

# 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 Filer)              | 2 Total pages filed:   |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR FIRST MI<br>Geromino<br>Nickname LAST SUFFIX<br>Jerry Rodriguez  |   | <b>OFFICE USE ONLY</b><br>Date Received FILED<br>948 o'clock A M<br>Date Jan 21, 2026<br>NORMA G. EDISON<br>Elections Administrator Goliad County Texas<br>By: Mychal C. Deputy<br><b>RECEIVED</b><br>Date Received or Date Postmarked<br>JAN 21 2026<br>Receipt Amount \$<br>By: VBC<br>Date Imaged |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE # CITY STATE ZIP CODE<br>[REDACTED]  |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION<br>[REDACTED]   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br>ERMALINDA G.<br>Nickname LAST SUFFIX<br>RODRIGUEZ  |   | Date Imaged  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)        | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE<br>[REDACTED]   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>[REDACTED]   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE  | <input checked="" 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)<br><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    THROUGH    Month Day Year<br>/ /    / /  |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br>3 / 3 / 2026 <input type="checkbox"/> General <input type="checkbox"/> Special  |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE  | OFFICE HELD (if any)<br>N/A  | 13 OFFICE SOUGHT (if known)<br>Commissioner Pet 2 |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 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                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>                       |   |  | 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

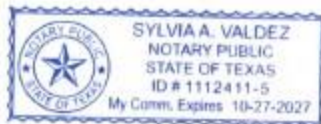
|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0                                   |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ 1885 <sup>00</sup>                  |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1885 <sup>00</sup>                  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0                                   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0                                   |

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.

*Gerardo J. Rodriguez*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gerardo J. Rodriguez this the 21<sup>st</sup> day of January 2020, to certify which, witness my hand and seal of office.

Sylvia A. Valdez Sylvia A. Valdez Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)