

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:																								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><del>MS/MRS/MR</del></td> <td style="width:40%;">FIRST <b>Rodney</b></td> <td style="width:20%;">MI <b>A.</b></td> </tr> <tr> <td>NICKNAME</td> <td>LAST <b>Townsend</b></td> <td>SUFFIX <b>Jr.</b></td> </tr> </table>	<del>MS/MRS/MR</del>	FIRST <b>Rodney</b>	MI <b>A.</b>	NICKNAME	LAST <b>Townsend</b>	SUFFIX <b>Jr.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 1.2em;">REC'D JAN 11 2024</td> </tr> <tr> <td colspan="2" style="text-align: center; color: blue;">3:52 PM</td> </tr> <tr> <td colspan="2" style="text-align: center; color: blue; font-style: italic;">Cathy Bridgman</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand Delivered or Date Postmarked</td> </tr> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		REC'D JAN 11 2024		3:52 PM		Cathy Bridgman		Date Hand Delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX; <b>P. O. Box 727</b></td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:20%;">CITY; <b>Bridge City</b></td> <td style="width:10%;">STATE; <b>TX</b></td> <td style="width:10%;">ZIP CODE <b>77611</b></td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX; <b>P. O. Box 727</b>	APT / SUITE #;	CITY; <b>Bridge City</b>	STATE; <b>TX</b>	ZIP CODE <b>77611</b>																			
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<b>12</b> OFFICE	OFFICE HELD (if any)  N/A	<b>13</b> OFFICE SOUGHT (if known)  <b>County Court at Law #2</b>																									
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em; margin: 0;">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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></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																
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GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME **Rodney Townsend** 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)	\$ 4,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,459.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,050.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,959.20

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.

*Rodney Townsend*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rodney Townsend this the 11th day of January 2024, to certify which, witness my hand and seal of office.  
Darlene Kaye Guy Darlene Kaye Guy 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)

# SUBTOTALS - JC/OH

**FORM JC/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,450.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,500.00
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 11,959.20
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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME <b>RODNEY TOWNSEND</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/11/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Brent Norwood</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation <b>Adjuster</b>		9 Contributor's job title <b>Adjuster</b>
10 Contributor's employer/law firm <b>LRG-Loss Recovery Group, LLC</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>08/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>B. Adam Terrell</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code		
Contributor's principal occupation <b>Attorney at Law</b>		Contributor's job title <b>Partner</b>
Contributor's employer/law firm <b>Weller, Green, Toups &amp; Terrell, LLP</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>08/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Sharon Bennett Terrell</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code		
Contributor's principal occupation <b>Housewife</b>		Contributor's job title <b>N/A</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>Weller, Green, Toups &amp; Terrell, LLP</b>
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:

2 FILER NAME

**RODNEY TOWNSEND**

3 Filer ID (Ethics Commission Filers)

4 Date

10/16/23

5 Full name of contributor

**Bryan Woodson**

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

**Prestige Medical Services**

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/18/23

Full name of contributor

**Dennis R. Powell**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

Contributor's principal occupation

**Retired District Court Judge**

Contributor's job title

**District Court Judge, Retired**

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/16/23

Full name of contributor

**Daniel C. Ducote**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

Contributor's principal occupation

**Mediator**

Contributor's job title

**Mediator/Attorney**

Contributor's employer/law firm

**Germer PLLC**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>RODNEY TOWNSEND</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <b>Orange County Republican Party</b>	
<b>6</b> Amount (\$) <b>\$1,500.00</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Filing Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> 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
<b>PURPOSE OF EXPENDITURE</b>	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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Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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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**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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <b>Rodney Townsend</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/14/23</b>	<b>5</b> Payee name <b>Dominion Forms</b>	
<b>6</b> Amount (\$) <b>\$ 315.37</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <b>P. O. Box 859</b> <b>2501 M.L.K. Dr.</b>	City; State; Zip Code <b>Orange TX 77631-0859</b>
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	(b) Description <b>Koozies</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>08/17/23 &amp; 09/14/23</b>	Payee name <b>Pink Rooster</b>	
Amount (\$) <b>\$62.86</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>3109 Edgar Brown Dr.</b>	City; State; Zip Code <b>Orange TX 77630-5380</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Embroidery</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>08/09/23 &amp; 08/15/23</b>	Payee name <b>Central Office Supply</b>	
Amount (\$) <b>\$1,537.15</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>P. O.Box 490</b>	City; State; Zip Code <b>Bridge City TX 77611-0490</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Push Cards &amp; T-Shirts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM 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	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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME RODNEY TOWNSEND	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09/01/23 - 01/01/24	<b>5</b> Payee name ACME Partnership, L.P.
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<b>6</b> Amount (\$) \$2,471.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 3701 Bee Caves Rd. Ste. 101	City; Austin	State; TX	Zip Code 78746
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Billboards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/23	Payee name RODNEY TOWNSEND
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Amount (\$) \$712.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; Bucksprings Operations, Inc. 4829 US-96	City; Jasper	State; TX	Zip Code 75951
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Custom Water Bottles
	<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 09/28/23	Payee name RODNEY TOWNSEND
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Amount (\$) \$2,400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; JGI Outdoor Advertising 525 Park Grove	City; Katy	State; TX	Zip Code 77450
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Billboards
	<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 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            | 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME RODNEY TOWNSEND	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/29/23	<b>5</b> Payee name BJHR, Inc. a/k/a Penny/Record Newspapers
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<b>6</b> Amount (\$) \$420.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; P. O. Box 1008	City; Bridge City	State; TX	Zip Code 77611
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/23	Payee name RODNEY TOWNSEND
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Amount (\$) \$2,861.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; Designer Graphics 12404 Hwy 155 S.	City; Tyler	State; TX	Zip Code 75703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	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
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Date 09/18/23	Payee name RODNEY TOWNSEND
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Amount (\$) \$1,179.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; Dominion Forms P. O. Box 859 2501 M. L. King Jr. Dr.	City; Orange	State; TX	Zip Code 77631-0859
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Hats & T-Shirts
	<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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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, 2023, a candidate or officeholder who has accepted more than \$30,820 in political contributions or made more than \$30,820 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$30,820 in political contributions or made more than \$30,820 in political expenditures in a calendar year.
- 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.
- 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.
- 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 \$30,820 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.
- 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 \_\_\_\_\_, 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 Filer (Declarant)

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