

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	FIRST Rodney		MI A.		Date Received REC'D JAN 19 2024 10:29 AM CP Bradley
	LAST Townsend		SUFFIX Jr.		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> Runoff		Date Hand-delivered or Date Postmarked
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> Exceeded modified reporting limit		
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #
	<input type="checkbox"/> 8th day before election		Other (specify)		Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year		Month Day Year		Date Processed
	01 / 15 / 2023		THROUGH 07 / 15 / 2023		Date Imaged

6 EXPLANATION OF CORRECTION

Clerical error on report: Dates of contributions excluded; amount of loan incorrect; and name of contributor excluded.

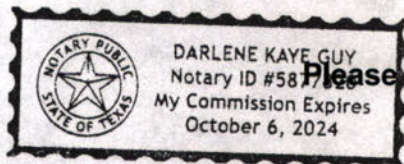
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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.

Signature of Candidate/Officeholder

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rodney Townsend this the 17th day of January, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Darlene Kaye Guy Printed name of officer administering oath: Darlene Kaye Guy Title of officer administering oath: Notary Public

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)

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

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

~~MS~~ ~~MR~~ ~~MS~~ ~~MR~~ ~~MS~~ ~~MR~~

FIRST

Rodney

MI

A.

NICKNAME

LAST

Townsend

SUFFIX

Jr.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. Box 727

Bridge City

TX

77611

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

([REDACTED])

[REDACTED]

6 CAMPAIGN
TREASURER
NAME

~~MS~~ ~~MR~~ ~~MS~~ ~~MR~~ ~~MS~~ ~~MR~~

FIRST

Jeff

MI

W.

NICKNAME

LAST

Mathews

SUFFIX

OFFICE USE ONLY

Date Received

REC'D JAN 19 2024

10:29 Am

C. Brad Day

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

[REDACTED]

TX 77662

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

([REDACTED])

[REDACTED]

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 15 / 2023

THROUGH

Month

Day

Year

07 / 15 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 2024

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

County Court at Law #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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

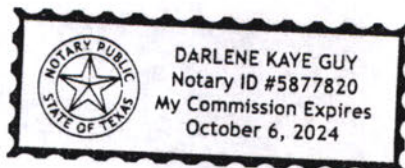
15 JC/OH NAME Rodney Townsend		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,540.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,100.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,540.68

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 19th day of January 20 24, 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**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,800.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$1,540.68
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$1,540.68
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 Rodney Townsend		3 Filer ID (Ethics Commission Filers)
4 Date 06/01/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Michael Catt 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	7 Amount of contribution (\$) \$1,000.00
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Attorney
10 Contributor's employer/law firm CATT LAW FIRM		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/01/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Karen Spivey Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Amount of contribution (\$) \$100.00
Contributor's principal occupation Attorney at Law		Contributor's job title Attorney
Contributor's employer/law firm Mehaffy Weber, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/01/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Chadwick Robison Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney at Law		Contributor's job title Attorney
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)		
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 06/05/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Trent Devenzio 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	7 Amount of contribution (\$) \$200.00
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Attorney
10 Contributor's employer/law firm BRANICK & DEVENZIO		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Adam Voyles Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Amount of contribution (\$) \$1,000.00
Contributor's principal occupation Attorney at Law		Contributor's job title Attorney
Contributor's employer/law firm LUBEL VOYLES, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Debra Wester Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Amount of contribution (\$) \$1,000.00
Contributor's principal occupation Attorney at Law		Contributor's job title Attorney
Contributor's employer/law firm Debra B. Wester Law Office		Law firm of contributor's spouse (if any)
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 06/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mike Ramsey, P.C. 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	7 Amount of contribution (\$) \$2,000.00
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Partner
10 Contributor's employer/law firm Mike Ramsey, P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Clint Brasher, Attorney at Law PLLC Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Amount of contribution (\$) \$1,000.00
Contributor's principal occupation Attorney at Law		Contributor's job title Attorney
Contributor's employer/law firm Brasher Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/01/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Randall Harris Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Amount of contribution (\$) \$1,000.00
Contributor's principal occupation Public Adjuster		Contributor's job title Public Adjuster
Contributor's employer/law firm LRG-LOSS CLAIMS, LLC		Law firm of contributor's spouse (if any)
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 07/01/23	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Riley Harris</div><div>7 Amount of contribution (\$) \$1,000.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>6 Contributor address; [REDACTED]</div><div>City; [REDACTED]</div><div>State; [REDACTED]</div><div>Zip Code [REDACTED]</div></div>	
8 Contributor's principal occupation Remediation Contractor		9 Contributor's job title Owner
10 Contributor's employer/law firm R5 Services		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 07/01/23	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kenneth A. Harris</div><div>Amount of contribution (\$) \$1,000.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; [REDACTED]</div><div>City; [REDACTED]</div><div>State; [REDACTED]</div><div>Zip Code [REDACTED]</div></div>	
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

Date	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:</div><div>Amount of contribution (\$)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address;</div><div>City;</div><div>State:</div><div>Zip Code</div></div>	
Contributor's principal occupation		Contributor's job title
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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$ 300.00

5 Date

8	Amount of Contribution \$
---	---------------------------

04/15/23

City: State: Zip Code

7 Contributor address:

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

Retired

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date _____

Amount of Contribution \$

In-kind contribution description

Contributor address: City: State: Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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 FILER NAME Rodney Townsend		3 Filer ID (Ethics Commission Filers)	
4 Date 05/01/23	5 Payee name COS Printing			
6 Amount (\$) \$ 340.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; P. O. Box 490 1600 Texas Avenue		City; Bridge City	State; TX
			Zip Code 77611	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses		(b) Description Envelopes, Letterhead	
	<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 06/13/23	Payee name Dominion Forms			
Amount (\$) \$1,133.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; P. O. Box 859 2501 M.L.K. King Dr.		City; Orange	State; TX
			Zip Code 77631-0859	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Hats & Koozies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 05/05/23	Payee name United States Postal Service			
Amount (\$) \$ 66.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 500 4th Street		City; Orange	State; TX
			Zip Code 77630	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising		Description Stamps	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				