

# 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 Filers)   | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <u>MR</u> FIRST <u>RODNEY</u> MI <u>G</u><br>NICKNAME <u>POD</u> LAST <u>HUNTER</u> SUFFIX _____   | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>RECEIVED BY<br/>CITY SECRETARY</b><br/><br/> <b>OCT 4 2021</b> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>CITY OF SOUTH PADRE ISLAND</b> </div> Date Hand-delivered or Date Postmarked<br>Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____ |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>3401 PADRE BLVD STEC S PADRE ISLAND TX 78597</u>  |   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><u>( 956 ) 590-7355</u>  |   |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br><u>ROSA M</u><br>NICKNAME LAST SUFFIX<br><u>HANDS</u>  |   |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>3401 PADRE BLVD STEC SOUTH PADRE ISLAND TX 78597</u>   |   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><u>( 817 ) 713-6414</u>  |   |                      |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" 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    Month Day Year<br><u>8 / 28 / 2021</u> THROUGH <u>10 / 4 / 2021</u>  |   |                      |
| 11 ELECTION  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><u>11 / 2 / 2021</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |   |                      |
| 12 OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br><u>CITY COUNCIL PLACE 3</u>  |                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<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   |  | 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

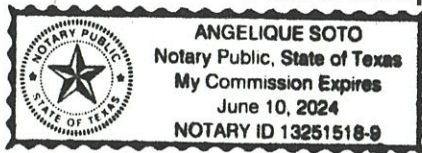
|   |   |  |
|---|---|--|
| 15 C/OH NAME <b>RODNEY 'ROD' HUNTER</b> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <b>920.00</b>                       |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <b>1475.96</b>                      |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <b>1644.04</b>                      |
| OUTSTANDING LOAN TOTALS                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <b>2200.00</b>                      |

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.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rodney Hunter this the 4th day of October, 2021, to certify which, witness my hand and seal of office. 4:04pm

*[Signature]* Angelique Soto City Secretary

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 - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

RODNEY HUNTER

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |            |
|-----|-------------------------------------|--|------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 920.00  |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$         |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$         |
| 4.  | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS  | \$ 2200.00 |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 1475.96 |
| 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 type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$         |
| 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

## SCHEDULE A1

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 A1:<br><b>2</b>               |  |
| 2 FILER NAME<br><b>RODNEY HUNTER</b>  |   |  |                               | 3 Filer ID (Ethics Commission Filers)                |  |
| 4 Date<br><b>9/21/21</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>DARLA JONES</b> |  |                               | 7 Amount of contribution (\$)<br><br><b>\$500.00</b> |  |
| 6 Contributor address; City; State; Zip Code<br><b>110A E Mezquite SoFidel Isl TX 78597</b> |   |  |                               |  |  |
| 8 Principal occupation / Job title (See Instructions)                                       |   |  | 9 Employer (See Instructions) |  |  |

|   |  |  |                             |  |  |
|---|--|--|-----------------------------|--|--|
| Date<br><b>9/21/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>AMY MALISH</b> |  |                             | Amount of contribution (\$)<br><br><b>\$100.00</b> |  |
| Contributor address; City; State; Zip Code<br><b>2600 Harris Blvd Austin TX 78703</b> |  |  |                             |  |  |
| Principal occupation / Job title (See Instructions)                                   |  |  | Employer (See Instructions) |  |  |

|  |   |  |                             |  |  |
|--|---|--|-----------------------------|--|--|
| Date<br><b>9/23/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LENNY CAVAZOS</b> |  |                             | Amount of contribution (\$)<br><br><b>\$200.00</b> |  |
| Contributor address; City; State; Zip Code<br><b>223 E MAXAM ST Port Isabel TX 78578</b> |   |  |                             |  |  |
| Principal occupation / Job title (See Instructions)                                      |   |  | Employer (See Instructions) |  |  |

|   |   |  |                             |  |  |
|---|---|--|-----------------------------|--|--|
| Date<br><b>9/23/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>BRANDY BUNTIN</b> |  |                             | Amount of contribution (\$)<br><br><b>\$100.00</b> |  |
| Contributor address; City; State; Zip Code<br><b>3113 LAGUNA BLVD SoFidel Island TX 78597</b> |   |  |                             |  |  |
| 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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1:

2

2 FILER NAME

RODNEY HUNTER

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CINDY MACDONOUGH

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City;

State;

Zip Code

5101 LAGUNA BLVD SD Rte 151 TX 78597

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**LOANS****SCHEDULE E**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 E:   |
| 2 FILER NAME<br><b>RODNEY HUNTER</b>   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ <b>\$2200.00</b>   |
| 5 Date of loan<br><b>9/3/21</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>ROD HUNTER / ROSA HANDS</b> | 9 Loan Amount (\$)<br><b>\$1000.00</b>  |
| 6 Is lender a financial Institution?<br><br>Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code<br><b>2800 GULF BLVD SO Padre Isl TX 78597 906</b>                 | 10 Interest rate<br><b>-</b>  |
|  |  | 11 Maturity date<br><b>-</b>  |
| 12 Principal occupation / Job title (See Instructions)                           |  | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br><input type="checkbox"/> none                    |  | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable          | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code  |   |
| 20 Principal Occupation (See Instructions)                                       |  | 21 Employer (See Instructions)  |
| Date of loan<br><b>9/24/21</b>   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>ROD HUNTER / ROSA HANDS</b>   | Loan Amount (\$)<br><b>\$1200.00</b>  |
| Is lender a financial Institution?<br><br>Y <input checked="" type="radio"/> N   | Lender address; City; State; Zip Code<br><b>2800 GULF BLVD SO PADRE ISLAND TX 78597</b>                    | Interest rate   |
|  |  | Maturity date   |
| Principal occupation / Job title (See Instructions)                              |  | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none                       |  | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable             | Name of guarantor  | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code   |   |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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.

|  |   |  |                                       |                     |
|--|---|--|---------------------------------------|---------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br><b>RODNEY HUNTER</b>  |  | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>9/8/21</b>                                      | 5 Payee name<br><b>FIRST COMMUNITY BANK</b>   |  |                                       |                     |
| 6 Amount (\$)<br><b>\$20.00</b>                              | 7 Payee address;<br><b>2701 PADRE BLVD<br/>50 PADRE ISLAND.</b>   |  | City;<br><b>TX</b>                    | State;<br><b>TX</b> |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | (a) Category (See Categories listed at the top of this schedule)<br><b>BANKING</b>  |  | (b) Description<br><b>CHECKS</b>      |                     |
|  | (c) <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<br><b>9/22/21</b>                                       | Payee name<br><b>TOUCAN GRAPHICS</b>  |  |                                       |                     |
| Amount (\$)<br><b>\$1455.96</b>                              | Payee address;<br><b>14725 S PADRE ISLAND DR</b>  |  | City;<br><b>CORPUS CHRISTI</b>        | State;<br><b>TX</b> |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING</b>  |  | Description<br><b>YARD SIGNS</b>      |                     |
|  | <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  |   |  |                                       |                     |
| Date   | Payee name  |  |                                       |                     |
| Amount (\$)  | Payee address;  |  | City;                                 | State;              |
| PURPOSE<br>OF<br>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     |  |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |  |                                       |                     |
| Candidate / Officeholder name                                |   |  |                                       |                     |
| Office sought  |   |  |                                       |                     |
| Office held  |   |  |                                       |                     |

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