P. 10/8

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST James MID.	OFFICE USE ONLY	
NAME	NICKNAME LAST SUFFIX	Date Received	
	Jim Rice	01/08/2019 of 8:07am	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5402 Oban Terrace Lane Sugar Land, Texas 17479	at 8:07am	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 980. BOT!	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS) MR FIRST MI DOCOLHU S.	Receipt # Amount \$	
NAME	NICOVALANE LAST SHEETY	Date Processed	
	Suzanne Ramos	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 3907 Senna Place, Sugar La	zip code ud, Tx. 77479	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (28) 980, 905/		
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month 1/1/2018 THROUGH 12		
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special		
12 OFFICE	OFFICE HELD (if any) TBISD Trustee 13 OFFICE SOUGHT (if know FBISD. TI	n)	
	FBISD Trustee FBISD. To	ition 3	
GO TO PAGE 2			

p. 2 of 8

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME Jim Rice (James D. Rice) 15 Filer ID (Ethics Commission Filers)				
16 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			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
		POLITICAL CONTRIBUTIONS I THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00	
EXPENDITURE TOTALS	E 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,018.28	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 8,370.46 OF REPORTING PERIOD (INCLUDES JOAN AMOUNT)			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,000,00			
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. Notary ID 130491680 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subso		by the said <u>James D. Pice</u> , to certify which, witness my hand and seal of office.	_, this the8	
May	is	Norma Perez Pu	blic Notary	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

p. 30/8

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Jim Rice	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 10,000,00 NTRIBUTIONS \$ 5,018.28
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 5,018.28
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 FU	NDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTED TO FILER	FIONS \$

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl		1 Total pages Schedule E:
2 FILER NAME	James D. Rice		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	0000000000000000	\$ 10,000,00
5 Date of loan 12/10/2018		out-of-state PAC (ID#:	9 Loan Amount (\$) \$10,000,00
6 Is lender a financial Institution?	8 Lender address; City; State; Z 5402 Obum Terr	race Lane	10 Interest rate D. 00 11 Maturity date
Y 🔊	Sugar Land,	1x 77479	Not Determine
12 Principal occupati	on / Job title (See Instructions) MANAGEMENT CONSU	13 Employer (See Instructions) High Rice 4 G	ardner Consultina
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial	Lender address; City; State;		Interest rate
Institution? Y N			Maturity date
	 ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral		deposited into political account
none	No.		Amount Guaranteed (\$)
GUARANTOR INFORMATION	Name of guarantor		Amount Guarantous (4)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	tion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see instr	SOF THIS SCHEDULE AS NEE ruction guide for additional repo	

p. 5 of 8

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1: P. lef 4 4 Date, 1/10/2018	2 FILEB, NAME JAMES D. Ric 5 Payee name Fort Bend/Skl	ve Star	3 Filer ID (Ethics Commission Filers)
6 Amount (\$) \$106.25	7 Payee address; Oty; State; Z 4655 Techniple Stafford, Tx. T	11p Code 2X, #200 7477	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Asta at the top of this s Advertising Exp	€ Check if travel o	utside of Texas. Complete Schedule T. n. TX, officeholder living expense PET A.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ł	Office sought	Office held
Date 8/12/2018	Burt Levine/A	BC Commun	ications
Amount (\$) \$ 400.00	Payee address; City; State; 2 9999 Bellaive Houston, Tx.	17036.34	1 99
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	M GP Check if travel of	ulside of Texas. Complete Schedule T. n, TX, officeholder living expense CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date 8/15/2018	Payee name Clements Hio	in School	
Amount (\$) \$ 300.00	Payee address; City; State; 3	zip code 2d. Sugar La	nd, Tx.77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertising Expense	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
Forms provided by Texas Etl	ales Commission www.ethi	cs.state.tx.us	Revised 9/8/2015

p. 6 of 8

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James D. (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Expense PURPOSE OF EXPENDITURE Political Consultina Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Burt Levine/ABC Communications. 11/01/2018 Payee address; City; State; Zip Code 9999 Bellaire Blva. #909 4400.00 Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting Expense Check if Austin, TX, officeholder living expense EXPENDITURE Political Consulting Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 11/08/2018 Fort Bend/SW Star Amount (\$) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** TIGINA EXPUSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

p. 7 of &

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME James D. Rice		3 Filer ID (Ethics Commission Filers)
4 Date 2 20 8	5 Payee name Bwt Levine/At	Communic	cations
6 Amount (\$) \$400.00	7 Payee address; City; State; Zi 9999 Bellaire Houston, Tx. 17	BNd. #909 036.3499	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Consulting Expen	Check if Iravel ou Check if Austin	viside of Texas. Complete Schedule T. o, TX, officeholder fiving expense
		Politica	1 Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12.06.2018	Burt Levine/At	3c Communi	cations.
Amount (\$)	Payee address; City; State; Zi	Blyd. #909	
\$ 400,00		36.3499	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Consulting Expe	Check if travel ou	Iside of Texas. Complete Schedule T. TX, officeholder living expense CONSULTING
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
12.08.2018	I cenhower Co	nsulting	
Amount (\$)	Payee address; City; State; Z	ip Code	
\$55.78	3019 Arrowhea	4. 11479	
PURPOSE OF EXPENDITURE	Category I See Categories listed at the top of this s Campaign Con Sul	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense N COU SULTING
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED
Forms provided by Texas Eth	nics Commission www.ethic	s.state.tx.us	Revised 9/8/201

p. 8 48

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Polling Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James | Cen nower Consulting 7 Payee address; City; State; Zip Code 12.10.2018 6 Amount (\$) 3019 Arrowhead Dr. \$ 2,300.00 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE ___ Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 12.14.2018 Fort Bend Independent City; State; Zip Code Amount (\$) Payee address; P.O. Box 623 Sugar Land, Tx. 77487.0623 \$ 150.00 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Newspaper Ad. Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide-explains how to complete this form.	i Filer iD (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	, MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Jason	\sim	Date Received
	NICKNAME LAST	SUFFIX	1/8/19
	Burdine	, • •	104/5/02
4 CANDIDATE/		CITY; STATE; ZIP CODE	W 5:02 m.
OFFICEHOLDER MAILING	17107 Simon C	+.	,
ADDRESS	Richmond, TX7	7407	
Change of Address	Diovine of the		•
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(713) 852-7175		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	mrs. Andre	SUFFIX	Date Processed
	NICKNAME LAST Burdin	A 0 .	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	<u></u>	ZIP CODE
TREASURER ADDRESS	17107 Simon		
(Residence or Business)	Richmond, TX	דחטרר	
	Branmond, , ,		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(713) 855-717	2	•
	033		
9 REPORT TYPE	January 15 30th day before a	election Runoff .	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 , Sth day before eli	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
			A STATE OF THE STA
10 PERIOD	Month Day Year	Month.	Day Year
COVERED .	07 /11 / 2018	THROUGH 12	31/2018
11 ELECTION ·	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	General General	Special	•
	/ /		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If know	n)
	FOR Bend ISD Board of Trustee	#1	
	Board of 110 stee		
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME		15 File	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON 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	A Company of the Comp	
	SPECIFIC	COMMITTEE ADDRESS	
		the time of the part of the	· · ·
	:	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			N
		COMMITTEE CAMPAIGN TREASURER ADDRESS	.•
			and and
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \
EXPENDITURE 3. TOTAL POLITIC UNLESS ITEM		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ Ø
	4. TOTAL	POLITICAL EXPENDITURES	\$ \
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 28.55
OUTSTANDING LOAN TOTALS	LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDA T	NORMA ALIC Notary Public, St Comm. Expires Notary ID 13	of e of lexos 01-11-2020 I swear, or affirm, under penalty of perjury,	
		lason Burl	
		Signature of Candidate	or Officeholder
AFFIX NOTARY STAMI	P/SEALABOVE	·	
Sworn to and subscr	ibed before me. I	by the said Jason Burdine	_ this the8th
day of SanJav	_	to certify which, witness my hand and seal of office,	•
leu	Le C) Norma Peron	Public, Nortan
Signature of officer a	dministering oath	Printed name of officer administering oath Th	tle of officer administering oath