

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>16</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>LEIGH ANN</i>	MI	OFFICE USE ONLY			
	NICKNAME	LAST <i>Rowlands</i>	SUFFIX <i>MRS</i>	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	<i>922 ENCLAVE TRL.</i>						
	<i>NEW BRAUNFELS TX 78130</i>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(989)</i>	<i>708-6652</i>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>JUDITH</i>	MI <i>E</i>	Date Hand-delivered or Date Postmarked			
	NICKNAME <i>JUDY</i>	LAST <i>ROTHELL</i>	SUFFIX <i>MRS.</i>	Receipt # Amount \$			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY:	STATE: ZIP CODE		
	<i>54 MISSION DR.</i>			<i>NEW BRAUNFELS TX 78130</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(830)</i>	<i>708-1841</i>					
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <i>4</i>	Day <i>01</i>	Year <i>2024</i>	THROUGH	Month <i>4</i>	Day <i>24</i>	Year <i>2024</i>
11 ELECTION	ELECTION DATE Month <i>5</i> Day <i>4</i> Year <i>24</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Other Description <i>LOCAL-CITY COUNCIL</i>				
12 OFFICE	OFFICE HELD (if any) <i>City Council</i>			13 OFFICE SOUGHT (if known) <i>City Council</i>			
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		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</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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>9,510.60</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>10,416.42</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>6,450.24</i>
OUTSTANDING LOAN TOTALS		

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 Ratner
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

(street) (city) (state) (zip code) (country)
Executed in Comal County, State of Texas, on the 26 day of April, 2024.

Judy Rotheel
(month)
Signature of Candidate/Officeholder

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
JUDY ROTHEN		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,510.60	
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	\$ 9,123.16	
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	\$ 1,293.26	
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: <u>4</u>
2 FILER NAME <u>JUDY ROTHELL</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>4-1-24</u>	5 Full name of contributor <u>GINA FRANKE</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) <u>\$960.60</u>
6 Contributor address: [REDACTED]		City: <u>NB, TX 78130</u> State: Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <u>4-2-24</u>	Full name of contributor <u>George ROTHELL</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>\$300.00</u>
Contributor address: [REDACTED]		City: <u>NEWBRAUNFELS, TX 78130</u> State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-5-24</u>	Full name of contributor <u>LAURA BUSKE</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>\$100.00</u>
Contributor address: [REDACTED]		City: <u>NEWBRAUNFELS, TX 78132</u> State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-5-24</u>	Full name of contributor <u>ALBERT F. Highfield</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>\$100.00</u>
Contributor address: [REDACTED]		City: <u>CANYON LAKE, TX 78133</u> State: Zip Code	
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>4-5-24</i>	5 Full name of contributor <i>MARTIN H. Hiles</i>	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; [REDACTED]	City; State; Zip Code <i>NEW BRAUNFELS, TX 78130</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>4-5-24</i>	Full name of contributor <i>KIMBERLY FLOYD</i>	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; [REDACTED]	City; State; Zip Code <i>CANYON LAKE, TX 78133</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-10-24</i>	Full name of contributor <i>KENNETH DALFONSO</i>	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; [REDACTED]	City; State; Zip Code <i>NEW BRAUNFELS, TX 78130</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-12-24</i>	Full name of contributor <i>MCNEILL MINERAL MGMT.</i>	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) <i>\$200.00</i>
	Contributor address; <i>P.O. BOX 312579</i>	City; State; Zip Code <i>NEW BRAUNFELS, TX 78131</i>	
Principal occupation / Job title (See Instructions)		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

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>4-17-24</i>	5 Full name of contributor <i>Don Johnson</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; [REDACTED]	City; State; Zip Code <i>GRANBURY, TX 76049</i>			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <i>4-16-24</i>	Full name of contributor <i>COMAL COUNTY REPUBLICAN PARTY</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>\$5000.00</i>
Contributor address; <i>265 LANDA ST</i>	City; State; Zip Code <i>NEWBRAUNFELS TX 78130</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>4-23-24</i>	Full name of contributor <i>GINA NB HOMEFINDER</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>\$100.00</i>
Contributor address; <i>137 FREDERICKSBURG STE 1</i>	City; State; Zip Code <i>NB TX 78130</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>4-23-24</i>	Full name of contributor <i>GINA FRANKE</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>\$100.00</i>
Contributor address; [REDACTED]	City; State; Zip Code <i>NB TX 78130</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME</p> <p><i>Judy ROTHELL</i></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p><i>4-22-24</i></p>	<p>5 Full name of contributor</p> <p><i>EDWARD - LORI - WUENSCH</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	<p>7 Amount of contribution (\$)</p> <p><i>\$100.00</i></p>
	<p>6 Contributor address;</p> <p><i>[REDACTED]</i></p>	<p>City: _____</p> <p><i>N.B.</i></p>	<p>State: _____</p> <p><i>TX</i></p> <p>Zip Code: _____</p> <p><i>78130</i></p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date</p>		<p>Full name of contributor</p> <p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	
		<p>Contributor address;</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>		<p>Full name of contributor</p> <p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	
		<p>Contributor address;</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>		<p>Full name of contributor</p> <p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	
		<p>Contributor address;</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

**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 Candidate/Officeholder/Political Committee	Gift/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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
6	JUDY ROTHELL			
4 Date	5 Payee name			
4-3-24	NEW BRAUNFELS HERALD			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
#830.07	707 LANDA ST	NEW BRAUNFELS, TX 78130		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	ADVERTISING	Ad		
	(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	Payee name			
4-5-24	SUNDANCE PRINT CENTERS			
Amount (\$)	Payee address;	City:	State:	Zip Code
#380.57	651 N. BUSINESS LOOP IH-35 SUITE 1130		NEW BRAUNFELS, TX	78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	ADVE	Pushcards		
	<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			
4-8-24	OFFICE DEPOT			
Amount (\$)	Payee address;	City:	State:	Zip Code
#128.17	1050 NO. IH-35		NEW BRAUNFELS, TX	78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Pushcards		
	<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 Candidate/Officeholder/Political Committee	Gift/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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
6	JUDY ROTHELL		
4 Date	5 Payee name		
4-8-24	OFFICE DEPOT		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$269.11	1050 NO. IH-35	NEW BRAUNFELS, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	ADVERTISING	PUSHCARDS	
(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	Payee name		
4-10-24	OFFICE DEPOT		
Amount (\$)	Payee address;	City; State; Zip Code	
\$51.15	1050 NO. IH-35	NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING	PUSHCARDS	
<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		
4-11-24	SUNDANCE PRINT CENTERS		
Amount (\$)	Payee address;	City; State; Zip Code	
\$317.35	651 N. BUSINESS LOOP IH-35	NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING	PUSHCARDS	
<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 Candidate/Officeholder/Political Committee	Gift/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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
6	JUDY ROTHELL		
4 Date	5 Payee name		
4-18-24	THE UPS STORE 6190		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$95.00	1659 SH-46E STE 115	NEW BRAUNFELS, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	order	Mail box Rental	
(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	Payee name		
4-19-24	FAST SIGNS 16701		
Amount (\$)	Payee address;	City; State; Zip Code	
\$1108.60	1671 S-35 STE 306	NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Signs	
	<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		
4-19-24	OFFICE DEPOT		
Amount (\$)	Payee address;	City; State; Zip Code	
\$258.18	1050 N. IH 35	NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING	SIGNS	
	<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 Candidate/Officeholder/Political Committee	Gift/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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	JUDY ROTHELL	
4 Date	5 Payee name	
4-21-24	STARBUCKS STORE	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 23.65		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food & Beverage	Volunteer - BLOCK WALKERS
	(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	Payee name	
4-21-24	OFFICE DEPOT	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 49.34	1050 NO. IH-35	NEW BRAUNFELS, TX 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING	CLIP BOARDS
	<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	
4-22-24	OFFICE DEPOT	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 379.42	1050 NO IH 35	NEW BRAUNFELS, TX 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING	PUSH CARDS
	<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 Candidate/Officeholder/Political Committee	Gift/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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
6	JUDY ROTHELL		
4 Date	5 Payee name		
4-22-24	VENMO TANYA = TANYA HAYES		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$1,087.50	2720 JULY GEORGETOWN DR	MIDLAND, MI 48642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	ADVERTISING	GRAPHIC DESIGN WEBSITE DEVELOPMENT	
	(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	Payee name		
4-23-24	OFFICE DEPOT		
Amount (\$)	Payee address;	City; State; Zip Code	
\$313.93	1050 N. IH 35	NB, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING	PUSH CARDS	
	<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		
4-23-24	FASTSIGNS		
Amount (\$)	Payee address;	City; State; Zip Code	
\$236.32	1671 SO-35 STE 306	M.B. TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING	SIGNS	
	<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 Candidate/Officeholder/Political Committee	Gift/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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 2 MAILERS ADVERTISING	(b) Description 2 MAILERS	
	(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	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
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			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee	Gift/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.

1 Total pages Schedule G: 2	2 FILER NAME JUDY ROTHE II	3 Filer ID (Ethics Commission Filers)
4 Date 4-1-24	5 Payee name HERBERTS TACO HUT	
6 Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1440 N. WALNUT Ave	City: N.B. State: TX Zip Code 78130
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description Room RENTAL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH	Office sought	Office held
Date 4-1-24	Payee name FEDEX OFFICE	
Amount (\$) \$92.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 280 N. BUS, 1H35	City: NEW BRAUNFELS State: TX Zip Code 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description Push CARDS
	<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
Date 4-13-24	Payee name HERBERTS TACO HUT	Office held
Amount (\$) \$173.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1440 N. WALNUT	City: N.B. State: TX Zip Code 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE EXP	Description LUNCH - DOORWALKERS
	<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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee	Gift/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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	JUDY ROTH/ell	
4 Date	5 Payee name	
4-17-24	THE REEL SEAFOOD & GRILL	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$126.76	1683 ST. HWY 46W. # 235	NEW BRAUNFELS TX 78130
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	EVENT EXPENSE	FUND RAISER
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
4-17-24	TANYA HAYES	
Amount (\$)	Payee address;	City; State; Zip Code
\$700.00	2720 GEORGETOWN DR MIDLAND MI	48642
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING	GRAPHIC DESIGN
<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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

Date Received

APR 26 '24 AM 9:53

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

Filer name

Judy ROTHELL

Filer ID #

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Signature of Filer

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 Judy ROTHELL, and my date of birth is _____.
My address is 58 MISSION DR NEW BRAUNFELT TX 78130.
(street) (city) (state) (zip code) (country)

Executed in COMAL County, State of TEXAS, on the 25 day of APRIL, 20 24.
(month) (year)

Judy ROTHELL
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**