

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 MR FIRST James MI D.
NICKNAME Jim LAST Rice SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
APR 29 2022
BY: [Signature]

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: 5402 Oban Terrace Lane
Sugar Land, Tx. 77479
APT / SUITE #: CITY: STATE: ZIP CODE

☐ Change of Address

Date Hand-delivered or Date Postmarked

@8:00am

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE (832) PHONE NUMBER 563-2942 EXTENSION

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR MR FIRST Dorothy MI S.
NICKNAME Suzanne Ramos LAST SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): 3907 Senna Place
Sugar Land, Tx. 77479
APT / SUITE #: CITY: STATE: ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE (281) PHONE NUMBER 980-9051 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
03 / 29 / 2022 THROUGH 04 / 27 / 2022

11 ELECTION

ELECTION DATE Month Day Year 05 / 07 / 22
ELECTION TYPE
☐ Primary ☐ Runoff ☐ 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**

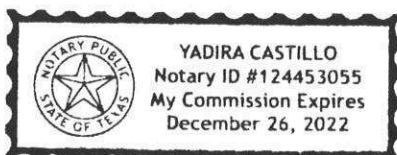
15 C/OH NAME <u>James (Jim) Rice</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,350.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES <u>includes Schedules F & G</u>	\$ <u>29,357.61</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>12,658.21</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <u>includes Schedules E & G</u>	\$ <u>51,331.69</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 Rice this the 29th day of April, 2022, to certify which, witness my hand and seal of office.
Yadira Castillo Yadira Castillo Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	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		\$ 7,350 ⁰⁰ / ₁₀₀	
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		\$ 15,000 ⁰⁰ / ₁₀₀	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 28,357.61	
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		\$ 1,000 ⁰⁰ / ₁₀₀	
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		\$ 0.39	

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 5
2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mourhaf or Lina Sabouni	7 Amount of contribution (\$) \$ 1,000.00
6 Contributor address; City; State; Zip Code 23 Palm Blvd. Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter or Joyce SASS	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 2707 Autumn Lake Dr. Katy, TX 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Lampley	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 3233 Prospect St. Houston, TX 77004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahim and Souna Tazehzadeh	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 5318 Fenwick Way Ct. 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. 2 of 5
2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/22	5 Full name of contributor Fort Bend Business Coalition <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: 2333 Town Center Dr. #100 Sugar Land, Tx. 77478 City; State; Zip Code	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/22	Full name of contributor Marvin and Debra Marcel <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 15 Elderberry Trce Sugar Land, Tx. 77479 City; State; Zip Code	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/22	Full name of contributor Jorge & Mary Font <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 4001 Saint Michaels Court Sugar Land, Tx. 77479 City; State; Zip Code	Amount of contribution (\$) \$ 100.00 PP
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/22	Full name of contributor Diana Donati <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 12239 Monticeto Lane Stafford, Tx. 77477 City; State; Zip Code	Amount of contribution (\$) \$ 25.00 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. 3 of 5

2 FILER NAME

James (Jim) Rice

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/22

5 Full name of contributor

Brent Doucette

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address:

1 Silk Tree Place
The Woodlands 77384

City:

State; Zip Code

pp.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/17/22

Full name of contributor

Jorge Marciano

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address:

3710 Lake Falls Dr.
Fulshear, Tx. 77441

City:

State; Zip Code

pp.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/22

Full name of contributor

Thad Smith III

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address:

P.O. Box 273199
Houston, Tx. 77277

City:

State; Zip Code

pp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/22

Full name of contributor

Melanie Antbarci

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address:

10 Treddington St.
Sugar Land, Tx. 77478

City:

State; Zip Code

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. 4 of 5
2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristine and Charles Fote	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 93 Hibury Dr. Houston, Tx. 77024		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Reynolds Campaign	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 6140 Highway 6 South 233 Missouri City, Tx. 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Grady Prestage Campaign	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code P.O. Box 835 Missouri City, Tx. 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Huitt-Zollars, Inc. Texas PAC	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 5430 LBJ Freeway, Suite 1500 Dallas, Texas 75240		
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. 5 of 5
2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/22	5 Full name of contributor Harish and Shashi Injoo <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 62 Bradford Circle Sugar Land, Tx. 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/22	Full name of contributor Larry and Monique Harrison <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Commerce Bank Bldg. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/22	Full name of contributor Julie Wiley <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2415 Hodges Bend Circle Sugar Land, Tx. 77479		pp
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/22	Full name of contributor Angelique Bartholomew <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code 3003 N. Heights Hollow Lane Houston, Tx. 77007		pp
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>		

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: <i>p. 1 of 1</i>	
2 FILER NAME <i>Jim Rice (James D. Rice)</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <i>4/22/22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Rice</i>	9 Loan Amount (\$) <i>\$15,000.00</i>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>5402 Oban Terrace Lane Sugar Land, Tx. 77479</i>	10 Interest rate <i>0.00</i>	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Project manager, President Rice & Gardner Consultants</i>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none	<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	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.

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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 3	2 FILER NAME James (Jim) Rice	3 Filer ID (Ethics Commission Filers)
4 Date 4/8/22	5 Payee name Butler Wiseman LLC	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 4542 Ripple Ridge Dr. Houston, Tx. 77053	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Text and E-blast
	(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 4/1/22	Payee name Icenhower Consulting LLC	
Amount (\$) \$768.35	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 4/1/22	Payee name Pay Pal	
Amount (\$) \$63.37	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

~~\$2,031.72~~
\$1,831.72

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 3	2 FILER NAME James (Jim) Rice	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/22	5 Payee name Pay Pal	
6 Amount (\$) \$11.10	7 Payee address; On line	City; State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice FBISD Trustee Position 3	Office sought Office held
Date 4/18/22	Payee name Print NW	
Amount (\$) \$3,453.01	Payee address; 9914 32nd Ave. S. Lakewood, WA 98499	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Printing, postage, mailing mailers.
	<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 4/19/22	Payee name Sermo Digital	
Amount (\$) \$15,270.79	Payee address; P.O. Box 956 Cle Elum, WA 98922	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description 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 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 3		2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)	
4 Date 4/22/23		5 Payee name Pamela Printing Company			
6 Amount (\$) \$3,023.39		7 Payee address: 550 Julie Rivers Dr., Suite 310 Sugar Land, Tx. 77478		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Mail & Postage.		
	(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 4/27/22		Payee name Sermo Digital			
Amount (\$) \$4,750.00		Payee address: P.O. Box 956 Cle Elum, WA 98922		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		Description 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 Jim Rice FBISD Trustee Position 3		Office sought Office held	
Date 4/25, 26/22		Payee name Pay Pal			
Amount (\$) \$17.60		Payee address: On. line		City; State; Zip Code	
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 Jim Rice FBISD Trustee Position 3		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

p. 13 of 14

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	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 G: p. 1 of 1	2 FILER NAME James (Jim) Rice	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/22	5 Payee name Butler Wiseman LLC	
6 Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4542 Ripple Ridge Dr. Houston, TX 77053	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Text and E-blast
	(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 Office sought Office held		

Date 4/25/22	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 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 Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

\$1,000.00

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 D. Rice (Jim Rice)

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

\$ 0.39

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

620 Hwy. 6
Sugar Land, Tx. 77478

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Interest paid on funds in bank account

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

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