

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		MS / MRS / MR <i>MR.</i>			
		FIRST <i>Rogue</i>		MI	
		NICKNAME		Date Hand-delivered	
		LAST <i>Vela</i>		Date Postmarked <i>2</i>	
		SUFFIX <i>SR.</i>		Receipt #	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED		Month Day Year		Date Processed	
		<i>7 / 1 / 14</i> THROUGH <i>12 / 31 / 14</i>		Date Imaged	

6 EXPLANATION OF CORRECTION

7 AFFIDAVIT

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rogue Vela, Jr., this the 20th day of April, 2017, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Tiffany L. Franklin
Printed name of officer administering oath

Deputy City Secretary IV
Title of officer administering oath

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

**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 <i>Mr</i> NICKNAME	FIRST <i>Rodriguez</i> LAST	MI SUFFIX <i>Veld</i>
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2926 Victoria Hous</i> <i>Lubbock, TX 79411</i>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 462-3228</i>		
Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs</i> NICKNAME	FIRST <i>Rodriguez</i> LAST	MI <i>K</i> SUFFIX
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2926 Victoria Hous</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 724-2695</i>		
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) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <i>2 / 1 / 14</i> THROUGH <i>12 / 31 / 14</i> Month Day Year		
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>City Council Dist IV</i>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Rogue Vela Jr 15 F ig ID (Ethics Commission Filers)

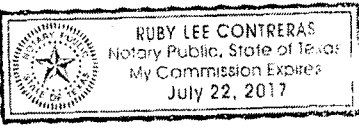
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 265.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5680.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4735.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2/16

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rogue Vela Jr., this the 30th day of November 20 11, to certify which, witness my hand and seal of office.

[Signature] Ruby Lee Contreras Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/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	\$ 4,000.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ n/a
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ n/a
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ n/a
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 500.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ n/a
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ n/a
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ n/a
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ n/a
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ n/a
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ n/a
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Rogue Veld Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/22/14</i>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>AW Hayden</i>	7 Amount of contribution (\$) <i>2000.00</i>
6 Contributor address; City; State; Zip Code <i>6010 McPherson #100 Lufkin TX 78041</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Lueck</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>1440 Phoenix Edinburg TX 78541</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/25/14</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Solis</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>6909 McPherson 107 Lufkin TX 78041</i>		
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 (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Rex Vold Jr</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/8/14</i>	5 Payee name <i>Rex Vold Jr</i>	
6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>W/H</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Franchising Expense</i>	(b) Description <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/DH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>7/8/14</i>	Payee name <i>S.W. Nixon Highschool Golden Spurs</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>2000 E Plum Lincoln TX 76041</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <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 <i>7/8/14</i>	Payee name <i>Boxst Grob Club</i>	
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>2000 Star Boulevard Lincoln TX 76041</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1:		2 FILER NAME <i>Rep. Veld Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7/28/14</i>		5 Payee name <i>Beardo Alvarez</i>			
6 Amount (\$) <i>\$500</i>		7 Payee address; City; State; Zip Code <i>W/D</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Asst/Adv</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>8/1/14</i>		Payee name <i>L.B.S. Highschool Football Booster Club</i>			
Amount (\$) <i>\$100</i>		Payee address; City; State; Zip Code <i>5226 Lichito Ln Waco, TX 78046</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <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	
Date <i>8/10/14</i>		Payee name <i>Executive office supply</i>			
Amount (\$) <i>\$250</i>		Payee address; City; State; Zip Code <i>3312 South Usuda Waco, TX 78040</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Asst/Adv (Stickers)</i>		Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Reece Vold Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/20/14</i>		5 Payee name <i>Seno S. Rendow</i>			
6 Amount (\$) <i>\$ 250.-</i>		7 Payee address; City; State; Zip Code <i>4402 Marcelle Laredo, TX 78041</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/20/14</i>		Payee name <i>United Middle School Marcelles</i>			
Amount (\$) <i>100</i>		Payee address; City; State; Zip Code <i>700 E. Nol Mdr Laredo, TX 78041</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <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 <i>10/10/14</i>		Payee name <i>Island Christian Mission School</i>			
Amount (\$) <i>\$ 100.-</i>		Payee address; City; State; Zip Code <i>4319 E. Nol Mdr Laredo, TX 78041</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Repue Veld Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/15/14</i>	5 Payee name <i>United Highschool Basketball League</i>	
6 Amount (\$) <i>\$75.00</i>	7 Payee address; City; State; Zip Code <i>2811 United Ave Lubbock, TX 79045</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <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 <i>11/10/14</i>	Payee name <i>Vickie Speech</i>	
Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code <i>100 Powderosa Waco, TX 76701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Hire</i>	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED