# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr Mr	FIRST Richard		MI	OFFICE USE ONLY
NAME	NICKNAME	Garcia		suffix <b>Jr</b>	Date Rece (DC)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 9711 Mason Ro		Richmond,		JUL 25 REC'D  Superintendent's Office
Change of Address					Ft. Bend I.S.D.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 281 ) 721-	PHONE NUMBER	EXTE	NSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt # Amount \$
NAME		Jesse			Date Processed
	NICKNAME	LAST		SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO	Rodriguez PO BOX PLEASE); APT / S	SUITE #: C	ITY;	STATE; ZIP CODE
TREASURER		n Rd Ste 125-28		chmond, TX	
ADDRESS (Residence or Business)					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTE	NSION	
TREASURER PHONE	( 281 ) 721-9	275			
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	COHOLI	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year
COVERED	4 /	28 / 2022	THROUGH	7 /	20 / 2022
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day	Year Primary	Runoff	Other Description	
	5/7/2	2022 General	Special	FBISD Boar	d of Trustees Position 3
12 OFFICE	OFFICE HELD (if any)		<b>13</b> OFFI	CE SOUGHT (if known	)
	Fort Bend ISD T	rustee, Position 3	3		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHO	LDER. THESE EXPENDITURE	ES MAY HAVE BEEN MA	DE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE C	OMMITTEE NAME			
Additional Pages	GENERAL	OMMITTEE ADDRESS			
	SPECIFIC	OMMITTEE CAMPAIGN TR	EASURER NAME		
	С	OMMITTEE CAMPAIGN TR	REASURER ADDRES	S	
	·	GO TO	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

CAMPAIG	N FINANCE REPORT	
15 C/OH NAME	<b>16</b> Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$ 1.794.85
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true and co quired to be reported by me under Title 15, Election Code.	prrect and includes all information
NOTARY MY	NDRA YAZDANPANAH 10853953 PUBLIC, STATE OF TEXAS COMMISSION EXPIRES PRIL 27, 2026 PRIL 27, 2026 Please complete either option below:	or Officeholder
(1) Affidavit		
20 17, to certify	which, witness my hand and seal of office.  Casarda Yazdanparah	day of July,  Board Secretary  Title of officer administering oath
Signature of officer authinist		The or officer definition of
(2) Unsworn Declarat	ion	
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(month)	, 20 (year)
	Signature of Candidate/Offi	iceholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commis	ssion 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 CONTR	RIBUTIONS \$	2,912.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COI	NTRIBUTIONS \$	
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 BU	ISINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$	

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

- U				
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 5/4/2022	5 Full name of contributor [ Juan Mendoza	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) \$100.00
	6 Contributor address;	City;	State; Zip Code	
	20735 Bandrock Terrace	Richmond, T		
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Business O	wner		GRS Services	
Date 5/2/2022	Full name of contributor [	out-of-state PAC	(ID#:)	Amount of contribution (\$) \$94.85
	Contributor address;	City;	State; Zip Code	
	20602 Bandrock Terrace	Richmo	nd, TX 77407	
Principal occup  Retired	eation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 6/3/2022	Full name of contributor [ David Rosenthal	out-of-state PAC	c (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address;	City;	State; Zip Code	
	6910 Oak Bay CIR, Misso	ouri City, TX	77459	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
			Self Employed	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occuj	pation / Job title (See Instructions)		Employer (See Instruc	stions)
				NEEDED.
	ATTACH ADDITION If contributor is out-of-state PAC,		OF THIS SCHEDULE AS I ruction guide for additional	

### 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	s form.	1 Total pages Schedule A1:
2 FILER NAME Rick Garc	ia		3 Filer ID (Ethics Commission Filers)
4 Date 7/5/2022	Full name of contributor out-of-state PAGE Perdue Brandon, Filder, Collins at G. Contributor address; City;  1235 North Loop W. Suite 600 Houston	State; Zip Code	7 Amount of contribution (\$) \$1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Law Firm		Perdue Brandon, F	ilder, Collins and Mott
Date 7/5/2022	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$) \$250.00
Principal occup Partner	pation / Job title (See Instructions)	Employer (See Instruction Perdue, Brandon, I	ritions) Filder, Collins and Mott
Date 7/5/2022	Full name of contributor □ out-of-state PA	C (ID#:) State; Zip Code	Amount of contribution (\$) \$250.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Partner		Perdue, Brandon, I	Filder, Collins and Mott
Date	Full name of contributor		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ations)
	ATTACH ADDITIONAL COPIES	AND	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date 06/30/2022	5 Payee name Starbucks			
6 Amount (\$) 9.42	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	and policina bears	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with Consultant		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/03/2022	IW Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
162.38				
PURPOSE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description Printing Servi	ces	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/31/2022	Bank - Wells Fargo			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Monthly Service	ce Fee	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

#### 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

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
Other (enter a category not listed above)

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a categor	y not listed above)
Credit Cald Paymont	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
05/02/2022	Gyro Republic			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
51.80				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Food/Beverage Expense	Lunch		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
a o Li ONIVis diment	Candidate / Officeholder name	Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/Oh	A PORT A PORT OF THE PROPERTY			
Date	Payee name			
04/29/2022	DNH Hosting			
Amount (\$)	Payee address;	City;	State;	Zip Code
25.18				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Other	Website Serv	ices	
OF EXPENDITURE				
EXPENDITORE			r TV -mb-ld fide-	
	Check if travel outside of Texas. Complete Schedule T.	EVANSUARY CANADA SERVICE SERVI	tin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/20/2022	0.1.1.57.4			
04/29/2022	Chick Fil A			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.12				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food/Beverage Expense	Lunch		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	н			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

### 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)

Credit Card Payment	The Instruction Guide explains how to o	omplete 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 (\$)	7 Payee address;	City;	State;	Zip Code
90.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Polling Expense	Data Services		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				Office held
Date	Payee name			
05/03/2022	Brammers			
Amount (\$)	Payee address;	City;	State;	Zip Code
117.88				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Shirt Printing		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/02/2022	Shipleys Donuts			
Amount (\$)	Payee address;	City;	State;	Zip Code
90.92				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food For Volur	nteers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outor (onto a datage	ory mornisced deservery
1 Total pages Schedule F1:	2 FILER NAME Rick Garcia		3 Filer ID (Ethic	s Commission Filers)
4 Date 07/07/2022	5 Payee name Rick Garcia			32
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,000.00	9711 Mason Rd Ste 125-287	Richmond, T	X 77407	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Loan Repayment	Loan Repayment		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/05/2022	Inmode Interactive			
Amount (\$)	Payee address;	City;	State;	Zip Code
550.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other Advertising	Website		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		400	
06/30/2022	Bank - Wells Fargo			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Monthly Service	e Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

## 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 Gitt/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)

Credit Card Payment	The Instruction Guide explains how to o	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 Advertisment		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Ausl	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date 05/23/2022 Facebook City; State: Zip Code 7 Payee address; 6 Amount (\$) 125.65 (b) Description (a) Category (See Categories listed at the top of this schedule) Advertisement Advertising Expense PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Willies 05/16/2022 Zip Code City; State: Amount (\$) Payee address; 17.27 Description Category (See Categories listed at the top of this schedule) Food/Beverage Expense Preceinct Meeting **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 05/09/2022 Facebook Zip Code State; City; Amount (\$) Payee address; 400.00 Description Category (See Categories listed at the top of this schedule) Advertisement Advertising Expense **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH