APPOINTMENT OF A CAMPAIGN FORM JCTA TREASURER BY A JUDICIAL CANDIDATE PG 1 1 Total pages filed: See JCTA Instruction Guide for detailed instructions. MS/MRS/MR 2 JUDICIAL FIRST MI OFFICE USE ONLY **CANDIDATE** NAME Rodney Filer ID # Mr. LAST NICKNAME SUFFIX Date Received Blaukat ADDRESS / PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE 3 JUDICIAL CANDIDATE MAILING 220 Providence Dr. Van Alstyne 75495 TX **ADDRESS** Date Hand-delivered or Postmarked Amount S 4 JUDICIAL AREA CODE Receipt# PHONE NUMBER **EXTENSION** CANDIDATE PHONE (469) 834-8063 Date Processed 5 OFFICE HELD Date Imaged (if any) 6 OFFICE SOUGHT Van Alstyne City Council, Place 2 MS/MRS/MR 7 CAMPAIGN FIRST NICKNAME SUFFIX TREASURER NAME LaPrelle Chad Mr.

	TREASURER STREET ADDRESS (Residence or business)	133 Acuff Lane	Colleyville	TX	76034
9	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
	PHONE	(817) 908-3239			
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law,	Chapter 573 of the Texas G	overnmen	t Code.
		I am aware of my responsibility to the Election Code.	o file timely reports as requ	ired by Titl	e 15 of
		I am aware of the restrictions in til from corporations and labor organ		n contribu	tions

APT / SUITE #;

CITY;

STATE:

Feb. 21, 2024

Date Signed

ZIP CODE

GOTO PAGE 2

Signature of Candidate

STREET ADDRESS:

8 CAMPAIGN

TREASURER

CANDIDA'	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction (2 Total pages filed: 5			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	A	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		STATE; ZIP CODE J ALSTYNE TX 75495	4/4/2024
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(469)	834-8063	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME	CHAD	SUFFIX	Date Processed
		LAPRELLE		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	133 Acuff	(NO PO BOX PLEASE); APT / SL LANE	COLLEYVILLE	STATE: ZIP CODE TX 76034
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(817)	908-3239	EXTENSION	·
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	etion Exceeded Modified Reporting Limit	Final Report (Attach C/OH • FR)
10 PERIOD COVERED	oa Month	Day Year / 2024	THROUGH O	03 / 202 Y
11 ELECTION	Month Day	Year Primary 2624 Seneral	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		VAN ALSTYNE C	ITT COUNCIL, PLACE 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
22	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
GO TO PAGE 2				

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) RODNET BLAUKAT 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 392.00 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. \$ 1,042.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 45.28 **TOTALS** 4. **TOTAL POLITICAL EXPENDITURES** \$ 909.63 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 132.37 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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 of Candidate or Officeholder Please complete either option below: JONI CRAGHEAD Notary Public, State of Texas Comm. Expires 05-27-2024 Notary ID 124850232 NOTARY STAMP/SEAL Rodney Blackat Sworn to and subscribed before me by ____ to certify which, witness my hand and seal of office. Signature of officer administering oath (2) Unsworn Declaration My name is _ ____, and my date of birth is _ My address is (street) (city) (zip code) (state) (country) ______ County, State of ______, on the _____ day of _ (month)

Signature of Candidate/Officeholder (Declarant)

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 20 Filer ID (Ethics Commission Filers) 19 FILER NAME RODNEY BLAUKAT 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT \$ 1,042.00 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0-3. SCHEDULE B: PLEDGED CONTRIBUTIONS 0-SCHEDULE E: LOANS 4. \$ 0-5. \$ 909.63 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 0-8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 0-9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 0 -10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 0-11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0 -12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 0 -TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) RODNEY BLAUKAT 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#: HOSPMIZ MIT 3/22/24 6 Contributor address; 9610 OAKMONT WOODS CT STLOUTS MO 63126 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) JOHN MCAFEE 3/20/24 Contributor address; 200-State: Zip Code City; 5303 LAFAYETIEDR FRISCO TX 75*035* Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) CHAD LAPRELLE 3/20/24 Contributor address; 250 -City; State; Zip Code 133 ACUFF LANE COLLEYUILLE TX 76034 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) 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 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)					
Advertisting Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Git/Awards/Memoriels Expense t Committee Legal Services The Instruction Guide explains	Loan Ropsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Satarles/Wages/Contract Labor I how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME RODNEY BLAUKAT		3 Filer ID (Ethics Commission Filers)		
4 Date 4/1/24	5 Payee name VISTA PRINT				
6 Amount (\$) 864,35	7 Payee address; ONLINE VISTAPKINT. CO	City; •M	State; Zip Code		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POLITICAL.	sign)		
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	tin, TX, officeholder living expense		
9 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 so	hedule) Description	·		
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	lin, 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 sc	hedule) Description			
	Check if travel outside of Texas, Complete Sci	nedule T. Check if Aus	illn, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL CORIES OF THIS SCHEDULE AS NEEDED					

CANDIDA	FORM C/OH COVER SHEET PG 1				
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST RODNEY	A	OFFICE USE ONLY	
NAME	NICKNAME	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	220 PROVIDE	0000 of participations in F	CITY: STATE: ZIP CODE LISTYNE TX 75495	4/25/24	
Change of Address				*	
5 CANDIDATE/ OFFICEHOLDER PHONE	(469)	834. 8063	EXTENSION	Date Hand-delivered or Date Pustmarked Receipt # Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$	
TREASURER NAME	MR	CHAD	SUFFIX	Date Processed	
		LAPRELLE		Date mageo	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #: CITY: COLLEYVSUE	STATE: ZIP CODE TX 76034	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (\$17)	PHONE NUMBER 908-3239	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment	
	July 15	8th day before eld	Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day Year O4 / 03 / 2024 THROUGH 04 / 26 / 2024				
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Yoar Primary	Runoff Other Description		
	05/04/	2024 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IT KNOWN VAN ALSTYNE CT	17 Coupest, PLACE 2	
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
GENERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	,	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
GO TO PAGE 2					

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME RODPEY BLAYKAT 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 300.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS **TOTAL POLITICAL EXPENDITURES** 4. 485,56 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 120.07 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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 of Candidate or Officeholder Please complete either option below: JONI CRAGHEAD Notary Public, State of Texas (1) Affidavit Comm. Expires 05-27-2024 Notary ID 124850232 NOTARY STAMP/SEAL odney Blaubat this the 25 day of Sworn to and subscribed before me by to certify which, witness my hand and seal of offic Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration , and my date of birth is My name is __

Forms provided by Texas Ethics Commission

(street)

Executed in _____ County, State of _____, on the _____ day of _

My address is _____

www.ethics.state.tx.us

(city)

(state)

Signature of Candidate/Officeholder (Declarant)

(month)

(zip code)

Revised 1/1/2024

(country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID	(Ethics Commission Filers)
RODNEY BLAUKAT	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 300-
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s O -
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0 -
4. SCHEDULE E: LOANS	\$ 0 _
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 485.56
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	SNS \$ 0 -
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0 -
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	FC/OH \$ 0 -
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s \$ <i>0</i> .
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR TO FILER	NED \$ 0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

CI PD 4:44F	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
FILER NAME RODNET	3 Filer ID (Ethics Commission Filers				
Date	5 Full name of contributor RODNEY BLAUKAT	out-of-state PAC (ID#;)			7 Amount of contribution (\$)
4/15/24	6 Contributor address; 226 PROVIDENCE DR	City: VAN ALSTYNE	State;	Zip Code	300-
Principal occup	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PAC	Out-of-state PAC (ID#;)		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	and the second s	Emple	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC			Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occupa	ation / Job title (See Instructions)		Emplo	yer (See Instruct	(ons)
Date Full name of contributor		out-of-state PAC	(ID#:		Amount of contribution (\$)
•	Contributor address;	City;		Zip Code	*
	ation / Job title (See Instructions)		Emplo	yer (See Instructi	ons)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/ContractLabor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	JAME		-	3 Filer ID (Ethics Commission Filers)
<u> </u>	RODA	PEY BLAULAT			First to (Editics Continuestion Facility)
4 Date 4/14/24	5 Payee na	ame AZON			
6 Amount (\$)	7 Payee ad			City;	State; Zip Code
77.56		E AMAZON, COM		Ony,	State; Zip Code
8	(a) Catego	Ory (See Categories listed at the top of this	is schedule)	(b) Description	***************************************
PURPOSE OF EXPENDITURE	ADVER	itestre Experse		LABELS ! EN	inelopps
	(c)	Check if travel outside of Texas. Complete 5	Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		idate / Officeholder name		Office sought	Office held
Date	Payee n	name	The service of the control of the co		
4/22/24	UNIT	TED STATES POSTAL S	ENVICE		
Amount (\$)	Payee a	address;	THE STATE OF THE THE PARTY AND ADDRESS.	City;	State; Zip Code
408.00	1501	HALL JOHNSON RD		Collyville	TX 76034
	Categor	ry (See Categories listed at the top of this	schedule)	Description	7 manus Anna Barra Anna Anna Anna Anna Anna Anna Anna
PURPOSE OF EXPENDITURE	ADVE	atistug Expense		STAMPS	
	Check if travel outside of Toxas. Complete Schedule T.			Check if Austin	n, TX, afficahalder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought	Office held
Date	Payeen	name			
Amount (\$)	Payee a	ıddress;		City;	State: Zip Code
PURPOSE	Categor	ry (See Categories listed at the top of this	schedule)	Description	
OF EXPENDITURE					•
EAT MILET. COM		Check if travel outside of Taxas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		idate / Officeholder name		Office sought	Office held
вхраниные по основа с. с		TTACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	EDED

Texas Secretary of State



MY VOTER PORTAL TEXAS ELECTIONET ADMINISTRATION SYSTEM

Voter Information

Name: RODNEY ALLEN BLAUKAT Address: 220 PROVIDENCE DRIVE

VAN ALSTYNE TX 75495

Gender: MALE

Valid From: 01/01/2024

Effective Date of Registration: 08/06/2020

Voter Status: ACTIVE County: GRAYSON Precinct: 109 VUID: 2167147835

Change your Address

Upcoming Elections (Select Election for available polling information)

11/05/2024--2024 NOVEMBER 5TH GENERAL ELECTION 03/05/2024--2024 MARCH 5TH DEMOCRATIC PRIMARY 03/05/2024--2024 MARCH 5TH REPUBLICAN PRIMARY

***Eligibility is determined by Effective Date of Registration (Must be on or before Election Day)

Please Note: Polling places are subject to change. Always check your designated polling place location via this website or by contacting your county prior to going to vote.

ADDITIONAL QUESTIONS and FAQ

Note: Any questions now that you see your voter registration status? On Suspense? Don't live at that address anymore? Not sure what to do next? Check out our FAQ.

Back