

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|------------------------------------|---|---|
| 16 C/OH NAME Rick Garcia | | 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) | \$ 1,909.78 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,003.80 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ -94.02 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

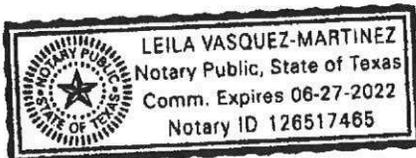
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 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 29th day of April
 2020 to certify which, witness my hand and seal of office.
 Signature of officer administering oath: [Signature] Printed name of officer administering oath: Leila Vasquez-Martinez Title of officer administering oath: Notary

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 | \$ 1,909.78 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | ■ SCHEDULE E: LOANS | \$ |
| 5. | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,003.80 |
| 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 | \$ |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | |
| 2 FILER NAME Rick Garcia | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 350.00 | |
| 6 Date 04/28/2022 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress PAC <hr/> 7 Contributor address; City; State; Zip Code Fort Bend County, Richmond, TX | 8 Amount of Contribution \$ 350.00 | 9 In-kind contribution description Advertising <small>Check if travel outside of Texas. Complete Schedule T.</small> |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| 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: 3 |
| 2 FILER NAME Rick Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/04/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) Sharon Bailey 6 Contributor address; City; State; Zip Code Sugar Land, TX | 7 Amount of contribution (\$) 200.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 04/26/2022 | Full name of contributor out-of-state PAC (ID#: _____) Jacey Jetton Campaign Contributor address; City; State; Zip Code Soldier Field, Sugar Land TX | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) State Representative | | Employer (See Instructions) State of Texas |
| Date 04/01/2022 | Full name of contributor out-of-state PAC (ID#: _____) Carol Scott Contributor address; City; State; Zip Code 16931 Ascot Meadow Drive, Sugar Land, TX 77479 | Amount of contribution (\$) 189.95 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor 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 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: _____) Laura Rodriguez <hr/> 6 Contributor address; City; State; Zip Code 3114 ROAD RUNNER WALK MISSOURI CITY, TX 77459 | 7 Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">47.30</div> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|--|
| Date | Full name of contributor out-of-state PAC (ID#: _____) Janie Ramos <hr/> Contributor address; City; State; Zip Code 20602 Bandrock Ter Richmond, TX 77407 | Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">94.85</div> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|-----------------------------|
| Date | Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|-----------------------------|
| Date | Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
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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 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Luis D Morales | 7 Amount of contribution (\$) |
| 04/01/2022 | 6 Contributor address; <small>City; State; Zip Code</small> 20706 Bahama Blue Dr Richmond, TX 77407 | 47.30 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Lindsay Marsters | Amount of contribution (\$) |
| 04/03/2022 | Contributor address; <small>City; State; Zip Code</small> 20710 Bahama Blue Dr Richmond, TX 77407 | 94.85 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <small>out-of-state PAC (ID#: _____)</small> William Grasham | Amount of contribution (\$) |
| 04/08/2022 | Contributor address; <small>City; State; Zip Code</small> 2123 Spanish Forest Lane Richmond, TX 77406 | 94.85 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Torivia Hernandez | Amount of contribution (\$) |
| 04/10/2022 | Contributor address; <small>City; State; Zip Code</small> 3127 Stoney Mist Drive Sugar Land, TX 77479 | 94.85 |
| 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: 9 |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/10/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) Susan Liu 6 Contributor address; City; State; Zip Code 3531 Meadow Spring Dr Sugar Land, TX 77479 | 7 Amount of contribution (\$) 189.95 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/12/2022 | Full name of contributor out-of-state PAC (ID#: _____) Svenya Elackatt Contributor address; City; State; Zip Code 3307 Ivy Mill Lane Missouri City, TX 77459 | Amount of contribution (\$) 94.95 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/14/2022 | Full name of contributor out-of-state PAC (ID#: _____) Linda Ruckman Contributor address; City; State; Zip Code 9603 Blue Spruce Ct Missouri City, TX 77459 | Amount of contribution (\$) 237.50 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/21/2022 | Full name of contributor out-of-state PAC (ID#: _____) Louis Ogden Contributor address; City; State; Zip Code 1907 Willow Lakes Drive Sugar Land, TX 77479 | Amount of contribution (\$) 23.53 |
| 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. | | |

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 04/05/2022 | 5 Payee name Perfect Latte | |
| 6 Amount (\$) 19.00 | 7 Payee address; City; State; Zip Code Richmond, TX 77407 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Event Expense |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |
| Date 04/11/2022 | Payee name ShIPLEY'S DONUTS | |
| Amount (\$) 21.98 | Payee address; City; State; Zip Code Richmond, TX 77407 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expenses | Description Donuts for Volunteers |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |
| Date 04/11/2022 | Payee name Clements Booster Club | |
| Amount (\$) 40.00 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gift | Description Donation to Clements Booster Club |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held 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 | 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 04/11/2022 | | 5 Payee name InMode Interactive | | | |
| 6 Amount (\$) 250.00 | | 7 Payee address; City; State; Zip Code Richmond, TX 77407 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Website | | |
| | (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 Rick Garcia | | Office sought FBISD Board Trustee | Office held Position #3 |
| Date 04/12/2022 | | Payee name NBD Graphics | | | |
| Amount (\$) 854.09 | | Payee address; City; State; Zip Code Katy, TX | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expenses | | Description Yard Signs and Push Cards | | |
| | 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 Rick Garcia | | Office sought FBISD Board Trustee | Office held Position #3 |
| Date 04/18/2022 | | Payee name Westco Donuts | | | |
| Amount (\$) 21.14 | | Payee address; City; State; Zip Code Richmond, TX | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | Description Donuts 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 Rick Garcia | | Office sought FBISD Board Trustee | Office held Position #3 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 04/19/2022 | 5 Payee name Aviva Wholesale | |
| 6 Amount (\$) 31.92 | 7 Payee address; City; State; Zip Code Harlem Road, Houston, TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description t-shirts |
| | (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 Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |
| Date 04/19/2022 | Payee name NBD Graphics | |
| Amount (\$) 59.54 | Payee address; City; State; Zip Code Katy, TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expenses | Description Business Cards |
| | 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 Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |
| Date 04/21/2022 | Payee name Sam's Club | |
| Amount (\$) 31.76 | Payee address; City; State; Zip Code Richmond, TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Event Expenses Meet & Greet |
| | 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 Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- 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 04/22/2022 | 6 Payee name Jesse DeLeon | |
| 6 Amount (\$) 372.71 | 7 Payee address; City; State; Zip Code Harlem Road, Houston, TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Reimbursement | (b) Description Reimbursement for event expense |
| | (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 Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |
| Date 04/21/2022 | Payee name Kroger | |
| Amount (\$) 73.66 | Payee address; City; State; Zip Code Richmond, TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expenses | Description Meet and Greet Expenses |
| | 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 Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |
| Date 04/22/2022 | Payee name Facebook | |
| Amount (\$) 9.67 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Advertising |
| | 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 Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 04/25/2022 | 5 Payee name Domain Hosting | |
| 6 Amount (\$) 35.17 | 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 Domain Renewal Fee |
| | (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 Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |
| Date 04/25/2022 | Payee name Westco Donuts | |
| Amount (\$) 42.20 | Payee address; City; State; Zip Code Richmond, TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expenses | Description Donuts 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 Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |
| Date 04/25/2022 | Payee name Chipotle | |
| Amount (\$) 14.34 | Payee address; City; State; Zip Code Richmond, TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event 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 Rick Garcia | Office sought FBISD Board Trustee |
| | | Office held Position #3 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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) |
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| | |
|-----------------------------|--------------------------------------|
| 4 Date 04/26/2022 | 5 Payee name Gyro Republic |
|-----------------------------|--------------------------------------|

| | |
|-------------------------------|---|
| 6 Amount (\$) 15.23 | 7 Payee address; City; State; Zip Code Richmond, TX 77407 |
|-------------------------------|---|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food | (b) Description Food for volunteers |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|--|--------------------------------------|----------------------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Rick Garcia | Office sought FBISD Board Trustee | Office held Position #3 |
|---|--|--------------------------------------|----------------------------|

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|--------------------|----------------------------|
| Date 04/27/2022 | Payee name CME Printing |
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|----------------------|---|
| Amount (\$) 98.62 | Payee address; City; State; Zip Code Houston, TX |
|----------------------|---|

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|-------------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expenses | Description Advertising Materials |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|--|--------------------------------------|----------------------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Rick Garcia | Office sought FBISD Board Trustee | Office held Position #3 |
|--|--|--------------------------------------|----------------------------|

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| Date 04/27/2022 | Payee name Fadi's Mediterranean |
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|----------------------|--|
| Amount (\$) 18.38 | Payee address; City; State; Zip Code Sugar Land, TX |
|----------------------|--|

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|-------------------------------|---|------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food | Description Food for volunteers |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|--|--------------------------------------|----------------------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Rick Garcia | Office sought FBISD Board Trustee | Office held Position #3 |
|--|--|--------------------------------------|----------------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED