

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: **18**3 CANDIDATE /
OFFICEHOLDER
NAMEMS / MRS / MR **(C)**

FIRST

James

MI

D.

NICKNAME

Jim

LAST

Rice

SUFFIX

Date Received

APR 5 2022**MDO**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

**5402 Oban Terrace Lane
Sugar Land, Tx. 77479**☐ Change of Address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 563-2942

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAMEMS / MRS / MR **(C)**

FIRST

Dorothy

MI

S.

NICKNAME

Suzanne

LAST

Ramos

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

**3907 Senna Place
Sugar Land, Tx. 77479**

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 980-9051

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

01 / 01 / 2022

THROUGH

Month

Day

Year

03 / 28 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 22☐ Primary☐ Runoff

ELECTION TYPE

☐ Other
Description☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

**FBISD Trustee
Position 3**

13 OFFICE SOUGHT (if known)

**FBISD Trustee
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

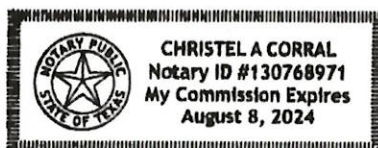
15 C/OH NAME <u>Jim Rice (James D. Rice)</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>13,500.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,057.66</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>21,140.39</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>35,331.69</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 5 day of April,

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

Christel A. Corral Administrative Assistant
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)

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jim Rice (James D. 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	\$ 13,500.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,057.66
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.33

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 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim and S. Russ 6 Contributor address; City; State; Zip Code 10011 Meadowglen Lane Houston, Texas 77042	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony + Kerry Lacsamana Contributor address; City; State; Zip Code 3107 Winchester Way Sugar Land, Texas 77479	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James A. Thompson Campaign Acct. Contributor address; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, Tx. 77478	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bridget R. Yeung Contributor address; City; State; Zip Code 538 Lombardy Dr. Sugar Land, Tx. 77478	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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. 2 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/22	5 Full name of contributor Derrick Mitchell <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: 3346 Parkwood Dr. Houston, Texas 77021-1139 City: State: Zip Code	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/2/22	Full name of contributor Dean Arbacek <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 130 Industrial Blvd. Ste 110 Sugar Land, TX 77478 City: State: Zip Code	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/22	Full name of contributor Rolinda Schmidt <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 3513 Trail Head Dr. Kerrville, TX 78028 City: State: Zip Code	Amount of contribution (\$) \$150.00 pp
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/22	Full name of contributor Robin Elder <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 2033 Spinnaker Dr. League City, TX 77573 City: State: Zip Code	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: p. 3 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Jameson c/o W.J. Interests	7 Amount of contribution (\$) \$1,000.00
6 Contributor address: City: State: Zip Code 2333 Town Center Blvd. #100 Sugar Land, Tx. 77478 pp		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Null	Amount of contribution (\$) \$200.00
Contributor address: City: State: Zip Code 218 Keswick Ct. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Les and Ann Newton	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 3506 Mesquite Dr. Sugar Land, Tx. 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: S Neal + J. Neal	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 6411 Hidden Creek Way Sugar Land, Tx. 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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. 4 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph + Janet Meyer	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 1410 Ravens Court Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Siwlerka	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1368 Lake Pointe Pkwy. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Perdue, Brandon, Fielder Collins + Mott LLC	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1235 North Loop W. Ste. 600 Houston, Texas 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Russell & Doris Klaus	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1267 Piney Woods Rd. Allen, Tx. 78935		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:

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2 FILER NAME

James D. Rice (Jim Rice)

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

Seth Smith

7 Amount of contribution (\$)

\$500.00

6 Contributor address:

City:

State:

Zip Code

1683 Shaws Bend Road
Columbus, Tx. 78934

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/22

Full name of contributor

☐ out-of-state PAC (ID#)

Earl + Peggy Pitchford

Amount of contribution (\$)

\$500.00

Contributor address:

City:

State:

Zip Code

2022 Brushy Rd.
Columbus, Tx. 78934

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5/22

Full name of contributor

☐ out-of-state PAC (ID#)

Justin Labay

Amount of contribution (\$)

\$500.00

Contributor address:

City:

State:

Zip Code

1050 Green Meadows Lane
Columbus, Tx. 78934

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/22

Full name of contributor

☐ out-of-state PAC (ID#)

Gary Pearson III

Amount of contribution (\$)

\$100.00

Contributor address:

City:

State:

Zip Code

2350 Westcreek Ln. Suite 1213
Houston, Tx 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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. 6 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jared Jameson	7 Amount of contribution (\$) \$ 250.00
6 Contributor address: City: State: Zip Code 2333 Town Center Blvd. #100 Sugar Land, Tx. 77478		pp
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stuart Jacobsen	Amount of contribution (\$) \$ 250.00
Contributor address: City: State: Zip Code 77 Sugar Creek Center Blvd. Ste 500 Sugar Land, Tx. 77478		pp.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Randall Curry	Amount of contribution (\$) \$ 1,500.00
Contributor address: City: State: Zip Code 3422 Mimosa Way Sugar Land, Tx. 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gail McClendon	Amount of contribution (\$) \$ 200.00
Contributor address: City: State: Zip Code 911 Eastwood Ct. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 8

2 FILER NAME

James D Rice (Jim)

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/22

5 Full name of contributor

Floyd Emery

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

2103 Fountain Valley Dr.
Missouri City, Tx. 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/22

Full name of contributor

Roy Smith

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

111 Mayfair Ct.
Sugar Land, Tx. 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/22

Full name of contributor

Yolanda Humphrey

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

2803 Scottsdale Palms Dr.
Missouri City, Texas 77459 pp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/22

Full name of contributor

Victor Chen

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

101 Blacraft Court
Sugar Land, Tx. 77478 pp

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:

p. 8 of 8

2 FILER NAME

James D. Rice (Jim)

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

David Rowe

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address;

City;

State;

Zip Code

11931 Wickchester Suite 300
Houston, Tx. 77043

pp.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/22

Full name of contributor

☐ out-of-state PAC (ID#)

Dan Micciche

Amount of contribution (\$)

\$ 400.00

Contributor address;

City;

State;

Zip Code

1140 Bally Mote Dr.
Dallas, Tx. 75218

pp.

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)

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.

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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: p. 1 of 6	2 FILER NAME James Rice (Jim)	3 Filer ID (Ethics Commission Filers)
4 Date 01/03/22	5 Payee name Burt J. Levine aka Texas Campaigns	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 9600 Glenfield Court Suite 140 Houston, Tx. 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description 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 Jim Rice FBISD Trustee Position 3	
Date 01/03/22	Payee name Icehower Consulting LLC	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3019 Arrowhead Sugar Land, Tx. 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description 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 Jim Rice, FBISD Trustee Position 3	
Date 01/11/22	Payee name Fort Bend Star	
Amount (\$) \$79.00	Payee address; City; State; Zip Code P.O. Box 2369 Stafford, Tx. 77477	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 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 Jim Rice, FBISD Trustee Position 3	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

\$1,879

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: p. 2 of 6		2 FILER NAME James Rice (Jim)		3 Filer ID (Ethics Commission Filers)	
4 Date 01/25/22		5 Payee name Pamela Printing			
6 Amount (\$) \$ 239.23		7 Payee address: 550 Julie Rivers Dr. Sugar Land, Tx. 77478		City: #310 State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Pushcards.		
	(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: Jim Rice, FBISD Trustee Position 3 Office sought: Office held:					
Date 01/30/22		Payee name Burt J. Levine dba Texas Campaigns			
Amount (\$) \$ 400.00		Payee address: 9600 Greenfield Court Houston, Tx. 77096		City: Suite 148 State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description 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: Jim Rice, FBISD Trustee Position 3 Office sought: Office held:					
Date 01/30/22		Payee name Burt J. Levine dba Texas Campaigns			
Amount (\$) \$ 100.00		Payee address: 9600 Greenfield Court Houston, Tx. 77096		City: Suite 148 State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description 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: Jim Rice, FBISD Trustee Position 3 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: p. 3 of 6	2 FILER NAME James Rice (Jim)	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/22	5 Payee name Burt J. Levine dba Texas Campaigns	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 9600 Greenfield Court suite 148 Houston, Tx. 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description 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 Office sought Office held Jim Rice FBISD Trustee Position 3	
Date 03/03/22	Payee name Icenhower Consulting LLC	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3019 Arrowhead Sugar Land, Tx. 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description 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 Office sought Office held Jim Rice FBISD Trustee Position 3	
Date 01/19/22 to 03/07/22	Payee name Pay Pal	
Amount (\$) \$49.66	Payee address; City; State; Zip Code On-line	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Pay Pal Charges.
	<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 Jim Rice FBISD Trustee Position 3	

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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: p. 4 of 6		2 FILER NAME James Rice (Jim)		3 Filer ID (Ethics Commission Filers)	
4 Date 3/16/2022		5 Payee name Z+ZZ International, Inc.			
6 Amount (\$) \$1,900.00		7 Payee address; 4503 Crescent Lakes Cir. Sugar Land, Texas 77479		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Ad	
		(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 Jim Rice, FBISD trustee, Position 3			
Date 3/16/2022		Payee name Pamela Printing			
Amount (\$) \$395.11		Payee address; 550 Julie Rivers Dr., Suite 310 Sugar Land, Tx. 77479		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Bumper stickers, name badge, car magnets	
		(c) <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 Jim Rice, FBISD Trustee, Position 3			
Date 3/22/22		Payee name Iceuhower Consulting LLC			
Amount (\$) \$1,373.79		Payee address; 3019 Arrowhead Sugar Land, Tx. 77479		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description 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			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Jim Rice, FBISD Trustee Position 3			
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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: p 5 of 6		2 FILER NAME James Rice (Jim)		3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/22		5 Payee name Pamela Printing			
6 Amount (\$) \$274.96		7 Payee address: 550 Julie Rivers Dr., Suite 310 Sugar Land, Tx. 77479			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Pushcards.		
	(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 Jim Rice, FBISD Trustee Position 3					
Date 3/27/22		Payee name Burt J. Levine dba Texas Campaigns			
Amount (\$) \$400.00		Payee address: 9600 Greenfield Court Suite 148 Houston, Tx. 77096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description 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 Jim Rice, FBISD Trustee Position 3					
Date 3/27/22		Payee name Icenhauer Consulting LLC			
Amount (\$) \$800.00		Payee address: 3019 Arrowhead Sugar Land, Tx. 77479			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description 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 Jim Rice, FBISD Trustee Position 3					
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p. 17 of 18

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: p. 6 of 6		2 FILER NAME: James Rice (Jim)		3 Filer ID (Ethics Commission Filers)	
4 Date: 3/18/22 - 3/28/22		5 Payee name: Pay Pal			
6 Amount (\$): \$45.91		7 Payee address; City; State; Zip Code: on-line			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Fee		(b) Description: 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 <u>ONLY</u> if direct expenditure to benefit C/OH: Jim Rice FBISD Trustee Position 3					
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 <u>ONLY</u> if direct expenditure to benefit C/OH: Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this 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: 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		
	<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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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: <i>p. 1 of 1</i>
2 FILER NAME <i>James D. Rice (Jim Rice)</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/21 - 3/18/2022</i>	5 Name of person from whom amount is received <i>Frost Bank</i> <hr/> 6 Address of person from whom amount is received; City; State; Zip Code <i>620 Hwy. 6 Sugar Land, Tx. 77478</i>	8 Amount (\$) <i>\$ 0.33</i>
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>Interest paid on funds in bank account</i>		
Date	Name of person from whom amount is received <hr/> Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received <hr/> Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received <hr/> Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)

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