

p. 1 of 13

# 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

NICKNAME

LAST

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

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

CITY;

STATE;

ZIP CODE

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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

11 ELECTION

ELECTION DATE

Month

Day

Year

☐ Primary

☐ Runoff

ELECTION TYPE

☒ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

☐ Additional Pages

☐ GENERAL

COMMITTEE ADDRESS

☐ 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**

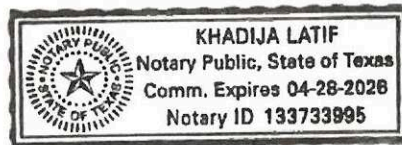
|   |   |   |
|---|---|---|
| <b>15 C/OH NAME</b> <u>James (Jim) Rice</u> |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>               | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0.00</u>                                |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>850.00</u>                              |
| <b>EXPENDITURE TOTALS</b>                   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>0.00</u>                                |
|   | 4. TOTAL POLITICAL EXPENDITURES<br><u>includes Schedules F &amp; G</u>  | \$ <u>26,000.59</u>                           |
| <b>CONTRIBUTION BALANCE</b>                 | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>0.00</u>                                |
| <b>OUTSTANDING LOAN TOTALS</b>              | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD<br><u>includes Schedules E &amp; G</u>  | \$ <u>60,217.79</u>                           |

**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.

James D. Rice  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by James D. Rice this the 08 day of July, 2022, to certify which, witness my hand and seal of office.

Khadija Latif Signature of officer administering oath  
Khadija Latif Printed name of officer administering oath  
Notary Public 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**

James (Jim) Rice

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |  |              |
|-----|--|--------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 850.00    |
| 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  | \$ 12,500.00 |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 24,710.72 |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 1,297.87  |
| 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.38      |

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

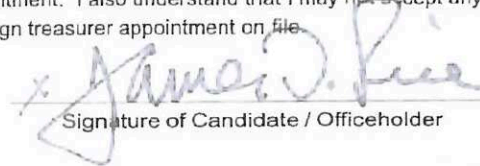
1 C/OH NAME

James (Jim) Rice

2 Filer ID (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

•• Complete A & B below only if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

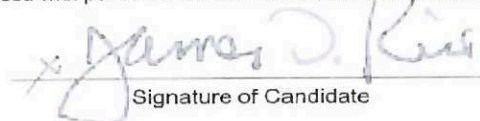
Check only one:

- ☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

**5 OFFICEHOLDER**

•• Complete this section only if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

p. 5 of 13

# 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:

p. 1 of 1

2 FILER NAME

James (Jim) Rice

3 Filer ID (Ethics Commission Filers)

4 Date

04/30/22

5 Full name of contributor

Jim Crow

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State; Zip Code

4120 Creek Lake  
Austin, Texas 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/07/22

Full name of contributor

Robert + Robin Broxson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State; Zip Code

810 Old Oyster Trail  
Sugar Land, Texas 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/21/22

Full name of contributor

Chris + Billie Breauux

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State; Zip Code

3815 East Valley Dr.  
Missouri City, Tx. 77459

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.

\$850.00



# 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:<br>p. 1 of 1   |
| 2 FILER NAME<br>Jim Rice (James D. Rice)  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$   |
| 5 Date of loan<br>03/03/22  | 7 Name of lender<br>Jim Rice<br><input type="checkbox"/> out-of-state PAC (ID#: )          | 9 Loan Amount (\$)<br>\$10,000.00  |
| 6 Is lender a financial institution?<br>Y <input checked="" type="radio"/> N                                    | 8 Lender address; City; State; Zip Code<br>5402 Oban Terrace Lane<br>Sugar Land, Tx. 77479 | 10 Interest rate<br>0.00   |
|   |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)<br>Project Manager, President Rice & Gardner Consultants |  | 13 Employer (See Instructions)<br>Rice & Gardner Consultants   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none  |  | 15 <input 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>05/10/22  | Name of lender<br>Jim Rice<br><input type="checkbox"/> out-of-state PAC (ID#: )            | Loan Amount (\$)<br>\$2,500.00   |
| Is lender a financial institution?<br>Y <input checked="" type="radio"/> N                                      | Lender address; City; State; Zip Code<br>5402 Oban Terrace Lane<br>Sugar Land, Tx. 77479   | Interest rate<br>0.00  |
|   |  | Maturity date  |
| Principal occupation / Job title (See Instructions)<br>Project Manager, President Rice & Gardner Consultants    |  | Employer (See Instructions)<br>Rice & Gardner Consultants  |
| Description of Collateral<br><input checked="" type="checkbox"/> none   |  | <input 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  
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:<br>p. 7 of 5  |   | 2 FILER NAME<br>James (Jim) Rice   |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>5.3.22   |   | 5 Payee name<br>Pay Pal  |  |                                       |  |
| 6 Amount (\$)<br>\$14.94   |   | 7 Payee address; City; State; Zip Code<br>On. line   |  |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fee   |  | (b) Description<br>Pay Pal Charges.                  |                                       |  |
|  | (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<br>Candidate / Officeholder name: Jim Rice FBISD Trustee Position 3<br>Office sought: Office held: |   |  |  |                                       |  |
| Date<br>4.29.22  |   | Payee name<br>Burt J. Lerine dba Texas Campaigns   |  |                                       |  |
| Amount (\$)<br>\$400.00  |   | Payee address; City; State; Zip Code<br>9600 Glenfield Court Suite 140<br>Houston, Texas 77096 |  |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Consulting Expense  |  | Description<br>Campaign Consulting                   |                                       |  |
|  | <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<br>Candidate / Officeholder name: Jim Rice FBISD Trustee Position 3<br>Office sought: Office held:   |   |  |  |                                       |  |
| Date<br>4.29.22  |   | Payee name<br>Print NW   |  |                                       |  |
| Amount (\$)<br>\$7,675.14  |   | Payee address; City; State; Zip Code<br>9914 32nd Ave. S.<br>Lakewood, WA 98499                |  |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Marketing   |  | Description<br>Printing, mailing, and data services. |                                       |  |
|  | <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<br>Candidate / Officeholder name: Jim Rice FBISD Trustee Position 3<br>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.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule F1:<br>p. 12 of 13             | 2 FILER NAME<br>James (Jim) Rice  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br>05/01/22                                    | 5 Payee name<br>Teehower Consulting LLC   |  |
| 6 Amount (\$)<br>\$910.00                             | 7 Payee address;<br>3019 Arrowhead<br>Sugar Land, Tx. 77479   | City; State; Zip Code                              |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE                     | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | (b) Description<br>Campaign Consulting             |
|   | (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<br>Jim Rice FBISD Trustee Position 3  | Office sought Office held                          |
| Date<br>05/03/22                                      | Payee name<br>Southern Daily News   |  |
| Amount (\$)<br>\$180.00                               | Payee address;<br>11122 Bellaire Blvd.<br>Houston, Tx. 77072  | City; State; Zip Code                              |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Newspaper Ad.                       |
|   | <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<br>Jim Rice FBISD Trustee Position 3  | Office sought Office held                          |
| Date<br>05/03/22                                      | Payee name<br>Sermo Digital   |  |
| Amount (\$)<br>\$8,000.00                             | Payee address;<br>P.O. Box 956<br>Cle Elum, WA 98922  | City; State; Zip Code                              |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br>Marketing   | Description<br>Printing, mailing and data services |
|   | <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<br>Jim Rice FBISD Trustee Position 3  | Office sought Office held                          |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

\$9,090.00



# 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:<br>p. 3 of 5               | 2 FILER NAME<br>James (Jim) Rice  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>5-4-22                                      | 5 Payee name<br>Burt J. Levine dba Texas Campaigns  |  |
| 6 Amount (\$)<br>\$90.00                              | 7 Payee address; City; State; Zip Code<br>9600 Glenfield Court Suite 148<br>Houston, Texas 77096  |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | (b) Description<br>Campaign Consulting |
|   | (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<br>Jim Rice FBISD Trustee Position 3  |  |
| Date<br>5-6-22  | Payee name<br>World Journal Inc. of Texas   |  |
| Amount (\$)<br>\$475.00                               | Payee address; City; State; Zip Code<br>5855 Sovereign Dr., #C<br>Houston, TX 77036   |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Ad.                     |
|   | <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<br>Jim Rice FBISD Trustee Position 3  |  |
| Date<br>5-10-22                                       | Payee name<br>Burt J. Levine dba Texas Campaigns  |  |
| Amount (\$)<br>\$500.00                               | Payee address; City; State; Zip Code<br>9600 Glenfield Court Suite 148<br>Houston, Tx. 77096  |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | Description<br>Campaign Consulting     |
|   | <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<br>Jim Rice FBISD Trustee Position 3  |  |

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.

|  |   |   |   |                                       |  |
|--|---|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: <u>p. 4 of 5</u>                  |   | 2 FILER NAME<br><u>James (Jim) Rice</u>                                   |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><u>5-19-22</u>                                     |   | 5 Payee name<br><u>Freemere Political Communications</u>                  |   |                                       |  |
| 6 Amount (\$)<br><u>\$544.74</u>                             |   | 7 Payee address;<br><u>4805 Woodview Ave</u><br><u>Austin, Tx. 78756</u>  |   | City; State; Zip Code                 |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>    |   | (b) Description<br><u>Roto-calls</u>                                      |                                       |  |
|  | (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<br><u>Jim Rice FBISD Trustee Position 3</u> |   | Office sought Office held             |  |
| Date<br><u>5/17/22</u>                                       |   | Payee name<br><u>Southern Daily News</u>                                  |   |                                       |  |
| Amount (\$)<br><u>\$180.00</u>                               |   | Payee address;<br><u>1122 Belaire Blvd.</u><br><u>Houston, Tx. 77072</u>  |   | City; State; Zip Code                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>        |   | Description<br><u>Newspaper Ad.</u>                                       |                                       |  |
|  | <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<br><u>Jim Rice FBISD Trustee Position 3</u> |   | Office sought Office held             |  |
| Date<br><u>6/1/22</u>  |   | Payee name<br><u>Icenhower Consulting LLC</u>                             |   |                                       |  |
| Amount (\$)<br><u>\$829.33</u>                               |   | Payee address;<br><u>3019 Arrowhead</u><br><u>Sugar Land, Tx. 77479</u>   |   | City; State; Zip Code                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><u>Consulting Expense</u> |   | Description<br><u>Campaign Consulting</u>                                 |                                       |  |
|  | <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<br><u>Jim Rice FBISD Trustee Position 3</u> |   | 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  
Salary/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:<br>p. 5 of 5               | 2 FILER NAME<br>James (Jim) Rice  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>6/30/22                                     | 5 Payee name<br>James Rice  |   |
| 6 Amount (\$)<br>\$4,911.57                           | 7 Payee address; City; State; Zip Code<br>5402 Otan Terrace Lane<br>Sugar Land, Tx. 77479   |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment  | (b) Description<br>Partial loan payment |
|   | (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<br>Jim Rice FBISD Trustee Position 3  | Office sought<br>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 ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought<br>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 ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought<br>Office held            |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

\$4911.57

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>p. 1 of 1</i>  |   | 2 FILER NAME<br><i>James (Jim) Rice</i>  |   | 3 Filer ID (Ethics Commission Filers) |                 |
| 4 Date<br><i>5/7/22</i>   |   | 5 Payee name<br><i>Berryhill Restaurant</i>  |   |                                       |                 |
| 6 Amount (\$) <i>\$1,297.87</i><br><input type="checkbox"/> Reimbursement from political contributions intended   |   | 7 Payee address:<br><i>13703 Southwest Freeway<br/>Sugar Creek Center, Sugar Land, Tx. 77479</i> |   | City;                                 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><i>Event Expenses</i> |  | (b) Description<br><i>Food/drinks election party</i>                      |                                       |                 |
|   | (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<br>Candidate / Officeholder name <i>Jim Rice FBKSD Trustee</i> Office sought <i>Position 3</i> Office held |   |  |   |                                       |                 |
| Date  |   | Payee name   |   |                                       |                 |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended  |   | 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<br>Candidate / Officeholder name Office sought Office held   |   |  |   |                                       |                 |
| Date  |   | Payee name   |   |                                       |                 |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended  |   | 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<br>Candidate / Officeholder name Office sought Office held   |   |  |   |                                       |                 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

*\$1,297.87*



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K:

p. 1 of 1

2 FILER NAME

James (Jim) Rice

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

5/19/22

6 Address of person from whom amount is received; City; State; Zip Code

620 Hwy. 6  
Sugar Land, Tx. 77478

\$0.27

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Interest paid on funds in bank

Date

Name of person from whom amount is received

Frost Bank

Amount (\$)

6/21/22

Address of person from whom amount is received; City; State; Zip Code

620 Hwy. 6  
Sugar Land, Tx. 77478

\$0.11

Purpose for which amount is received

☐ Check if political contribution returned to filer

Interest paid on funds in bank

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

