      City;      State;      Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;                      City;      State;      Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;                      City;      State;      Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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**

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
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**The Instruction Guide explains how to complete this form**

<b>1</b> Total pages Schedule H: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;                      City;      State;      Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address;                      City;      State;      Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address;                      City;      State;      Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mrs IRNA Rudolph</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
1 of 1

2 FILER NAME  
Mrs IRNA Rudolph

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	..... 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	..... Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	..... Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	..... Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <b>1 of 1</b>
2 FILER NAME <b>Mrs IRNA Rudolph</b>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

**The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

C/OH NAME  
**Mrs IRNA Rudolph**

Filer ID (Ethics Commission Filers)

**SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**FILER WHO IS NOT AN OFFICEHOLDER**

**•• Complete A & B below *only* if you are not an officeholder. ••**

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**OFFICEHOLDER**

**•• Complete this section *only* if you are an officeholder. ••**

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder