

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: 16									
3 CANDIDATE / OFFICEHOLDER NAME <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">LEIGH ANN</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">ROWLANDS MRS</div>		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin-top: 10px; color: blue; font-weight: bold;">APR 26 '24 AM 9:53</div>											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">922 ENCLAVE TRL. NEW BRAUNFELS TX 78130</div>											
5 CANDIDATE / OFFICEHOLDER PHONE		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">(989) 708-6652</div>											
6 CAMPAIGN TREASURER NAME <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">JUDITH E</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">JUDY ROTHELL MRS.</div>		<div style="border: 1px solid black; padding: 5px;"> Date Received Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Receipt # Amount \$ </div> Date Processed Date Imaged </div>											
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">54 MISSION DR. NEW BRAUNFELS TX 78130</div>											
8 CAMPAIGN TREASURER PHONE		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">(830) 708-1841</div>											
9 REPORT TYPE		<div style="display: flex; flex-wrap: wrap; font-size: 0.8em;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>											
10 PERIOD COVERED		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month Day Year</div> <div>Month Day Year</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">4 / 01 / 2024 THROUGH 4 / 24 / 2024</div>											
11 ELECTION		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">5 / 4 / 24</div> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">LOCAL-City Council</div> </div> </div>											
12 OFFICE		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">N/A</div></div> <div>OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">City Council</div></div> </div>											
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages		<div style="font-size: 0.8em;"> <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 0.7em;">COMMITTEE TYPE</td> <td style="font-size: 0.7em;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: 0.7em;"><input type="checkbox"/> GENERAL</td> <td style="font-size: 0.7em;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: 0.7em;"><input type="checkbox"/> SPECIFIC</td> <td style="font-size: 0.7em;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 0.7em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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 <u>LEIGH ANN ROWLANDS</u>		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)	\$ <u>9,510.60</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10,416.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6,450.24</u>

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 JUDY ROTHELL, and my date of birth is [REDACTED].
My address is 54 MISSION DR, NEW BRAUNFELS TX 78130.
(street) (city) (state) (zip code) (country)

Executed in COMAL County, State of TEXAS, on the 26 day of APRIL, 2024.
(month) (year)

Judy Rothell
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***JUDY ROTHell***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,510.60</i>
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	\$ <i>9,123.16</i>
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	\$ <i>1,293.26</i>
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: 4
2 FILER NAME JUDY ROTHELL		3 Filer ID (Ethics Commission Filers)
4 Date 4-1-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GINA FRANK Contributor address; _____ City; _____ State; _____ Zip Code NB, TX 78130	7 Amount of contribution (\$) \$960.60
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Rothell Contributor address; _____ City; _____ State; _____ Zip Code NEW BRAUNFELS, TX 78130	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-5-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA BUSKE Contributor address; _____ City; _____ State; _____ Zip Code NEW BRAUNFELS, TX 78132	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-5-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALBERT F. Highfield Contributor address; _____ City; _____ State; _____ Zip Code CANYON LAKE, TX 78133	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>4-5-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MARTIN H. HILES</i> 6 Contributor address; City; State; Zip Code <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>4-5-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>KIMBERLY FLOYD</i> Contributor address; City; State; Zip Code <i>CANYON LAKE, TX 78133</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-10-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>KENNETH DALFONSO</i> Contributor address; City; State; Zip Code <i>NEW BRAUNFELS, TX 78130</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-12-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MCNEILL MINERAL MGMT</i> Contributor address; City; State; Zip Code <i>P.O. BOX 312579 NEW BRAUNFELS, TX 78131</i>	Amount of contribution (\$) <i>\$2000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 ROTHELL		3 Filer ID (Ethics Commission Filers)
4 Date 4-17-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DON JOHNSON	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> GRANBURY, TX 76049	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4-16-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: COMAL COUNTY REPUBLICAN PARTY	Amount of contribution (\$) \$5000.00
	Contributor address; City; State; Zip Code 265 LANDA ST NEWBRAUNfels TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-23-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 745 ST GR NB HOMEFINDER	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 137 Fredericksburg STE 1 NB TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-23-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GINA FRANKE	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> N.B TX 78130	
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>4-22-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>EDWARD-LORI-WUENSCH</i>	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; City; State; Zip Code  <i>N.B. TX 78130</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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: 6		2 FILER NAME JUDY ROTHELL		3 Filer ID (Ethics Commission Filers)	
4 Date 4-3-24		5 Payee name NEW BRAUNFELS HERALD			
6 Amount (\$) \$830.07		7 Payee address; City; State; Zip Code 707 LANDA ST NEW BRAUNFELS, TX 78130			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description 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					
Date 4-5-24		Payee name SUN DANCE PRINT CENTERS			
Amount (\$) \$380.57		Payee address; City; State; Zip Code 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) ADVE		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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4-8-24		Payee name OFFICE DEPOT			
Amount (\$) \$128.17		Payee address; City; State; Zip Code 1050 NO. IH-35 NEW BRAUNFELS, TX 78130			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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 <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: 6	2 FILER NAME JUDY ROTHELL	3 Filer ID (Ethics Commission Filers)
4 Date 4-8-24	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$269.11	7 Payee address; City; State; Zip Code 1050 NO. IH-35 NEW BRAUNFELS, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description PUSH CARDS
	(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 4-10-24	Payee name OFFICE DEPOT	
Amount (\$) \$51.15	Payee address; City; State; Zip Code 1050 NO. IH-35 NEW BRAUNFELS, TX 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 4-11-24	Payee name SUNDANCE PRINT CENTERS	
Amount (\$) \$317.35	Payee address; City; State; Zip Code 651 N. BUSINESS LOOP IH-35 NEW BRAUNFELS, TX 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 <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: 6	2 FILER NAME JUDY ROTHELL	3 Filer ID (Ethics Commission Filers)
4 Date: 4-18-24	5 Payee name THE UPS STORE 6190	
6 Amount (\$) \$95.00	7 Payee address; City; State; Zip Code 1659 SH-46E NEW BRAUNFELS, TX 78130 STE 115	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	
	(b) Description 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 4-19-24	Payee name FAST SIGNS 16701	
Amount (\$) \$1108.60	Payee address; City; State; Zip Code 1671 S-35 NEW BRAUNFELS TX 78130 STE 306	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	
	Description 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 4-19-24	Payee name OFFICE DEPOT	
Amount (\$) \$258.18	Payee address; City; State; Zip Code 1050 N. IH 35 NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	
	Description 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	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: 6	2 FILER NAME JUDY ROTHELL	3 Filer ID (Ethics Commission Filers)
4 Date 4-21-24	5 Payee name STARBUCKS STORE	
6 Amount (\$) \$23.65	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Beverages	(b) Description 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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 4-21-24	Payee name OFFICE DEPOT	
Amount (\$) \$49.34	Payee address; City; State; Zip Code 1050 NO. IH-35 NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 4-22-24	Payee name OFFICE DEPOT	
Amount (\$) \$379.42	Payee address; City; State; Zip Code 1050 NO IH 35 NEW BRAUNFELS, TX 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	Office held
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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: <u>6</u>		2 FILER NAME <u>JUDY ROTHELL</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-22-24</u>		5 Payee name <u>VENMO TANYA = TANYA HAYES</u>			
6 Amount (\$) <u>\$1,087.50</u>		7 Payee address; City; State; Zip Code <u>2720 FOUR GEORGETOWN DR MIDLAND, MI 48642</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>		(b) Description <u>Graphic Design WEBSITE Development</u>		
	(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					
Date <u>4-23-24</u>		Payee name <u>OFFICE DEPOT</u>			
Amount (\$) <u>\$313.93</u>		Payee address; City; State; Zip Code <u>1050 N. IH 35 NB, TX 78130</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>		Description <u>PUSH CARDS</u>		
	<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					
Date <u>4-23-24</u>		Payee name <u>FASTSIGNS</u>			
Amount (\$) <u>\$236.32</u>		Payee address; City; State; Zip Code <u>1671 50-35 STE 306 N.B. TX 78130</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>		Description <u>SIGNS</u>		
	<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					
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: 6	2 FILER NAME JUDY ROTHELL	3 Filer ID (Ethics Commission Filers)
4 Date 4-24-24	5 Payee name CAMPAIGN Mgmt SOLUTIONS	
6 Amount (\$) \$3594.80	7 Payee address; City; State; Zip Code 7210 VIRGINIA PKWY STE 6658 MCKINNEY, TX 75071-9996	
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 3-27	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		

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME JUDY ROTHEN	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; City; State; Zip Code 1440 N. WALNUT AVE N.B. TX 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 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date 4-1-24	Payee name FEDEX OFFICE	
Amount (\$) \$92.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 280 N. BUS. 1H35 NEW BRAUNFELS TX 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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date 4-13-24	Payee name HERBERTS TACO HUT	
Amount (\$) \$173.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1440 N. WALNUT N.B. TX 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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center;">2</div>	2 FILER NAME <div style="text-align: center;">JUDY ROTHELL</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">4-17-24</div>	5 Payee name <div style="text-align: center;">THE REEL SEAFOOD & GRILL</div>		
6 Amount (\$) <div style="text-align: center;">\$126.76</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="text-align: center;">1683 ST. HWY 46 W. # 235 NEW BRAUNFELS TX 78130</div>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">EVENT EXPENSE</div>		(b) Description <div style="text-align: center;">FUND RAISER</div>
	(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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date <div style="text-align: center;">4-7-24</div>	Payee name <div style="text-align: center;">TANYA HAYES</div>		
Amount (\$) <div style="text-align: center;">\$700.00</div> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="text-align: center;">2720 GEORGETOWN DR MIDLAND MI 48642</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">ADVERTISING</div>		Description <div style="text-align: center;">GRAPHIC DESIGN</div>
	<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

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.

Filer name JUDY ROTHELL	Filer ID #
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OFFICE USE ONLY

Date Received

APR 26 '24 AM 9:53

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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 BRAUNFEL 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**