

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <p style="text-align: center; font-size: 24px;">4</p>		OFFICE USE ONLY						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received <div style="font-size: 24px; font-weight: bold;">REC'D JAN 31 2018</div> <div style="color: blue; font-size: 18px;">12:03 PM JR</div>						
		Mr. Ricardo Rodriguez, Jr.								
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$						
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____						
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit _____							
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)							
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report							
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Processed			
	01 / 01 / 2017			THROUGH			12 / 31 / 2017			Date Imaged

6 EXPLANATION OF CORRECTION
 The correct description for the attached expenses reported on the semi-annual report filed on January 16, 2018 should have been holiday campaign party event. The event was a holiday campaign party. The original report filed was made in good faith and without intend to mislead or misrepresent the information in the report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Handwritten Signature]

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ricardo Rodriguez, Jr., this the 31st day of January, 2018, to certify which, witness my hand and seal of office.

Cynthia A Sepulveda Cynthia A. Sepulveda Notary Public, State of Texas
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3		2 FILER NAME Mr. Ricardo Rodriguez, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 12-21-2017		5 Payee name Monkey Rentals LLC			
6 Amount (\$) 162.37		7 Payee address; City; State; Zip Code 805 North Shary Rd Mission, TX 78572			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday Campaign Party Event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-22-2017		Payee name Pedro Aldaba			
Amount (\$) 300.00		Payee address; City; State; Zip Code 1210 Luz Divina Drive Donna, TX 78537			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday Campaign Party Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-22-2017		Payee name Joe Vega Midnight Run			
Amount (\$) 800.00		Payee address; City; State; Zip Code 4604 South Sugar Rd Apt 421 Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday Campaign Party Event	
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

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SCHEDULE F1

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)

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1 Total pages Schedule F1: 3		2 FILER NAME Mr. Ricardo Rodriguez, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 12-22-2017		5 Payee name Rene Palacios / RGV Photo Booth			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 1308 South D. Salinas Donna, TX 78537			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday Campaign Party Event	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-22-2017		Payee name Jose Casas			
Amount (\$) 150.00		Payee address; City; State; Zip Code 6800 North 23rd Street McAllen, TX 78502			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday Campaign Party Event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-22-2017		Payee name Juan R. Guzman			
Amount (\$) 550.00		Payee address; City; State; Zip Code 3719 Mustang Street Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday Campaign Party Event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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1 Total pages Schedule F1: <p style="text-align:center">3</p>	2 FILER NAME <p style="text-align:center">Mr. Ricardo Rodriguez, Jr.</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">12-22-2017</p>	5 Payee name <p style="text-align:center">JR's Supermarket</p>	
6 Amount (\$) <p style="text-align:center">29.13</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">3621 North Closner Blvd. Edinburg, TX 78541</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Food/Beverage Expense</p>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="text-align:center">Holiday Campaign Party Event</p>
	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
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Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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