

6 mo.

# 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: <u>11</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received  <u>4-4-24</u>
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Date Hand-delivered or Date Postmarked		
	NICKNAME LAST SUFFIX	Receipt # Amount \$		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Date Processed		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Imaged		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year    Month Day Year <u>2 / 6 / 24</u> THROUGH <u>3 / 31 / 24</u>			
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <u>5 / 4 / 24</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>LOCAL</u>			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Leigh Ann Rowlands Campaign</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>20.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>5010.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>-0-</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,566.06</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2463.94</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Judy Rothell*  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is *JUDITH ROTHELL (JUDY)*, and my date of birth is \_\_\_\_\_.

My address is *54 MISSION DR* *NEW BRAUNFELS, TX* *78132* *U.S.*  
(street) (city) (state) (zip code) (country)

Executed in *COMAL* County, State of *TX*, on the *4* day of *APRIL*, 20 *24*.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5010.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2566.06
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>JUDY ROTHELL</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-6-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JUDY ROTHELL</i>	7 Amount of contribution (\$) <i>\$200.00</i>
	6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>NEW BRAUNFELS, TX 78130</i>	
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>2-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>J. CRAIG ROWLANDS</i>	Amount of contribution (\$) <i>\$500.00</i>
	Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>N.B. TX 78132</i>	
Principal occupation / Job title (See Instructions) <i>TOXICOLOGIST</i>		Employer (See Instructions) <i>UL</i>
Date <i>2-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DEBBIE LEIMBACH</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>NB, TX 78132</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-8-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>J. CRAIG ROWLANDS</i>	Amount of contribution (\$) <i>\$500.00</i>
	Contributor address: _____ City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JUDY ROTHEN		3 Filer ID (Ethics Commission Filers)
4 Date 2-9-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTY HILES 6 Contributor address; City; State; Zip Code NEW BRAUNFELS TX 78130	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 2-9-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATTY KIRK-TRIMBLE Contributor address; City; State; Zip Code NEW BRAUNFELS TX 78130	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2-13-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL VANHELDOEF Contributor address; City; State; Zip Code NEW BRAUNFELS TX 78130	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2-27-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTY HILES Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>JUDY ROTHELL</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-27-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>SUSAN HUMPHRIES</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>NEW BRAUNFELS, TX 78130</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-11-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MICHAEL MURPHY</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-15-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>SUE PINER</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>NEW BRAUNFELS, TX 78130</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-19-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ALBERT HIGHFIELD</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>CANYON LAKE TX 78133-5029</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>JUDY ROTHELL</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-19-24</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DR CATHY LAUER</i>		7 Amount of contribution (\$) <i>\$100.00</i>	
		6 Contributor address; City; State; Zip Code <i>NEW BRAUNFELS, TX 78132</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>3-19-24</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ALLEN &amp; ROBIN HARRINGTON</i>		Amount of contribution (\$) <i>\$100.00</i>	
		Contributor address; City; State; Zip Code <i>NEW BRAUNFELS, TX 78132</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>3-22-24</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>RICHARD KELSHEIMER</i>		Amount of contribution (\$) <i>\$300.00</i>	
		Contributor address; City; State; Zip Code <i>NB TX 78130</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>3-26-24</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>THOMAS BROCKLES</i>		Amount of contribution (\$) <i>\$250.00</i>	
		Contributor address; City; State; Zip Code <i>NEW BRAUNFELS, TX 78132</i>			
Principal occupation / Job title (See Instructions) <i>CPA</i>			Employer (See Instructions) <i>SELF</i>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>JUDY ROTHELL</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-28-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>EDWARD M. WUENSCH</i> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>NEW BRAUNFELS, TX 78130</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

  

Date <i>3-28-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CRAIG ROWLANDS</i> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>	Amount of contribution (\$) <i>\$1000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <i>3-28-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>BARRETT HARRISON</i> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>NEW BRAUNFELS, TX 78132-5444</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <i>3-15-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>PATTI KIRK TRIMBLE</i> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>NEW BRAUNFELS, TX 78132</i>	Amount of contribution (\$) <i>\$40.00</i>
Principal occupation / Job title (See Instructions)		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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/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.

1 Total pages Schedule F1:	2 FILER NAME JUDY ROTHELL	3 Filer ID (Ethics Commission Filers)
4 Date 2-7-24	5 Payee name UZ MARKETING	
6 Amount (\$) \$817.56	7 Payee address; City; State; Zip Code #5900 Bingle Rd. HOUSTON TX 77092	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description YARD SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-12-24	Payee name SUNDANCE PRINTERS	
Amount (\$) \$290.61	Payee address; City; State; Zip Code 651 BUSINESS LOOP NEW BRAUNFELS TX 78130	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP.	Description POSTCARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-15-24	Payee name SUNDANCE PRINTERS	
Amount (\$) \$4.06	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description MAP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/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.

1 Total pages Schedule F1:	2 FILER NAME <b>JUDY ROTHELL</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <b>2-9-24</b>	5 Payee name <b>SUNDANCE PRINTERS</b>
6 Amount (\$) <b>\$70.31</b>	7 Payee address; City; State; Zip Code <b>651 N. BUS. LOOP IH-35 NEW BRAUNFELS, TX 78130</b>

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP</b>	(b) Description <b>BUSINESS POSTCARDSCARDS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <b>3-19-24</b>	Payee name <b>SUNDANCE PRINTERS</b>
Amount (\$) <b>\$290.61</b>	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>POST 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
--	-------------------------------	---------------	-------------

Date <b>3-22-24</b>	Payee name <b>UZ MARKETING</b>
Amount (\$) <b>\$538.96</b>	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>YARD SIGNS</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

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/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.

1 Total pages Schedule F1:	2 FILER NAME <b>JUDY ROTHIELL</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <b>COMMUNITY IMPACT</b>	
6 Amount (\$) <b>\$545.95</b>	7 Payee address; <b>3600 E. PALM VALLEY BLVD-BOX 3</b>	City; State; Zip Code <b>ROUND ROCK, TX 78665</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>NEWS PAPER AD</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>3-12-24</b>	Payee name <b>Frost Bank NEW BRAUNFELS TX 78130</b>	
Amount (\$) <b>8.00</b>	Payee address; <b>315 LANDA ST</b>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>BANKING</b>	Description <b>BANK CHARGE</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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED