

FORM C/OH
COVER SHEET PG 1

Revised 8/17/2020

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)

\$

1,794.85

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,912.08

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

1,794.85

OUTSTANDING
LOAN TOTALS

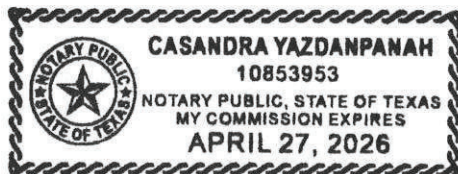
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

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.



R. Garcia

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rick Garcia this the 25 day of July

20 22, to certify which, witness my hand and seal of office.

Casandra Yazdanpanah

Casandra Yazdanpanah

Board Secretary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,794.85
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,912.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Mendoza 6 Contributor address; City; State; Zip Code 20735 Bandrock Terrace Richmond, TX 77407	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) GRS Services
Date 5/2/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janie Ramos Contributor address; City; State; Zip Code 20602 Bandrock Terrace Richmond, TX 77407	Amount of contribution (\$) \$94.85
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6/3/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Rosenthal Contributor address; City; State; Zip Code 6910 Oak Bay CIR, Missouri City, TX 77459	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 7/5/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue Brandon, Filder, Collins and Mott 6 Contributor address; City; State; Zip Code 1235 North Loop W. Suite 600 Houston, TX 77098	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) Law Firm		9 Employer (See Instructions) Perdue Brandon, Filder, Collins and Mott
Date 7/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Siwierka Contributor address; City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Perdue, Brandon, Filder, Collins and Mott
Date 7/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Humphrey Contributor address; City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Perdue, Brandon, Filder, Collins and Mott
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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	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		3 Filer ID (Ethics Commission Filers)	
4 Date 06/30/2022		5 Payee name Starbucks			
6 Amount (\$) 9.42		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with Consultant		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 06/03/2022		Payee name IW Print			
Amount (\$) 162.38		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Printing Services		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 05/31/2022		Payee name Bank - Wells Fargo			
Amount (\$) 10.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Monthly Service Fee		
	Check if travel outside of Texas. Complete Schedule T. 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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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 05/02/2022		5 Payee name Gyro Republic			
6 Amount (\$) 51.80		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch		
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/29/2022		Payee name DNH Hosting			
Amount (\$) 25.18		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Website Services		
	Check if travel outside of Texas. Complete Schedule T. 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 04/29/2022		Payee name Chick Fil A			
Amount (\$) 10.12		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Lunch		
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2022	5 Payee name Fort Bend County		
6 Amount (\$) 90.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description Data Services
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 05/03/2022	Candidate / Officeholder name Brammers		
Amount (\$) 117.88	Office sought Office held		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Shirt Printing
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 05/02/2022	Candidate / Officeholder name Shipleys Donuts		
Amount (\$) 90.92	Office sought Office held		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Food For Volunteers
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Rick Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 07/07/2022	5 Payee name Rick Garcia	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 9711 Mason Rd Ste 125-287 Richmond, TX 77407	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment	(b) Description Loan Repayment
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/05/2022	Candidate / Officeholder name Inmode Interactive	
Amount (\$) 550.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Advertising	Description Website
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2022	Candidate / Officeholder name Bank - Wells Fargo	
Amount (\$) 10.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly Service Fee
	Check if travel outside of Texas. Complete Schedule T. 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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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 04/28/2022		5 Payee name CME Printing			
6 Amount (\$) 241.46		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. 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

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 05/23/2022		5 Payee name Facebook			
6 Amount (\$) 125.65		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement		
	(c) Check if travel outside of Texas. Complete Schedule T. 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 05/16/2022		Payee name Willies			
Amount (\$) 17.27		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Preceinct Meeting		
	Check if travel outside of Texas. Complete Schedule T. 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 05/09/2022		Payee name Facebook			
Amount (\$) 400.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Advertisement		
	Check if travel outside of Texas. Complete Schedule T. 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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