



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

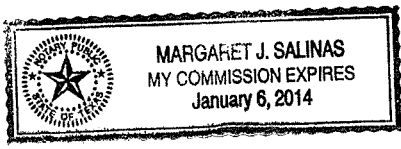
## FORM C/OH COVER SHEET PG 2

|              |   |
|--------------|---|
| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission Filers) |
|--------------|---|

|   |   |                                      |
|---|---|--------------------------------------|
| <b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> additional pages | 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME                       |
|   |   | COMMITTEE ADDRESS                    |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS |


|                         |   |                      |
|-------------------------|---|----------------------|
| 18 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 20. <sup>00</sup> |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 100.              |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ <del>90.00</del>  |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,444.48          |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 1,094.44          |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ —                 |

**19 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rodney Van Oudekerke this the 28<sup>th</sup> day of October, 20 10, to certify which, witness my hand and seal of office.

Margaret J. Salinas  
Signature of officer administering oath

Margaret J. Salinas  
Printed name of officer administering oath

Senior Deputy Local Registrar  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule A:                         |  |
| 2 FILER NAME  |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$)                     | 8 In-kind contribution description (if applicable) |
| [REDACTED]  | [REDACTED] [REDACTED]   |   |  |
| 6 Contributor address; City; State; Zip Code              |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                    |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| 10-18-10  | Lupe CARBAJAL & ASSOCIATES  | 100   |  |
| Contributor address; City; State; Zip Code                |   | (If travel outside of Texas, complete Schedule T) |  |
| 125 GUADALUPE SM TY                                       |   |   |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
|   |   |   |  |
| Contributor address; City; State; Zip Code                |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
|   |   |   |  |
| Contributor address; City; State; Zip Code                |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
|   |   |   |  |
| Contributor address; City; State; Zip Code                |   | (If travel outside of Texas, complete Schedule T) |  |
| 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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F:<br><i>2</i> | <b>2</b> FILER NAME<br><i>Rodney Van Oudekerke</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|--|--|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|---|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |                                    |
|------------------------|------------------------------------|
| Date<br><i>9-27-10</i> | Payee name<br><i>FED-EX Kinkos</i> |
|------------------------|------------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>442.72</i> | Payee address; City; State; Zip Code<br><i>SAN MARCOS</i> |
|------------------------------|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Push cards</i> |
|-------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                        |  |
|------------------------|--|
| Date<br><i>10-6-10</i> | Payee name<br><i>DR. Don's Buttons</i> |
|------------------------|--|

|                              |                                      |
|------------------------------|--------------------------------------|
| Amount (\$)<br><i>200.43</i> | Payee address; City; State; Zip Code |
|------------------------------|--------------------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Buttons</i> |
|-------------------------------|---|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                         |                                |
|-------------------------|--------------------------------|
| Date<br><i>10-12-10</i> | Payee name<br><i>Sign Arts</i> |
|-------------------------|--------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>205.62</i> | Payee address; City; State; Zip Code<br><i>Cheatham SAN MARCOS TX</i> |
|------------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br><i>Printing</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Signs</i> |
|-------------------------------|---|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F:<br><i>2</i> | <b>2</b> FILER NAME<br><i>Rodney VanOudekerke</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|--|---|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                         |                                    |
|-------------------------|------------------------------------|
| Date<br><i>10-12-10</i> | Payee name<br><i>SM DAY RECORD</i> |
|-------------------------|------------------------------------|

|   |   |
|---|---|
| Amount (\$)<br><i>325.<sup>00</sup></i> | Payee address; City; State; Zip Code<br><i>SMTX</i> |
|---|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                         |  |
|-------------------------|--|
| Date<br><i>10-18-10</i> | Payee name<br><i>TAQUERIA EL CHAR TAQUERIA</i> |
|-------------------------|--|

|  |   |
|--|---|
| Amount (\$)<br><i>17.69<sup>00</sup></i> | Payee address; City; State; Zip Code<br><i>Hutchison SMTX</i> |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br><i>FOOD EXPENS.</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Vol meeting</i> |
|-------------------------------|---|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                         |                                     |
|-------------------------|-------------------------------------|
| Date<br><i>10-18-10</i> | Payee name<br><i>FED EX KIMKO'S</i> |
|-------------------------|-------------------------------------|

|   |   |
|---|---|
| Amount (\$)<br><i>254.<sup>00</sup></i> | Payee address; City; State; Zip Code<br><i>SMTX</i> |
|---|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br><i>Printing</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>PUSH CARDS</i> |
|-------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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