

# 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

FIRST

MI

Richard

NICKNAME

LAST

SUFFIX

Garcia

Jr

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9711 Mason Rd. Ste 125-287  
Richmond, TX 77407

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 ) 721-9275

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Jesse

NICKNAME

LAST

SUFFIX

Rodriguez

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

9711 Mason Rd. Ste 125-287  
Richmond, TX 77407

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 ) 721-9275

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

Month

Day

Year

7 / 21 / 2022

THROUGH

1 / 31 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Bend ISD Board of Trustees Position 3

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 2,900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,801.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

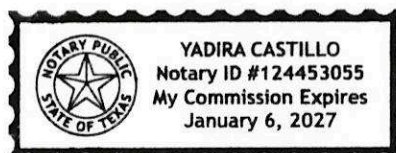
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Richard Garcia*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Richard Garcia this the 2<sup>nd</sup> day of February, 2023, to certify which, witness my hand and seal of office.  
Yadira Castillo Yadira Castillo Notary  
 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****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,900.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,801.96
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	\$

# 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  
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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/2/2022		<b>5</b> Payee name State Fare Restaurant			
<b>6</b> Amount (\$) \$48.97		<b>7</b> Payee address; City; State; Zip Code Sugar Land, TX 77479			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food and Beverage Expense		<b>(b)</b> Description Meeting with constituent		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/5/2022		Payee name The Perfect Latte			
Amount (\$) \$14.21		Payee address; City; State; Zip Code Richmond, TX 77407			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense		Description Meeting with constituent		
	<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 1/23/2023		Payee name Big Ben Tavern			
Amount (\$) \$14.44		Payee address; City; State; Zip Code Sugar Land, TX 77479			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Meet and Greet Event		
	<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					

# 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  
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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/31/2022		<b>5</b> Payee name Ray Aguilar Campaign			
<b>6</b> Amount (\$) \$200.00		<b>7</b> Payee address; Richmond,		City; TX	State; 77407 Zip Code
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation		<b>(b)</b> Description Campaign Donation to Ray Aguilar		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/2/2022		Payee name Steve White			
Amount (\$) \$100.00		Payee address; Richmond,		City; TX	State; 77407 Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Payment for cake for Sugar Shindig		
	<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 10/24/2022		Payee name Travis High School Choir			
Amount (\$) \$50.00		Payee address; Richmond,		City; TX	State; 77407 Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Donation for fundraiser event		
	<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					



# 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  
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.

<b>1</b> Total pages Schedule F1: <b>10</b>	<b>2</b> FILER NAME <b>Rick Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/11/2022</b>	<b>5</b> Payee name <b>Fort Bend Education Foundation</b>	
<b>6</b> Amount (\$) <b>\$21.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>16431 Lexington Blvd Sugar Land, TX 77479</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Expense during FBEF Sugar Shindig</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>10/3/2022</b>	Payee name <b>Safari Texas</b>	
Amount (\$) <b>\$45.00</b>	Payee address; City; State; Zip Code <b>Richmond, TX 77479</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Expense during FBEF event</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 <b>10/24/2022</b>	Payee name <b>Waterview Kroger</b>	
Amount (\$) <b>\$58.43</b>	Payee address; City; State; Zip Code <b>Richmond, TX 77407</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>School supplies donation for event</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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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  
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 F1: 10		2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)	
4 Date 9/27/2022		5 Payee name Pecan Grove Fall Festival			
6 Amount (\$) \$100.00		7 Payee address; Richmond,		City; TX	State; 77407 Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Sponsor for the Pecan Grove Fall Festival		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/3/2022		Payee name Clements High School PTO			
Amount (\$) \$22.00		Payee address; 16431 Lexington Blvd		City; Sugar Land,	State; TX Zip Code 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Purchased a Clements shirt from the PTO during football game		
	<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 10/3/2022		Payee name Fort Bend Education Foundation Sugar Shindig			
Amount (\$) \$4.50		Payee address; 16431 Lexington Blvd		City; Sugar Land,	State; TX Zip Code 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Expense during FBEF event		
	<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

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.

<b>1</b> Total pages Schedule F1: 10	<b>2</b> FILER NAME Rick Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/26/2022	<b>5</b> Payee name Grand Hyatt San Antonio	
<b>6</b> Amount (\$) \$26.73	<b>7</b> Payee address; City; State; Zip Code San Antonio, TX	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food and Beverage Expense	<b>(b)</b> Description Education Conference in San Antonio
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 9/26/2022	Payee name The RK Culinary San Antonio	
Amount (\$) \$12.00	Payee address; City; State; Zip Code San Antonio, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense	Description Snack shop in the hotel during education conference
	<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		
Date 9/26/2022	Payee name Grand Hyatt San Antonio	
Amount (\$) \$53.30	Payee address; City; State; Zip Code San Antonio, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense	Description Dinner Expense during education conference
	<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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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.

<b>1</b> Total pages Schedule F1: <b>10</b>		<b>2</b> FILER NAME <b>Rick Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>9/14/2022</b>		<b>5</b> Payee name <b>Fort Bend Education Foundation</b>			
<b>6</b> Amount (\$) <b>\$100.00</b>		<b>7</b> Payee address; <b>16431 Lexington</b>		<b>City;</b> <b>Sugar Land,</b>	<b>State;</b> <b>TX</b>
				<b>Zip Code</b> <b>77479</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Donation</b>		<b>(b)</b> Description  <b>Adopt a Teacher! :-)</b>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> <b>9/14/2022</b>		<b>Payee name</b> <b>Flying Saucer</b>			
<b>Amount (\$)</b> <b>\$20.52</b>		<b>Payee address;</b>		<b>City;</b> <b>Sugar Land,</b>	<b>State;</b> <b>TX</b>
				<b>Zip Code</b> <b>77479</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Food and Beverage Expense</b>		<b>Description</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
<b>Date</b> <b>9/22/2022</b>		<b>Payee name</b> <b>Bucees</b>			
<b>Amount (\$)</b> <b>\$8.95</b>		<b>Payee address;</b>		<b>City;</b> <b>Katy,</b>	<b>State;</b> <b>TX</b>
				<b>Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Food and Beverage Expense</b>		<b>Description</b>  <b>Water and snacks in route to an education conference</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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 9/6/2022		<b>5</b> Payee name Rick Garcia			
<b>6</b> Amount (\$) \$500.00		<b>7</b> Payee address; 9711 Mason Rd. Ste 125-287		City; Richmond,	State; TX
				Zip Code 77407	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Reimbursement Expense		<b>(b)</b> Description Reimbursement for travel and tolls since during 2022		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/12/2022		Payee name Jacey Jetton Campaign			
Amount (\$) \$156.25		Payee address; 22333 Grand Corner Dr.		City; Katy,	State; TX
				Zip Code 77494	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Donation		Description Campaign Donation		
	<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					
Date 9/13/2022		Payee name Sweetwater Country Club			
Amount (\$) \$32.48		Payee address; Palm Royale		City; Sugar Land,	State; TX
				Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FBEF Donation		Description Tickets for Fort Bend Education Foundation golf event		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



# 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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 8/6/2022		<b>5</b> Payee name Lupe Tortillas			
<b>6</b> Amount (\$) \$21.38		<b>7</b> Payee address; Grand Parkway		City; Katy,	State; TX
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food and Beverage Expense		<b>(b)</b> Description Volunteer Appreciation expense		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 8/6/2022		Payee name Lupe Tortillas			
Amount (\$) \$97.13		Payee address; Grand Parkway		City; Katy,	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense		Description Volunteer Appreciation expense		
	<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					
Date 9/2/2022		Payee name Wells Fargo Cash Withdrawal			
Amount (\$) \$50.00		Payee address; Grand Parkway		City; Richmond,	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Cash for PTO for high school football game shirts		
	<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					

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# 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  
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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 8/5/2022		<b>5</b> Payee name Quail Valley Country Club			
<b>6</b> Amount (\$) 18.00		<b>7</b> Payee address; City; State; Zip Code Missouri City, TX			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food and Beverage Expense		<b>(b)</b> Description Meal expense		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8/5/2022		Payee name Quail Valley Country Club			
Amount (\$) \$5.54		Payee address; City; State; Zip Code Missouri City, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense		Description Water		
	<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 8/5/2022		Payee name Quail Valley Country Club			
Amount (\$)		Payee address; City; State; Zip Code Missouri City, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense		Description Meal expense		
	<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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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/5/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telfryn John	<b>7</b> Amount of contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code 405 E. 20th Street Houston, TX 77008		
<b>8</b> Principal occupation / Job title (See Instructions) Vice President		<b>9</b> Employer (See Instructions) GeoScience Engineering & Testing, Inc.
Date 8/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shuang Baker	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Lampley	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX		
Principal occupation / Job title (See Instructions) Project Coordinator		Employer (See Instructions) HCFCD
Date 8/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Sass	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code Katy, TX		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) WEC
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** FILER NAME**3** Filer ID (Ethics Commission Filers)

Rick Garcia

**4** Date

8/5/2022

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lina &amp; Michael Sabouni

**7** Amount of contribution (\$)

\$1,000.00

**6** Contributor address;

City;

State;

Zip Code

6200 Savoy, Suite 100

Houston, TX 77036

**8** Principal occupation / Job title (See Instructions)

Owner

**9** Employer (See Instructions)

AutoArch

Date

8/5/2022

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Frunk

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

3200 Wilcrest

Houston, TX 77042

Principal occupation / Job title (See Instructions)

Owner/Project Manager

Employer (See Instructions)

ADM

Date

8/5/2022

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ray Aguilar

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Richmond, TX 77407

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

EHRA

Date

8/5/2022

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Matthew Brown

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2319 Squire Dobbins Sugar Land, TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

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