

# 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 <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST Angela	MI M	OFFICE USE ONLY						
	NICKNAME Angie	LAST Hanan	SUFFIX	Date Received	3:30 PM					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 903 Goldfinch Are SugarLand TX 77478				<p><b>RECEIVED</b> R JAN 11 2023 BY: <u>WAGNER</u></p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount \$ <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 4600330									
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST Wendy	MI E							
	NICKNAME	LAST Rachuk	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2203 Madewood Drive Missouri City TX 77459									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 419 1475									
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	Month Day Year 7 / 17 / 21			Month Day Year THROUGH Jan. 15 / 2022						
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____							
12 OFFICE	OFFICE HELD (if any) FBISD Trustee, Position 1			13 OFFICE SOUGHT (if known)						
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME									
	COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									
GO TO PAGE 2										

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

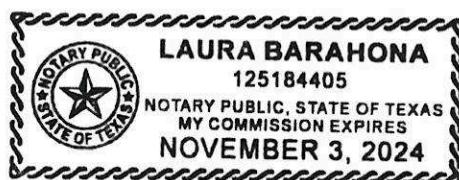
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>  <b>EXPENDITURE TOTALS</b>  <b>CONTRIBUTION BALANCE</b>  <b>OUTSTANDING LOAN TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>41.97</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>600.38</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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 Laura Barahona this the 11 day of January,  
20 23, to certify which, witness my hand and seal of office.

Laura Barahona  
Signature of officer administering oath

Notary Laura Barahona  
Printed name of officer administering oath

Notary  
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**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 2300.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 541.97
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## 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: 1
2 FILER NAME Angela "Angie Hanan"			3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 TOTAL OF UNITEMIZED LOANS			\$ 1800.00
5 Date of loan Dec 16, 2021	7 Name of lender Angie Hanan	<input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? Y N	8 Lender address; 903 Goldfinch Ave Sugar Land TX 77478	City; State; Zip Code	10 Interest rate 0%
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions) N/A	
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 type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
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	Amount Guaranteed (\$)	
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.

**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 notlisted above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Angela "Angie" Hanan</i>	3 Filer ID (Ethics Commission Filers) <i>angehanan@gmail.com</i>	
4 Date <i>7/16/21 - 1/15/22</i>	5 Payee name <i>PNC Bank</i>		
6 Amount (\$) <i>\$10.00</i>	7 Payee address; <i>2520 Hwy 6 Sugar Land TX 77478</i>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Fees</i>	(b) Description  <i>monthly fees</i>	
	(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 <i>1.11.23</i>	Payee name <i>Go Daddy</i>		
Amount (\$) <i>\$31.97</i>	Payee address; <i>14455 North Hayden Rd, Scottsdale, AZ 85260</i>	City; State; Zip Code	
P  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Advertising Expense</i>	Description  <i>Webhost</i>	
	<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
P  <b>PURPOSE OF EXPENDITURE</b>	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**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: <b>8</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>O</b>	FIRST <b>James</b>	MI <b>D.</b>	OFFICE USE ONLY  <b>RECEIVED</b> R JAN 11 2022 BY: <b>UVANWENZ</b> @ 8:39 AM		
	NICKNAME <b>Jim</b>	LAST <b>Rice</b>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>5402 Oban Terrace Lane</b> APT / SUITE #: <b></b> CITY: <b></b> STATE: <b></b> ZIP CODE <b>77479</b>					
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <b>(832)</b>	PHONE NUMBER <b>563-2942</b>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>O</b>	FIRST <b>Dorothy</b>	MI <b>S.</b>	Receipt # <b></b> Amount \$ <b></b>		
	NICKNAME <b>Suzanne Ramos</b>	LAST	SUFFIX	Date Hand-delivered or Date Postmarked		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>3901 Senna Place</b> APT / SUITE #: <b></b> CITY: <b></b> STATE: <b></b> ZIP CODE <b>77479</b>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>980-9051</b>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <b>1</b>	Day <b>1</b>	Year <b>2021</b>	Month <b>12</b>	Day <b>31</b>	Year <b>2021</b>
11 ELECTION	ELECTION DATE Month <b>5</b> Day <b>7</b> Year <b>22</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <b>FBISD Trustee Position 3</b>	13 OFFICE SOUGHT (if known) <b>FBISD Trustee Position 3</b>				
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.					
<input type="checkbox"/> Additional Pages  <input type="checkbox"/>		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**
**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME	Jim Rice (James D. Rice)	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)	\$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES <i>From Schedule G</i>	\$ 1,797.28
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 222.76
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <i>Includes Schedule G amount</i>	\$ 35,331.69

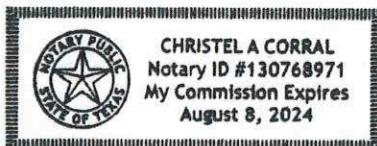
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

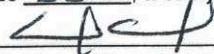
(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by James D. Rice this the 11 day of January,

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



Signature of officer administering oath

Christel A. Corral

Printed name of officer administering oath

Exec. Administrative Assistant

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 \_\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Jim Rice (James D. Rice)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 1,797.28
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## 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:  <b>1</b>
2 FILER NAME  <b>Jim Rice (James D. Rice)</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS  5 Date of loan <b>12/30/21</b>		\$
6 Is lender a financial Institution?  <b>Y N</b>		7 Name of lender <b>Jim Rice</b>
8 Lender address;  <b>5402 Oban Terrace Lane Sugar Land, Tx. 77479</b>		9 Loan Amount (\$)  <b>\$15,000.00</b>
10 Interest rate  <b>0.00</b>		11 Maturity date  <b>Not determined.</b>
12 Principal occupation / Job title (See Instructions)  <b>Project Manager, President</b>		13 Employer (See Instructions)  <b>Rice &amp; Gardner Consultants</b>
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  18 Guarantor address; City; State; Zip Code
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan		Name of lender  <input checked="" type="checkbox"/> out-of-state PAC (ID#:  .....)
Is lender a financial Institution?  <b>Y N</b>		Loan Amount (\$)
Lender address; City; State; Zip Code		Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable		Name of guarantor  Guarantor address; City; State; Zip Code
		Amount Guaranteed (\$)
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.

**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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>p. 1 of 4</i>	2 FILER NAME <i>Jim Rice</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/15/21</i>	5 Payee name <i>Fort Bend Independent</i>	
6 Amount (\$) <i>\$50.00</i>	7 Payee address; <i>P.O. Box 623 Sugar Land, Tx. 77487</i>	City; State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Newspaper Ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Jim Rice FBISD Trustee Position 3</i>		
Date <i>7/11/21</i>	Payee name <i>Fort Bend Star</i>	
Amount (\$) <i>\$106.25</i>	Payee address; <i>P.O. Box 2369 Stafford, Tx. 77417</i>	City; State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Newspaper Ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Jim Rice FBISD Trustee Position 3</i>		
Date <i>8/28/21</i>	Payee name <i>Burt Levine</i>	
Amount (\$) <i>\$300.00</i>	Payee address; <i>9999 Bellaire Blvd. #909 Houston, Tx. 77036</i>	City; State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Campaign Consulting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Jim Rice FBISD Trustee Position 3</i>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# 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 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 G: <i>p. 2 of 4</i>	2 FILER NAME <i>Jim Rice</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/30/21</i>	5 Payee name <i>Burt Levine</i>	
6 Amount (\$) <i>\$300.00</i>	7 Payee address; <i>9999 Bellaire Blvd. #909 Houston, Tx 77036</i>	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE <i>Consulting Expense</i>		(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i> (b) Description <i>Campaign Consulting</i>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Jim Rice FBISD Trustee Position 3</i>		Office sought Office held
Date <i>10/30/21</i>	Payee name <i>Burt Levine</i>	
Amount (\$) <i>\$300.00</i>	Payee address; <i>9999 Bellaire Blvd. #909 Houston, Tx. 77036</i>	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE <i>Consulting Expense</i>		Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i> Description <i>Campaign Consulting</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Jim Rice FBISD Trustee Position 3</i>		Office sought Office held
Date <i>11/21/21</i>	Payee name <i>Fort Bend Republican Women's Club</i>	
Amount (\$) <i>\$50.00</i>	Payee address; <i>26 Charleston St. North Sugar Land, Tx 77418</i>	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE <i>Contribution/Donation</i>		Category (See Categories listed at the top of this schedule) <i>Contribution/Donation</i> Description <i>Associate Membership</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Jim Rice FBISD Trustee Position 3</i>		Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**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 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 G: <i>p. 3 of 4</i>	2 FILER NAME <i>Jim Rice</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/26/21</i>	5 Payee name <i>Burt Levine</i>		
6 Amount (\$) <i>\$300.00</i>	7 Payee address; <i>9999 Bellaire Blvd. #909 Houston, Tx. 77034.</i>	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE <i>Consulting Expense</i>		(a) Category (See Categories listed at the top of this schedule)  <i>Campaign Consulting</i>	(b) Description  <i>Consulting Expense</i>
		(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 <i>Jim Rice FBISD Trustee Position 3</i>		
Date <i>11/27/21</i>	Payee name <i>Fort Bend Star</i>	Office sought	Office held
Amount (\$) <i>\$106.25</i>	Payee address; <i>P.O. Box 2369 Stafford, Tx. 77471</i>	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE <i>Advertising</i>		Category (See Categories listed at the top of this schedule)  <i>Newspaper Ad</i>	Description  <i>Newspaper Ad</i>
		<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 <i>Jim Rice FBISD Trustee Position 3</i>		
Date <i>12/1/21</i>	Payee name <i>Fort Bend Chamber of Commerce</i>	Office sought	Office held
Amount (\$) <i>\$225.00</i>	Payee address; <i>445 Commerce Green Blvd. Sugar Land, Tx. 77478</i>	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE <i>Event Expense</i>		Category (See Categories listed at the top of this schedule)  <i>Venue Rental</i>	Description  <i>Venue Rental</i>
		<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 <i>Jim Rice FBISD Trustee Position 3</i>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# 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: <i>p. 4 of 4</i>	2 FILER NAME <i>Jim Rice</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/11/21</i>	5 Payee name <i>Icon Hower Consulting LLC</i>	
6 Amount (\$) <i>\$59.78</i>	7 Payee address; <i>3019 Arrowhead Sugar Land, Tx 77479</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE <i>Consulting Expense</i>		(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i> (b) Description <i>Campaign Consulting</i>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# 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 <u>Shirley A</u> FIRST NICKNAME LAST <u>Rose-Gilliam</u> SUFFIX MI			OFFICE USE ONLY			
				Date Received <b>RECEIVED</b> <i>9:12am</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>3011 Bonney Bnar Dr</u> CITY: STATE: ZIP CODE <u>MISSOURI City TX 77459</u>			JAN 18 REC'D			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Superintendent's Office Ft. Bend I.S.D.			
6 CAMPAIN TREASURER NAME	MS / MRS / MR <u>Rossi</u>	FIRST	MI	Date Hand-delivered or Date Postmarked			
	NICKNAME	LAST <u>Gulloen</u>	SUFFIX	Receipt # <input type="text"/> Amount \$ <input type="text"/>			
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			STATE: ZIP CODE <u>14115 Beckridge Houston TX 77053</u>			
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<u>(281) 870-3023</u>						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <u>07</u>	Day <u>14</u>	Year <u>2021</u>	THROUGH	Month <u>01</u>	Day <u>15</u>	Year <u>2022</u>
11 ELECTION	ELECTION DATE Month <u>11</u> Day <u>30</u> Year <u>2020</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <u>FBI5D Trustee, Pos. 4</u>			13 OFFICE SOUGHT (if known)			
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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL						
	<input type="checkbox"/> SPECIFIC						
COMMITTEE ADDRESS							
COMMITTEE CAMPAIGN TREASURER NAME							
COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

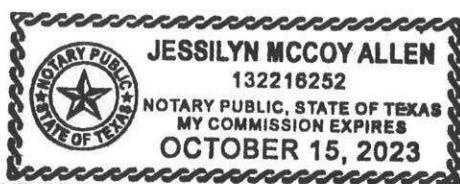
15 C/OH NAME	<i>Shirley Rose-Gilliam</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>	
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>7.64</i>	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>	
OUTSTANDING LOAN TOTALS			

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.

*Shirley Rose Gilliam*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Jessilyn M. Allen* this the 18<sup>th</sup> day of January,  
20 23, to certify which, witness my hand and seal of office.

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	Shirley Rose-GILLIAM	
20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0

# 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	FIRST <i>Benetta</i>	MY <i>R</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Williams</i>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3309 Primrose Canyon LN Pearland, TX 77584</i>				<b>RECEIVED</b> <i>R MAR 27 2023 BY: Jua 7/3 pm</i>	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
6 CAMPAIN TREASURER NAME	MS / MRS / MR	FIRST <i>Benetta</i>	MY <i>R</i>	Date Hand-delivered or Date Postmarked <i>03/27/23</i>		
NICKNAME	LAST <i>Williams</i>	SUFFIX	Receipt #	Amount \$		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3309 Primrose Canyon LN. Pearland, TX 77584</i>				Date Processed <i>03/27/23</i>	
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<i>(713) 657-9371</i>				Date Imaged	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>7</i>	Day <i>15</i>	Year <i>2021</i>	Month <i>1</i>	Day <i>15</i>	Year <i>2022</i>
11 ELECTION	ELECTION DATE <i>11/13/2020</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <i>Trustee Position 5</i>			13 OFFICE SOUGHT (if known)		

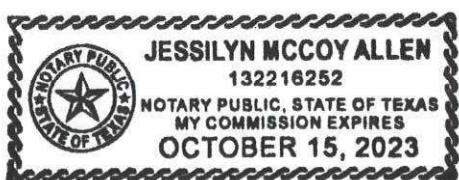
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	Denetta R. Williams		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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <i>0</i>	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>	
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>	

## 18 AFFIDAVIT



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.

*Denetta R. Williams*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Denetta R. Williams, this the 27th day of March, 2023, to certify which, witness my hand and seal of office.

*Jessilyn M. Allen*  
Signature of officer administering oath

*Jessilyn M. Allen*  
Printed name of officer administering oath

*Ex-Asst to Supt & BOT*  
Title of officer administering oath

# 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 RICK	MI	OFFICE USE ONLY  Date Received <b>RECEIVED</b> <b>R APR 07 2022</b> <b>BY: Rodriguez</b>		
	NICKNAME	LAST GARCIA	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9711 Mason Rd Ste 125-287 Richmond, TX 77407					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281 )	PHONE NUMBER 721-9275	EXTENSION	Date Hand-delivered or Date Postmarked <b>12:15PM</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Jesse	MI	Receipt #		
	NICKNAME	LAST Rodriguez	SUFFIX J	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 9711 Mason Rd Ste 125-287 Richmond, TX 77407			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 281 )	PHONE NUMBER 721-9275	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day / 1	Year / 22	Month 3	Day / 31	Year / 22
11 ELECTION	ELECTION DATE Month 5	Day / 7	Year / 22	ELECTION TYPE Primary General		
				Runoff Special	Other Description FBISD Board of Trustees Pos 3	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <b>FBISD Board of Trustees Pos 3</b>		
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.					
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME				
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

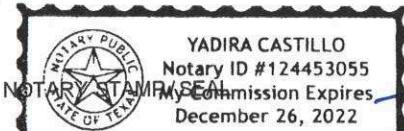
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,627.16
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 5,055.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 572.04
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 600.00

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



Sworn to and subscribed before me by Richard Fuentes Jr. this the 7th day of April,

2022, to certify which, witness my hand and seal of office.

Yadira Castillo

Signature of officer administering oath

Printed name of officer administering oath

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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,627.16
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 600.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,055.12
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	\$

## LOANS

## SCHEDULE E

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

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan <b>01/13/2022</b>	<b>7</b> Name of lender <b>Rick Garcia</b>	<b>8</b> out-of-state PAC (ID#: <b>600.00</b>
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>9</b> Lender address; <b>9711 Mason Rd Ste 125-287</b> <b>Richmond, TX 77407</b>	<b>10</b> City; State; Zip Code <b>0.00</b>
<b>12</b> Principal occupation / Job title (See Instructions) <b>Project Manager</b>		<b>13</b> Employer (See Instructions) <b>UAL</b>
<b>14</b> Description of Collateral <b>none</b>		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION <b>not applicable</b>	<b>17</b> Name of guarantor <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)	<b>21</b> Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Lender address; City; State; Zip Code	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b> <b>not applicable</b>	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.**

# 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: <b>1</b>
2 FILER NAME <b>Rick Garcia</b>			3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2022	5 Full name of contributor Scott Malloy	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>332.60</b>
6 Contributor address; 5123 Travertine Point Richmond, TX 77407		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) SMM Enterprises Operating LLC	
Date 01/14/2022	Full name of contributor Jordan Johnson	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>475.25</b>
Contributor address; 20511 Pink granite Valley Richmond, TX 77407		City; State; Zip Code	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Integrity Therapy	
Date 01/22/2022	Full name of contributor Nabil Shike	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>94.85</b>
Contributor address; 20210 weeping pine way Richmond, TX 77407		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Fort bend county	
Date 01/22/2022	Full name of contributor Steven White	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>475.25</b>
Contributor address; 6011 Skylar Meadows Ct Richmond, TX 77407		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) SLW Distributors Inc	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

**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 <i>Rick Garcia</i>			3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2022	5 Full name of contributor Horacio Barrera	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; .....		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/24/2022	Full name of contributor David Hamilton	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>25.00</b>
Contributor address; .....		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/24/2022	Full name of contributor Steven Saul	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>100.00</b>
Contributor address; .....		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/13/2022	Full name of contributor Justin Macri	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>200.00</b>
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.

**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: <i>2</i>
2 FILER NAME <i>Rick Garcia</i>			3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2022	5 Full name of contributor Lawrence King	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>71.08</b>
6 Contributor address; 2606 Thompson Crossing Drive Richmond, TX 77406		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A	
Date 01/24/2022	Full name of contributor Hemal Pathare	out-of-state PAC (ID#: .....)	Amount of contribution (\$)
	Contributor address; 20123 Pebble hollow Richmond, TX 77407	City; State; Zip Code	<b>94.85</b>
Principal occupation / Job title (See Instructions) Director of Services		Employer (See Instructions) Black Stone Technology	
Date 01/26/2022	Full name of contributor Amber Williams	out-of-state PAC (ID#: .....)	Amount of contribution (\$)
	Contributor address; 1911 Huntington Ln Richmond, TX 77406	City; State; Zip Code	<b>94.85</b>
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) USAP	
Date 01/26/2022	Full name of contributor Chialun Foster	out-of-state PAC (ID#: .....)	Amount of contribution (\$)
	Contributor address; 106 drake elm ct sugar land, TX 77479	City; State; Zip Code	<b>47.30</b>
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	

**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 <i>Rick Garcia</i>			3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2022	5 Full name of contributor Elizabeth Brown	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>94.85</b>
	6 Contributor address; 3414 Stepping Stone Ln Missouri City, TX 77459	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Substitute		9 Employer (See Instructions) FBISD	
Date 02/03/2022	Full name of contributor Monica Storm-Olsen	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>94.85</b>
	Contributor address; 2911 Bright Trail Sugar Land , TX 77479	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker	
Date 02/06/2022	Full name of contributor Cassandra Garcia	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>94.85</b>
	Contributor address; 2303 E. Anaqua Avenue Victoria , TX 77901	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Career Counselor		Employer (See Instructions) C2 Global	
Date 02/07/2022	Full name of contributor Xuemei Yang	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>94.85</b>
	Contributor address; 5511 Tyler Park Ln Katy, TX 77494	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self	

**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 <i>Rick Parcila</i>			3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2022	5 Full name of contributor Selina Brown	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>47.30</b>
6 Contributor address; 8433 fm 1464 rd, #82 Ruchmond,TX 77478		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A	
Date 02/07/2022	Full name of contributor Kehinde Ajayi	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>189.95</b>
	Contributor address; 20218 Granophyre Ln Richmond,TX 77407	City; State; Zip Code	
Principal occupation / Job title (See Instructions) IT consultant		Employer (See Instructions) Impeccable Consulting	
Date 02/07/2022	Full name of contributor Hong Cheng Guo	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>94.85</b>
	Contributor address; 24538 Via Salerno Ct Richmond ,TX 77406	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Business Training		Employer (See Instructions) Morgan Business & Training, Inc.	
Date 02/10/2022	Full name of contributor Chelsea Watts	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>237.50</b>
	Contributor address; 5532 Gemstone Park Rd Richmond,TX 77407	City; State; Zip Code	
Principal occupation / Job title (See Instructions) HRIS Data Analyst		Employer (See Instructions) FBISD	

**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 <b>Rick Garcia</b>			3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2022	5 Full name of contributor Johnny Lopez	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>600.00</b>
6 Contributor address; .....		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/14/2022	Full name of contributor Shyam Ananthaswamy	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>100.00</b>
Contributor address; .....		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/15/2022	Full name of contributor Richard Garcia Jr	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>237.50</b>
Contributor address; .....		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/11/2022	Full name of contributor Matt Lyons	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>500.00</b>
Contributor address; .....		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <i>Rick Garcia</i>			3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2022	5 Full name of contributor Denise Totah	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>47.30</b>
6 Contributor address; 304 Charleston Dr Victoria, TX 77904			City; State; Zip Code
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A	
Date 03/11/2022	Full name of contributor <b>Evelyn Montalvo</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>94.85</b>
Contributor address; 1906 Wildwood Lane Richmond, TX 77406			City; State; Zip Code
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 03/14/2022	Full name of contributor <b>Russell Sample</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>237.50</b>
Contributor address; 20527 Copper Cave Ln Richmond, TX 77407			City; State; Zip Code
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) Reliant Equipment Rental	
Date 03/14/2022	Full name of contributor <b>Lucas Barclay</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>47.30</b>
Contributor address; 5327 Fieldstone Terrace Richmond, TX 77407			City; State; Zip Code
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	

**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 <i>Rick Garcia</i>			3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2022	5 Full name of contributor Veronica Gaston	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>23.53</b>
	6 Contributor address; 5518 Marble Ravine Dr Richmond ,TX 77407	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) N/A	
Date 03/15/2022	Full name of contributor Virginia Salao	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>47.30</b>
	Contributor address; 20101 Stoneview Dr Richmond,TX 77407	City; State; Zip Code	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 03/15/2022	Full name of contributor Sam Schultze	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>94.85</b>
	Contributor address; 20427 Autumn Terrace Ln Katy,TX 77450	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Operations Director		Employer (See Instructions) Gittings	
Date 03/17/2022	Full name of contributor Justin Schiro	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>94.85</b>
	Contributor address; 21118 MEADOW ASH CT RICHMOND,TX 77407	City; State; Zip Code	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	

**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 <i>Rick Garcia</i>			3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2022	5 Full name of contributor David Quintana	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>94.85</b>
	6 Contributor address; 2929 Rolido Drive Houston, TX 77063	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Modani Furniture	
Date 03/29/2022	Full name of contributor Gertrude Mosher	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>47.30</b>
	Contributor address; 3931 Felicia Dr. Sugar Land, TX 77479	City; State; Zip Code	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 03/31/2022	Full name of contributor Sarahbeth Smith	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>100.00</b>
	Contributor address; .....	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2022	Full name of contributor Richard Garcia Sr	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>200.00</b>
	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.

# 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:	3 Filer ID (Ethics Commission Filers)
1-13-2022	Rick Garcia	
4 Date	5 Payee name	
\$188 36	6 Payee address:	7 City; State; Zip Code
	5017 E. 5th street kats	TX 77493
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	T- shirts Printing
(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: FBI ISD Trustee #3	Office held
Date	Payee name	
1-14-2022	Aviva Wholesale	
Amount (\$)	Payee address:	City; State; Zip Code
\$81 97	10355 Harwin	Houston TX 77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	T- shirts
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: FBI ISD Position #3	Office held
Date	Payee name	
1-14-2022	NBO Graphics	
Amount (\$)	Payee address:	City; State; Zip Code
	917 S. Mason	Katy TX 77450
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Yard Signs
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: FBI ISD Trustee #3	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/18/2022	<b>5</b> Payee name NBD Graphics		
<b>6</b> Amount (\$) <b>54.13</b>	<b>7</b> Payee address; 917 S. Mason Katy, TX 77450		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Car Magnet Signs	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense		
<b>9</b> 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 <b>01/20/2022</b>	Payee name La Cocina Restaurant		
Amount (\$) <b>17.05</b>	Payee address; 515 FM-359 Richmond, TX 77406		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	Description Meeting with We the People group	
	Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense		
<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date <b>01/20/2022</b>	Payee name NBD Graphics		
Amount (\$) <b>129.90</b>	Payee address; 917 S. Mason Katy, TX 77450		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising	Description Push Cards	
	Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense		
<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**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 notlisted above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/21/2022	<b>5</b> Payee name Wal-Mart		
<b>6</b> Amount (\$) <b>9.55</b>	<b>7</b> Payee address; 5660 W. Grand Parkway Richmond, TX 77406		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expenses	<b>(b)</b> Description Coffee for Meet & Greet	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
<b>9</b> 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 <b>01/21/2022</b>	Payee name Kroger		
Amount (\$) <b>42.84</b>	Payee address; 8011 W Grand Parkway Richmond, TX 77407		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expenses	<b>Description</b> Refreshments for Meet & Greet	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date <b>01/24/2022</b>	Payee name Facebook		
Amount (\$) <b>6.89</b>	Payee address; 1 Hacker Way Menlo Park, CA 94025		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Facebook Ads	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 01/24/2022	5 Payee name Shipley's Donuts		
6 Amount (\$) 48.00	7 Payee address; 9825 S Mason Road #290 Richmond, TX 77407	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  Donuts for Meet & Greet	
	(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 01/25/2022	Payee name Starbucks		
Amount (\$) 11.26	Payee address; 8011 W Grand Parkway S Richmond, TX 77407	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food Beverage Expense	Description  Meeting with Consultant	
	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 01/25/2022	Payee name NBD Graphics		
Amount (\$) 523.50	Payee address; 917 S. Mason Rd. Katy, TX 77450	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  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
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 01/27/2022	5 Payee name FedEx Kinkos		
6 Amount (\$) 13.53	7 Payee address; 23701 Cinco Ranch Blvd #130 Katy, TX 77494		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Business Cards	
	(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 02/04/2022	Payee name Aviva Wholesale		
Amount (\$) 77.06	Payee address; 10355 Harwin Houston, TX 77036		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expenses	Description  T-Shirts	
	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 02/07/2022	Payee name La Madeleine		
Amount (\$) 36.92	Payee address; 2675 Town Center Blvd Sugar Land, TX 77479		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food Beverage Expense	Description  Meeting with Consultant	
	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 02/07/2022	5 Payee name Kroger		
6 Amount (\$) 23.25	7 Payee address; 8011 W. Grand Parkway S Richmond, TX 77407		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Event Expenses	(b) Description  Meet & Greet Expenses	
	(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 02/14/2022	Payee name Brammers Athletic		
Amount (\$) 183.65	Payee address; 5017 E. 5th St. Katy, TX 77493		
P  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising	Description  T-Shirt Printing	
	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 02/14/2022	Payee name Behind the Badge Charity		
Amount (\$) 48.00	Payee address; 202 Century Square Blvd. Sugar Land, TX 77478		
P  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description  Charity Event	
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**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 notlisted 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 02/14/2022	5 Payee name Behind the Badge Charity		
6 Amount (\$) 40.00	7 Payee address; 202 Century Square Blvd. Sugar Land, TX 77478	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  Charity Event	
	(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 02/18/2022	Payee name NBD Graphics		
Amount (\$) 988.10	Payee address; 917 S. Mason Rd. Katy, TX	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	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 02/22/2022	Payee name Facebook		
Amount (\$) 8.01	Payee address; 1 Hacker Way Menlo Park, CA 94025	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Facebook Ads	
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**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:	2 FILER NAME Rick Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date 02/24/2022	5 Payee name Fort Bend Chamber of Commerce		
6 Amount (\$) 300.00	7 Payee address; 445 Commerce Green Blvd. Sugar Land, TX 77478	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Membership Dues	
	(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 03/07/2022	Payee name Fort Bend Education Foundation		
Amount (\$) 175.00	Payee address; 16431 Lexington Blvd. Sugar Land, TX 77479	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description  FBEF Gala	
	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 03/07/2022	Payee name Fort Bend Education Foundation		
Amount (\$) 50.00	Payee address; 16431 Lexington Blvd. Sugar Land, TX 77479	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description  Sponsor a Teacher	
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**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:	2 FILER NAME Rick Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date 03/10/2022	5 Payee name NBD Graphics		
6 Amount (\$) 59.54	7 Payee address; 917 S. Mason Rd. Katy, TX 77450	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business Cards	
	(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 03/14/2022	Payee name Lowes		
Amount (\$) 51.92	Payee address; 9505 Spring Green Blvd. Katy, TX 77494	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Holders	
	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 03/14/2022	Payee name Starbucks		
Amount (\$) 5.68	Payee address; 8011 W Grand Parkway S Richmond, TX 77407	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Meeting w/ Consultant	
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 03/17/2022	5 Payee name City of Meadows Place		
6 Amount (\$) 59.65	7 Payee address; 11975 Brook Meadows Ln Meadows Place, TX 77477	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad 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 03/17/2022	Payee name NBD Graphics		
Amount (\$) 903.89	Payee address; 917 S. Mason Rd. Katy, TX 77450	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs	
	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 03/22/2022	Payee name Facebook		
Amount (\$) 2.98	Payee address; 1 Hacker Way Menlo Park, CA 94025	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads	
	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 03/30/2022	5 Payee name Shipley's Donuts		
6 Amount (\$) 19.00	7 Payee address; 9825 S Mason Rd. Richmond, TX 77407		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  Donuts for Meet & Greet	
	(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	Payee name		
Amount (\$)	Payee address; City;      State;      Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.      Check if 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	Payee name		
Amount (\$)	Payee address; City;      State;      Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.      Check if 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			

# 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 Filer)	2 Total pages filed: 19			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST David	MI W	RECEIVED Date Received APR 4 2022 MDO			
	NICKNAME	LAST Hamilton	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE			
4419 Scanlon Heights Ln Missouri City, TX 77459							
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (872)	PHONE NUMBER 677-1478	EXTENSION			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Mrs.	FIRST Kaitlyn	MI G			
		NICKNAME	LAST Hamilton	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY: Missouri City			
	4419 Scanlon Heights Ln			STATE: TX ZIP CODE: 77459			
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 722-5997	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 1	Day / 1 /	Year 22	Month 3	Day / 31 /	Year 22	
11 ELECTION	ELECTION DATE Month 5 / Day 1 / Year 22		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Fort Bend ISD Board of Trustees Position			
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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
	COMMITTEE ADDRESS						
	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	David Hamilton	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)	\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,225
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 7,634
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 591
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,558

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

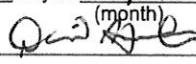
OR

**(2) Unsworn Declaration**

My name is David Hamilton, and my date of birth is 1-12-1981.

My address is 9419 Scanlon Heights Ln, Missouri City, TX, 77459, Fort Bend.  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 1st day of April, 20 21.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,225
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	\$ 7,500
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,634
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**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: 1	
<b>2 FILER NAME</b> <i>David Hamilton</i>			3 Filer ID (Ethics Commission Filers)	
<b>4 TOTAL OF UNITEMIZED LOANS</b>			\$	
<b>5 Date of loan</b> 1-6-22	<b>7 Name of lender</b> David Hamilton	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9 Loan Amount (\$)</b> 7,500	
<b>6 Is lender a financial institution?</b> Y (N)	<b>8 Lender address;</b> 9419 Scanlon Heights Ln	City; Missouri	<b>10 Interest rate</b> 0%	
		State; Zip Code	<b>11 Maturity date</b> n/a	
<b>12 Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>13 Employer (See Instructions)</b> Insurance of Texas		
<b>14 Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
<b>16 GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable		<b>17 Name of guarantor</b> <b>18 Guarantor address;</b> City; State; Zip Code		<b>19 Amount Guaranteed (\$)</b>
<b>20 Principal Occupation (See Instructions)</b>		<b>21 Employer (See Instructions)</b>		
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)		
<b>GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
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.

# 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: <u>12</u>
2 FILER NAME <u>David Hamilton</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1-20-2022</u>	5 Full name of contributor <u>Jeff Campbell</u> 6 Contributor address; <u>1902 Mistyvale Ct</u> City; <u>Richmond</u> State; <u>TX</u> Zip Code <u>77406</u>	7 Amount of contribution (\$) <u>\$500</u>
8 Principal occupation / Job title (See Instructions) <u>Business Owner</u>		9 Employer (See Instructions) <u>Campbell Construction</u>
Date <u>1-20-2022</u>	Full name of contributor <u>Cherie Hendershot</u> Contributor address; <u>158 Palm Blvd</u> City; <u>Missouri City</u> State; <u>TX</u> Zip Code <u>77459</u>	Amount of contribution (\$) <u>\$500</u>
Principal occupation / Job title (See Instructions) <u>Homemaker</u>		Employer (See Instructions) <u>N/A</u>
Date <u>1-21-2022</u>	Full name of contributor <u>Ryan Johnson</u> Contributor address; <u>7315 Quiet Glen Dr</u> City; <u>Sugar Land</u> State; <u>TX</u> Zip Code <u>77479</u>	Amount of contribution (\$) <u>\$100</u>
Principal occupation / Job title (See Instructions) <u>Vice President</u>		Employer (See Instructions) <u>Alliance Defending Freedom</u>
Date <u>1-21-22</u>	Full name of contributor <u>Allison White</u> Contributor address; <u>3003 Wood Stark Ln</u> City; <u>Missouri City, TX</u> State; <u>TX</u> Zip Code <u>77459</u>	Amount of contribution (\$) <u>\$100</u>
Principal occupation / Job title (See Instructions) <u>Homemaker</u>		Employer (See Instructions) <u>N/A</u>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 1-23-22	5 Full name of contributor JoAnn Heath	6 Contributor address; City; State; Zip Code 11102 Celina Knoll Missouri City, TX 77459
		7 Amount of contribution (\$) \$150
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) N/A
Date 1-23-22	Full name of contributor Rachelle Hostetter & Bart Hostetter	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code 3010 Bucknell Ct Sugar Land TX 77478
		Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Charles Schwab
Date 1-24-22	Full name of contributor Cheryl Wright	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code 42 Burnick St Sugar Land, TX 77479
		Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) N/A
Date 1-24-22	Full name of contributor Marco Troiani	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code 950 Gardenia Dr Houston, TX 77018
		Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Drilling Engineer		Employer (See Instructions) Exxon Mobil

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

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<p>The Instruction Guide explains how to complete this form.</p>			<p><b>1</b> Total pages Schedule A1: 12</p>
<p><b>2</b> FILER NAME David Hamilton</p>			<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> Date 1-25-22</p>	<p><b>5</b> Full name of contributor Jennifer Kenison</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p><b>7</b> Amount of contribution (\$) \$150</p>
	<p><b>6</b> Contributor address; 3034 Blue Lagoon Ct</p>	<p>City: Missouri City, TX 77459 State: Zip Code</p>	
<p><b>8</b> Principal occupation / Job title (See Instructions) Homeowner</p>		<p><b>9</b> Employer (See Instructions) N/A</p>	
<p>Date 1-25-22</p>	<p>Full name of contributor Pamela Davis</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) \$105</p>
	<p>Contributor address; 20314 Prince Creek Dr</p>	<p>City: Katy, TX 77450 State: Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) N/A</p>		<p>Employer (See Instructions) N/A</p>	
<p>Date 1-26-22</p>	<p>Full name of contributor Toby Perry</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) \$200</p>
	<p>Contributor address;</p>	<p>City: State: Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) N/A</p>	
<p>Date 1-26-22</p>	<p>Full name of contributor Cherisse Wright</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) \$100</p>
	<p>Contributor address; 6910 Spring Creek Ct</p>	<p>City: Missouri City, TX 77459 State: Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) CRN</p>		<p>Employer (See Instructions) US Anesthesia Partners</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A1: <u>12</u></p>
<p><b>2</b> FILER NAME <u>David Hamilton</u></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> Date <u>1-27-22</u></p>	<p><b>5</b> Full name of contributor <u>Brian Washington</u></p>	<p><b>6</b> Contributor address; City; State; Zip Code <u>4735 Tintagel Ln Missouri City, TX 77459</u></p> <p><b>7</b> Amount of contribution (\$) <u>\$100</u></p>
<p><b>8</b> Principal occupation / Job title (See Instructions) <u>Sales Consultant</u></p>		<p><b>9</b> Employer (See Instructions) <u>Vestige International</u></p>
<p>Date <u>1-28-22</u></p>	<p>Full name of contributor <u>Carson Block</u></p> <p>Contributor address; City; State; Zip Code <u>3112 Windsor Rd #219 Austin, TX 78703</u></p>	<p>Amount of contribution (\$) <u>\$500</u></p>
<p>Principal occupation / Job title (See Instructions) <u>CEO</u></p>		<p>Employer (See Instructions) <u>Muddy Waters Research</u></p>
<p>Date <u>2-1-22</u></p>	<p>Full name of contributor <u>Evelyn Montalvo</u></p> <p>Contributor address; City; State; Zip Code <u>1906 Wildwood Ln Richmond, TX 77406</u></p>	<p>Amount of contribution (\$) <u>\$100</u></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date <u>2-1-22</u></p>	<p>Full name of contributor <u>Tom Menefee</u></p> <p>Contributor address; City; State; Zip Code <u>12307 Gambit Dr Stafford, TX 77477</u></p>	<p>Amount of contribution (\$) <u>\$100</u></p>
<p>Principal occupation / Job title (See Instructions) <u>Owner</u></p>		<p>Employer (See Instructions) <u>Scorched Earth and Dead Bugs</u></p>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 12</p>
<p>2 FILER NAME David Hamilton</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 2-2-22</p>	<p>5 Full name of contributor Jin Hoekken</p>	<p>6 Contributor address; City; State; Zip Code 3915 Sundance Hill Ln Sugar Land, TX 77479</p> <p>7 Amount of contribution (\$) \$200</p>
<p>8 Principal occupation / Job title (See Instructions) CEO</p>		<p>9 Employer (See Instructions) J + L Distributors</p>
<p>Date 2-4-22</p>	<p>Full name of contributor Dudes + Daisies</p>	<p>□ out-of-state PAC (ID#: 850</p> <p>Contributor address; City; State; Zip Code 6310 Morgans Clase Ln Sugar Land, TX 77479</p>
<p>Principal occupation / Job title (See Instructions) Florist</p>		<p>Employer (See Instructions) Dudes and Daisies</p>
<p>Date 2-5-22</p>	<p>Full name of contributor D. Brandon Frith</p>	<p>□ out-of-state PAC (ID#: \$250</p> <p>Contributor address; City; State; Zip Code 9614 Randon Ln Missouri City, TX 77459</p>
<p>Principal occupation / Job title (See Instructions) Sr Vice President</p>		<p>Employer (See Instructions) InsurePointe of Texas</p>
<p>Date 2-7-22</p>	<p>Full name of contributor Xuemei Yang</p>	<p>□ out-of-state PAC (ID#: \$100</p> <p>Contributor address; City; State; Zip Code 5511 Tyler Park Ln Katy, TX 77494</p>
<p>Principal occupation / Job title (See Instructions) n/a</p>		<p>Employer (See Instructions) n/a</p>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: <u>12</u>	
2 FILER NAME <i>David Hamilton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-7-22</i>	5 Full name of contributor <i>Hong Cheng Guo</i>	6 Contributor address; City; State; Zip Code <i>N/A</i>	7 Amount of contribution (\$) <i>\$200</i>
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>N/A</i>	
Date <i>2-8-22</i>	Full name of contributor <i>Svenya Elackatt</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$100</i>
	Contributor address; <i>3307 Ivy Mill Ln</i>	City; State; Zip Code <i>Missouri City, TX 77459</i>	
Principal occupation / Job title (See Instructions) <i>Hovender</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>2-9-22</i>	Full name of contributor <i>Wyatt Pemberton</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$100</i>
	Contributor address; <i>18 Hope Farm Rd</i>	City; State; Zip Code <i>Missouri City, TX 77459</i>	
Principal occupation / Job title (See Instructions) <i>Manager</i>		Employer (See Instructions) <i>555 Gray</i>	
Date <i>2-6-22</i>	Full name of contributor <i>Michael &amp; Linda Sabouri</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$500</i>
	Contributor address; <i>23 Palm Blvd</i>	City; State; Zip Code <i>Missouri City, TX 77459</i>	
Principal occupation / Job title (See Instructions) <i>Architects</i>		Employer (See Instructions) <i>Auto Arch</i>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 12</p>
<p>2 FILER NAME David Hamilton</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 2-6-22</p>	<p>5 Full name of contributor Betsy McSweeny</p> <p>6 Contributor address; 2149 Wildrye Ln</p>	<p>□ out-of-state PAC (ID#: .....)</p> <p>7 Amount of contribution (\$) \$500</p>
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions) N/A</p>
<p>Date 2-6-22</p>	<p>Full name of contributor Tina Thompson</p> <p>Contributor address; 14826 Armitage Ln</p>	<p>□ out-of-state PAC (ID#: .....)</p> <p>Amount of contribution (\$) \$25</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) N/A</p>
<p>Date 1-31-22</p>	<p>Full name of contributor Shawn Pace</p> <p>Contributor address; n/a</p>	<p>□ out-of-state PAC (ID#: .....)</p> <p>Amount of contribution (\$) \$100</p>
<p>Principal occupation / Job title (See Instructions) GM - Well Designs</p>		<p>Employer (See Instructions) Chevron</p>
<p>Date 2-14-22</p>	<p>Full name of contributor Susan Liu</p> <p>Contributor address; n/a</p>	<p>□ out-of-state PAC (ID#: .....)</p> <p>Amount of contribution (\$) \$100</p>
<p>Principal occupation / Job title (See Instructions) n/a</p>		<p>Employer (See Instructions) n/a</p>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 12</p>
<p>2 FILER NAME <i>David Hamilton</i></p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 2-28-22</p>	<p>5 Full name of contributor <i>Aleksandra Lawera</i></p> <p>6 Contributor address; 3907 Spring Bloom Ct Sugar Land, TX 77479</p>	<p>7 Amount of contribution (\$) \$50</p>
<p>8 Principal occupation / Job title (See Instructions) <i>Doctor</i></p>		<p>9 Employer (See Instructions) <i>Aleksandra Lawera, MD</i></p>
<p>Date 2-18-22</p>	<p>Full name of contributor <i>Perdue, Branton, Fielder, Collins, and Mott</i></p> <p>Contributor address; 1235 North Loop W. Suite 600 Houston, TX 77008</p>	<p>Amount of contribution (\$) \$1,000</p>
<p>Principal occupation / Job title (See Instructions) <i>Law Firm</i></p>		<p>Employer (See Instructions) <i>Perdue, Branton, Fielder, Collins, and Mott</i></p>
<p>Date 2-18-22</p>	<p>Full name of contributor <i>Bill Michie</i></p> <p>Contributor address; 9111 S. Fitzgerald Way Missouri City, TX 77459</p>	<p>Amount of contribution (\$) \$50</p>
<p>Principal occupation / Job title (See Instructions) <i>Retired</i></p>		<p>Employer (See Instructions) N/A</p>
<p>Date 3-11-22</p>	<p>Full name of contributor <i>Bridget Young</i></p> <p>Contributor address; 538 Lombardy Dr Sugar Land, TX 77479</p>	<p>Amount of contribution (\$) \$150</p>
<p>Principal occupation / Job title (See Instructions) <i>Wealth Advisor</i></p>		<p>Employer (See Instructions) <i>Fort Bend Financial</i></p>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 12</p>
<p>2 FILER NAME <i>David Hamilton</i></p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>3-8-22</i></p>	<p>5 Full name of contributor <i>Shyam Ananthaswamy</i></p>	<p>6 Contributor address; City: State: Zip Code <i>8730 Ruston Ridge Dr. Richmond, TX 77406</i></p> <p>7 Amount of contribution (\$) <i>\$100</i></p>
<p>8 Principal occupation / Job title (See Instructions) <i>NA</i></p>		<p>9 Employer (See Instructions) <i>NA</i></p>
<p>Date <i>3-7-22</i></p>	<p>Full name of contributor <i>Phillip Andrews</i></p>	<p>□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$200</i></p>
<p>Principal occupation / Job title (See Instructions) <i>Business Owner</i></p>		<p>Employer (See Instructions) <i>Sugar Land Rain Gutters</i></p>
<p>Date <i>3-18-22</i></p>	<p>Full name of contributor <i>Harish Tajoos</i></p>	<p>□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$250</i></p>
<p>Principal occupation / Job title (See Instructions) <i>Consultant</i></p>		<p>Employer (See Instructions) <i>HT Consulting</i></p>
<p>Date <i>3-17-22</i></p>	<p>Full name of contributor <i>Justin Schiro</i></p>	<p>□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$100</i></p>
<p>Principal occupation / Job title (See Instructions) <i>District Director</i></p>		<p>Employer (See Instructions) <i>TX Representative Gary Gates</i></p>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 12</p>
<p>2 FILER NAME David Hamilton</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 3-20-22</p>	<p>5 Full name of contributor Mark Richard</p>	<p>6 Contributor address; n/a</p> <p>7 Amount of contribution (\$) \$75</p>
<p>8 Principal occupation / Job title (See Instructions) n/a</p>		<p>9 Employer (See Instructions) n/a</p>
<p>Date 3-29-22</p>	<p>Full name of contributor Allen Owen</p> <p>Contributor address; 2022 Masters Ln</p>	<p>□ out-of-state PAC (ID#: .....)</p> <p>City; State; Zip Code Missouri City, TX 77459</p> <p>Amount of contribution (\$) \$500</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) n/a</p>
<p>Date 3-29-22</p>	<p>Full name of contributor Sarah Smith</p> <p>Contributor address; n/a</p>	<p>□ out-of-state PAC (ID#: .....)</p> <p>City; State; Zip Code</p> <p>Amount of contribution (\$) \$100</p>
<p>Principal occupation / Job title (See Instructions) n/a</p>		<p>Employer (See Instructions) n/a</p>
<p>Date 3-29-22</p>	<p>Full name of contributor Gary Pearson</p> <p>Contributor address; n/a</p>	<p>□ out-of-state PAC (ID#: .....)</p> <p>City; State; Zip Code</p> <p>Amount of contribution (\$) \$20</p>
<p>Principal occupation / Job title (See Instructions) Consultant</p>		<p>Employer (See Instructions) Gary Pearson Associates</p>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 12
<b>2</b> FILER NAME David Hamilton		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-17-22	<b>5</b> Full name of contributor Stephen Wetch	<b>6</b> Contributor address; City; State; Zip Code 5514 Shadywood Lane Sugar Land, TX 77479
		<b>7</b> Amount of contribution (\$) \$150
<b>8</b> Principal occupation / Job title (See Instructions) NA		<b>9</b> Employer (See Instructions) N/A
Date	Full name of contributor .....	<input type="checkbox"/> out-of-state PAC (ID#: .....)
	Contributor address; City; State; Zip Code .....	Amount of contribution (\$) .....
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor .....	<input type="checkbox"/> out-of-state PAC (ID#: .....)
	Contributor address; City; State; Zip Code .....	Amount of contribution (\$) .....
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor .....	<input type="checkbox"/> 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.		

# 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	3 Filer ID (Ethics Commission Filers)	
3	David Hamilton		
4 Date	5 Payee name		
1-24-22	MDC Corp Group		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
\$1,500			
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
Date	Payee name		
1-19-22	GoDaddy. com		
Amount (\$)	Payee address:	City; State; Zip Code	
\$108.78	14455 N. Hayden Rd Suite 226	Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising - Website	Description  Website	
	<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
Date	Payee name		
1-24-22	Hampton Inn		
Amount (\$)	Payee address:	City; State; Zip Code	
\$742	4909 Hwy 6	Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description  Venue Fee	
	<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
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	3 Filer ID (Ethics Commission Filers)		
3	David Hamilton			
4 Date	5 Payee name			
2-1-22	GOP Store			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$1,405.45	404 1H-45	Huntsville, TX 77488		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising Expense	Yard Signs		
	(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	Payee name			
3-24-22	1W Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,939.59	4505 Hwy 6 W	Houston	TX	77089
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Logo + Print Work, Yard Signs		
	<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			
3-29-22	Sugars			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$712.66	3424 FM 1092 Rd	Missouri City	TX	77459
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Event Expense	Food & Drinks		
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				

# 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	3 Filer ID (Ethics Commission Filers)	
3	David Hamilton		
4 Date	5 Payee name		
	PayPal		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
143.37	2211 N. 1st St.	San Jose CA 95131	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Fees	Donation Processing Fees	
	(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	Payee name		
2-2-22	Sugar and Iced		
Amount (\$)	Payee address;	City; State; Zip Code	
\$82	15727 Cutten Rd Apt 508	Houston TX 77070	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	Food/Beverage Expense	Cookies	
	<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		
3-26-22	James Presler		
Amount (\$)	Payee address;	City; State; Zip Code	
\$1,000	8035 Cross Trail Dr	Sugar Land TX 77479	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	Consulting Expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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: <i>24</i>					
3 CANDIDATE / OFFICEHOLDER NAME	MS /MRS / MR	FIRST <i>Orjanel Kianna</i>	MI	OFFICE USE ONLY					
	NICKNAME	LAST <i>lewis</i>	SUFFIX						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4111 North Creekmont Dr. Fresno, TX 77545</i>			Date Received <b>RECEIVED</b> <b>R APR 07 2022</b> BY: <i>Andi Arguello</i>  <input checked="" type="checkbox"/> Date Hand-delivered or Date Postmarked <b>3:04 PM</b>  Receipt # <input type="text"/> Amount \$ <input type="text"/>  Date Processed  Date Imaged					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
6 CAMPAIN TREASURER NAME	MS /MRS / MR	FIRST <i>Geralynn</i>	MI <i>A</i>						
	NICKNAME	LAST <i>Prince-Semien</i>	SUFFIX						
7 CAMPAIN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1007 Hannah Falls Ln Fresno, TX 77545</i>								
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	<i>( )</i>					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month Day Year <i>/ /</i>					
11 ELECTION	ELECTION DATE  <i>5/7/20</i>	Month Day Year	Primary General	Runoff Special <input checked="" type="checkbox"/> Other Description <i>School Board</i>					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>FBISD Pos 7</i>					
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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. <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE  GENERAL  SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME								
	COMMITTEE ADDRESS								
	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS								

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,780.35
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,583.71
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 239.39
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,861.39
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,968.01
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,500

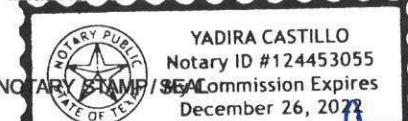
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Geralynn Alicia Prince this the 7<sup>th</sup> day of April,

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

Yadira Castillo Signature of officer administering oath

Yadira Castillo Printed name of officer administering oath

Notary 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**

<b>19</b> FILER NAME Orjanel Kianna Lewis, Esq.	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
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. <input checked="" type="checkbox"/> 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	
SUBTOTAL AMOUNT	
\$ 10,803.36	
\$ 100.00	
\$ 0	
\$ 1,500	
\$ 8,622.00	
\$ 0	
\$ 0	
\$ 0	
\$ 366.91	
\$ 0	
\$ 0	
\$ 0	

## 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: 15
2 FILER NAME Orjanel Kianna Lewis				3 Filer ID (Ethics Commission Filers)
4 Date 1/31/22	5 Full name of contributor Phillip McEnany	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) \$100.00	
6 Contributor address; Houston, TX		City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) BP		
Date 1/31/22	Full name of contributor Daniel Franklin Jr.	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$100.00	
Contributor address; 6426 Conley St. Houston, TX 77021		City; State; Zip Code		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)		
Date 1/31/22	Full name of contributor Tamara Starks	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$100.00	
Contributor address; 3722 Harvest Drive, Decatur, CA 30034		City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 1/31/22	Full name of contributor Brandon Winchester	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$100.00	
Contributor address; 13106 Tropicana Dr, Houston, TX 77041		City; State; Zip Code		
Principal occupation / Job title (See Instructions) Attorney		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: 15
2 FILER NAME Orjanel Kianna Lewis			3 Filer ID (Ethics Commission Filers)
4 Date 1/31/22	5 Full name of contributor DeLLI Pointer	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) \$200.00
	6 Contributor address; 14402 Windy Willow, Missouri City, TX	City; State; Zip Code 77489	
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)	
Date 1/31/22	Full name of contributor Anedra Coleman	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$250.00
	Contributor address; Laplace, LA	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Parish Secretary		Employer (See Instructions) St. Charles Parish	
Date 1/31/22	Full name of contributor Brandon Alexander	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$250.00
	Contributor address; New York, NY	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)	
Date 2/1/22	Full name of contributor Jocelyn Del K. Adams	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$200.00
	Contributor address; Dallas, Texas	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <i>15</i>
<b>2 FILER NAME</b> <i>Orjanel kianna lew is</i>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> <i>2/1/22</i>	<b>5 Full name of contributor</b> <i>Arnanda Bolles Watson</i>	out-of-state PAC (ID#: _____)	<b>7 Amount of contribution (\$)</b> <i>\$200.00</i>
	<b>6 Contributor address;</b> <i>Houston, Texas</i>	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> <i>Professor</i>		<b>9 Employer (See Instructions)</b> <i>University of Houston</i>	
<b>Date</b> <i>2/2/22</i>	<b>Full name of contributor</b> <i>Linda Pointer</i>	out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b> <i>\$1,000.00</i>
	<b>Contributor address;</b> <i>14422 Windy Willow Ct. Missouri City, TX</i>	City; State; Zip Code <i>77489</i>	
<b>Principal occupation / Job title (See Instructions)</b> <i>A Horney</i>		<b>Employer (See Instructions)</b> <i>Portfolio Recovery Associates</i>	
<b>Date</b> <i>2/4/22</i>	<b>Full name of contributor</b> <i>Lori Williams</i>	out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b> <i>\$100.00</i>
	<b>Contributor address;</b> <i>20129 Pitchfork Dr. Riverside, CA</i>	City; State; Zip Code <i>92507</i>	
<b>Principal occupation / Job title (See Instructions)</b> <i>Teacher</i>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <u>15</u>
2 FILER NAME <u>Organel Icianna Lewis</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>2/10/22</u>	5 Full name of contributor <u>Diana Brown</u>	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <u>\$100.00</u>
	6 Contributor address; City: <u>Houston, TX</u>	State; Zip Code	
8 Principal occupation / Job title (See Instructions) <u>Physician</u>		9 Employer (See Instructions) <u>Texas Childrens Hospital</u>	
Date <u>2/10/22</u>	Full name of contributor <u>Tiffany Harper</u>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; City: <u>Chicago, IL</u>	State; Zip Code	
Principal occupation / Job title (See Instructions) <u>Business Management</u>		Employer (See Instructions) <u>Twitter</u>	
Date <u>2/10/22</u>	Full name of contributor <u>Janis Winey</u>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; City: <u>Katy, Texas</u>	State; Zip Code	
Principal occupation / Job title (See Instructions) <u>Diagnostician</u>		Employer (See Instructions) <u>Katy ISD</u>	
Date <u>2/10/22</u>	Full name of contributor <u>Geralynn Prince-Semien</u>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; City: <u>1007 Harman Falls Ln. Fresno, TX 77545</u>	State; Zip Code	
Principal occupation / Job title (See Instructions) <u>Supply Chain Lead</u>		Employer (See Instructions) <u>Wood Group LLC.</u>	

**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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>15</b>
<b>2 FILER NAME</b> <i>Orjanel Kianna Lewis</i>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <i>2/10/22</i>	<b>5 Full name of contributor</b> <i>Zahra Syed</i>	out-of-state PAC (ID#: _____)	<b>7 Amount of contribution (\$)</b> <i>\$100.00</i>
	<b>6 Contributor address;</b> <i>Sugar Land, Texas</i>	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> <i>Physician</i>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <i>2/10/22</i>	<b>Full name of contributor</b> <i>Rosalind Lewis</i>	out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b> <i>\$100.00</i>
	<b>Contributor address;</b> <i>Missouri City, TX</i>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> <i>Attorney</i>		<b>Employer (See Instructions)</b>	
<b>Date</b> <i>2/10/22</i>	<b>Full name of contributor</b> <i>Elizabeth Hanks</i>	out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b> <i>\$100.00</i>
	<b>Contributor address;</b> <i>Houston, Texas</i>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> <i>Attorney</i>		<b>Employer (See Instructions)</b> <i>Hoover Siovacek</i>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>15</b>
2 FILER NAME <b>Orjanel Kianna Lewis</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>2/10/22</b>	5 Full name of contributor <b>Jamila Carroll</b>	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$150.00</b>
6 Contributor address;  <b>Houston, Texas</b>	City;  <b>Houston, Texas</b>	State; Zip Code	
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>PRA Group</b>	
Date <b>2/10/22</b>	Full name of contributor <b>Rosanna Eugenia</b>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$250.00</b>
Contributor address;  <b>New York, NY</b>	City;  <b>New York, NY</b>	State; Zip Code	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)	
Date <b>2/10/22</b>	Full name of contributor <b>Menul Parikh</b>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$300.00</b>
Contributor address;  <b>Sugar Land, TX</b>	City;  <b>Sugar Land, TX</b>	State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/11/22</b>	Full name of contributor <b>Jennifer Weathersby Williams</b>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$150.00</b>
Contributor address;  <b>Chicago, IL</b>	City;  <b>Chicago, IL</b>	State; Zip Code	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <i>15</i>
2 FILER NAME <i>Orjanell Kianna Lewis</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/11/22</i>	5 Full name of contributor <i>Holly Arim D. Njoku</i>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>Richmond, TX</i>			
8 Principal occupation / Job title (See Instructions) <i>Pharmacist</i>		9 Employer (See Instructions) <i>Ben Taub Hospital</i>	
Date <i>2/11/22</i>	Full name of contributor <i>Stephanie Johnson</i>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>Richmond, TX</i>			
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions) <i>Simmons Johnson Consulting</i>	
Date <i>2/11/22</i>	Full name of contributor <i>Stephanie Semper</i>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>Houston, TX</i>			
Principal occupation / Job title (See Instructions) <i>licensed Counselor</i>		Employer (See Instructions) <i>City of Houston</i>	
Date <i>2/12/22</i>	Full name of contributor <i>James Morales</i>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>Miami, FL</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <u>15</u>
2 FILER NAME <b>Orjanet Icianna Lewis</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>2/14/22</b>	5 Full name of contributor <b>Barbara Vaughns</b>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>\$100.00</b>
	6 Contributor address; <b>13706 Monarch Road</b>	City; State; Zip Code <b>HOUSTON, TX 77047</b>	
8 Principal occupation / Job title (See Instructions) <b>Clerk</b>		9 Employer (See Instructions) <b>USPS</b>	
Date <b>2/14/22</b>	Full name of contributor <b>Marsna Fowler</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; <b>13702 Monarch Road</b>	City; State; Zip Code <b>HOUSTON, TX 77047</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>USPS</b>	
Date <b>2/15/22</b>	Full name of contributor <b>Nicole Leonard</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; .....	City; State; Zip Code <b>(Los Angeles, CA</b>	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)	
Date <b>2/20/22</b>	Full name of contributor <b>Kelsey Folmer</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; .....	City; State; Zip Code <b>Fresno, TX</b>	
Principal occupation / Job title (See Instructions) <b>Marketing Director</b>		Employer (See Instructions) <b>Schlumberger</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 15
2 FILER NAME Orjanel Kianna Lewis			3 Filer ID (Ethics Commission Filers)
4 Date 2/27/22	5 Full name of contributor Pereck Lenoir	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code League City, Texas			
8 Principal occupation / Job title (See Instructions) Pharacist		9 Employer (See Instructions)	
Date 2/27/22	Full name of contributor Marcus Lewis	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$105.74
Contributor address; 4111 N. Creekmont Dr. City; State; Zip Code Fresno, TX 77545			
Principal occupation / Job title (See Instructions) College & career counselor		Employer (See Instructions) KIPP	
Date 3/2/22	Full name of contributor Michael Brown	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$100.00
Contributor address; 3630 Villa Glen City; State; Zip Code Houston, TX			
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) MD Anderson	
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: <b>15</b>
2 FILER NAME <b>Orjanell Kianna Lewis</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>3/4/22</b>	5 Full name of contributor <b>Dylan Russell</b>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; <b>Missouri City, TX</b>	State; Zip Code		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Hoover Slovacek</b>	
Date <b>3/4/22</b>	Full name of contributor <b>Tiffany and Bronson Crawford</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; <b>Tucson, Arizona</b>	State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Medical Doctor</b>		Employer (See Instructions)	
Date <b>3/7/22</b>	Full name of contributor <b>Srenya Elackatt</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; <b>Missouri City, TX</b>	State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Entrepreneur</b>		Employer (See Instructions)	
Date <b>3/7/22</b>	Full name of contributor <b>Nian Spriggs</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; <b>Oklahoma City, OK</b>	State; Zip Code		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# 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: 15
2 FILER NAME Dianel Kianna Lewis			3 Filer ID (Ethics Commission Filers)
4 Date 3/1/22	5 Full name of contributor Philip Elackath	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) \$100.00
6 Contributor address; .....	City; .....	State; Zip Code Houston, Missouri City, TX	
8 Principal occupation / Job title (See Instructions) County Commissioner		9 Employer (See Instructions) Fort Bend County	
Date 3/1/22	Full name of contributor Grady Prestage	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$1,000.00
Contributor address; .....	City; .....	State; Zip Code Missouri City, TX	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Alief ISD	
Date 3/1/22	Full name of contributor Melissa Spriggs	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$100.00
Contributor address; .....	City; .....	State; Zip Code Stafford, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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: 15
2 FILER NAME Orjanel Kianna Lewis			3 Filer ID (Ethics Commission Filers)
4 Date 3/11/22	5 Full name of contributor Michael E. Jackson	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) \$100.00
6 Contributor address; 5219 Hancock	City; Houston	State; Zip Code TX 77004	
8 Principal occupation / Job title (See Instructions) Safety Tech		9 Employer (See Instructions) Olin Corp	
Date 3/11/22	Full name of contributor Sadar Q. Imam	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$100.00
Contributor address; 19 Saint Christopher Ct.	City; Sugar Land	State; Zip Code TX 77479	
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions)	
Date 3/11/22	Full name of contributor Birdie Kelley	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$100.00
Contributor address;	City; Missouri City	State; Zip Code Texas	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 3/11/22	Full name of contributor Dylan Russell	out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$100.00
Contributor address;	City; Missouri City	State; Zip Code Texas	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoover Slovacek	
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: <u>15</u>
2 FILER NAME <u>Orjanell Icianna Lewis</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>3/11/22</u>	5 Full name of contributor <u>Taylor P. Pointer</u>	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address;  <u>46007 Keneshaw Ct.</u>	City;  <u>Sugar Land, TX 77479</u>	State; Zip Code	
8 Principal occupation / Job title (See Instructions)  <u>A Horney</u>		9 Employer (See Instructions)	
Date  <u>3/11/22</u>	Full name of contributor  <u>Sumita Chowdhury-Chosn</u>	out-of-state PAC (ID#: _____)	Amount of contribution (\$)  <u>\$101.00</u>
Contributor address;  <u>4210 Oak Forest Dr.</u>	City;  <u>MISSOURI CITY, TX 77459</u>	State; Zip Code	
Principal occupation / Job title (See Instructions)  <u>A Horney</u>		Employer (See Instructions)	
Date  <u>3/11/22</u>	Full name of contributor  <u>Oscar Telfair III</u>	out-of-state PAC (ID#: _____)	Amount of contribution (\$)  <u>\$150.00</u>
Contributor address;  <u>4210 Oak Forest Dr.</u>	City;  <u>MISSOURI CITY, TX 77459</u>	State; Zip Code	
Principal occupation / Job title (See Instructions)  <u>Entrepreneur</u>		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <i>15</i>
<b>2 FILER NAME</b> <i>Orjanel Kianna Lewis</i>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> <i>3/12/22</i>	<b>5 Full name of contributor</b> <i>Bob Westbrook</i>	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <i>\$400.00</i>
<b>6 Contributor address;</b> <i>El Paso, Texas</i>		<b>City;</b> <i>El Paso, Texas</i>	<b>State; Zip Code</b>
<b>8 Principal occupation / Job title (See Instructions)</b> <i>Consultant</i>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <i>3/13/22</i>	<b>Full name of contributor</b> <i>Jason Dobrelecki</i>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <i>\$100.00</i>
<b>Contributor address;</b> <i>Missouri City, Texas</i>		<b>City;</b> <i>Missouri City, Texas</i>	<b>State; Zip Code</b>
<b>Principal occupation / Job title (See Instructions)</b> <i>Consultant</i>		<b>Employer (See Instructions)</b>	
<b>Date</b> <i>3/16/22</i>	<b>Full name of contributor</b> <i>Martha Franci Wayland</i>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <i>\$250.00</i>
<b>Contributor address;</b> <i>Norfolk, Virginia</i>		<b>City;</b> <i>Norfolk, Virginia</i>	<b>State; Zip Code</b>
<b>Principal occupation / Job title (See Instructions)</b> <i>Consultant</i>		<b>Employer (See Instructions)</b>	
<b>Date</b> <i>3/22/22</i>	<b>Full name of contributor</b> <i>Tom Hanan</i>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <i>\$100.00</i>
<b>Contributor address;</b> <i>Sugar Land, TX</i>		<b>City;</b> <i>Sugar Land, TX</i>	<b>State; Zip Code</b>
<b>Principal occupation / Job title (See Instructions)</b> <i>Consultant</i>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 15
2 FILER NAME Orjanel Kianna Lewis			3 Filer ID (Ethics Commission Filers)
4 Date 3/25	5 Full name of contributor David Mc Neal	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) 100.00
	6 Contributor address; Houston, Texas	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) MC Neal Law Group	
Date 3/28	Full name of contributor Sarah Ahmed	out-of-state PAC (ID#: .....)	Amount of contribution (\$) 96.62
	Contributor address; 5412 Patrick Henry St	City; State; Zip Code Bellaire TX 77401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/4	Full name of contributor Andee Marksamer	out-of-state PAC (ID#: .....)	Amount of contribution (\$) 500.00
	Contributor address; 23 Seaton Ct. Sugar Land TX 77479	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/5	Full name of contributor Marie Milnes-Vasquez	out-of-state PAC (ID#: .....)	Amount of contribution (\$) 100.00
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Attorney		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.

# 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: 1
2 FILER NAME <i>Orjanet Kianna Lewis</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ <i>Ø</i>		
5 Date <i>2/26/22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Derek Hames</i> )	8 Amount of Contribution \$ <i>100.00</i> 9 In-kind contribution description <i>VOLUNTEER meeting</i>
7 Contributor address; City; State; Zip Code <i>4830 Summer Lakes Missouri City, TX</i>		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>COO</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Edgewater Digital</i>
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 ..... Contributor address; City; State; Zip Code		Amount of Contribution \$ ..... In-kind contribution description ..... Check if travel outside of Texas. Complete Schedule T.
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.		

## 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: 1	
2 FILER NAME  Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 0	
5 Date of loan 11/28/22	7 Name of lender Orjanel Kianna Lewis	8 out-of-state PAC (ID#: 9 Loan Amount (\$) 1,500	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; 4111 North Creekmont Fresno	City; State; Zip Code TX 77545	
10 Interest rate 0	11 Maturity date 0		
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions)	
14 Description of Collateral none		15 ✓ Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor .....	18 Guarantor address; City; State; Zip Code .....	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender .....	□ out-of-state PAC (ID#: .....)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; .....	City; State; Zip Code .....	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date	
Description of Collateral none		Employer (See Instructions)	
Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION not applicable	Name of guarantor .....	Guarantor address; City; State; Zip Code .....	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender 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 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	3 Filer ID (Ethics Commission Filers)		
3	Orjanel Kianna Lewis			
4 Date	5 Payee name			
3/9/2022	M3 Graphics			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1899.94	11730 S Wilcrest Dr.	Houston	, TX	77099
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Printing Expense Ad	campaign push cards		
	(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	Office sought	Office held

Date	Payee name			
3/10/22	M3 Graphics			
Amount (\$)	Payee address;	City;	State;	Zip Code
386.90	11730 S Wilcrest Dr.	Houston	, TX	77099
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description		
	Ad. Expense	push cards		
	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	Office sought	Office held

Date	Payee name			
3/14/2022	Sugar's Restaurant			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$541.25	3424 FM 1092 Suite 290	Missouri	City	TX 77459
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description		
	Event Expense	kickoff event		
	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	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	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	3 Filer ID (Ethics Commission Filers)	
3	Orjannel Kianna Lewis		
4 Date	5 Payee name		
3/21/22	Jennifer Cantu		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
474.00		Rosenburg, TX	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Wages/Contract labor	Blockwalking	
	(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	Office sought	Office held
Date	Payee name		
3/23/22	M3 Graphics		
Amount (\$)	Payee address:	City;	State; Zip Code
2,683.52	11730 S Wildrest Dr.	Houston, TX 77099	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Ad. Expense	Signs	
	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	Office sought	Office held
Date	Payee name		
4/11/22	Aviva Wholesale		
Amount (\$)	Payee address:	City;	State; Zip Code
195.18	10355 Harwin Dr.	Houston, TX 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Other	Campaign shirts	
	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	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	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	3 Filer ID (Ethics Commission Filers)		
3	Orjanel Kianna Lewis			
4 Date	5 Payee name			
4/1/22	New City Printing			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
265.00	445 Murphy Rd.	Stafford, TX 77477		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Printing Expenses	Shirt printing		
	(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	Office sought	Office held
Date	Payee name			
4/15/22	M3 Graphics			
Amount (\$)	Payee address;	City;	State;	Zip Code
2,353.36	11730 SWILCREST Dr.	HOUSTON, TX 77099		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Ad. Expense	Signs   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	Office sought	Office held
Date	Payee name			
4/15/22	UPrinting			
Amount (\$)	Payee address;	City;	State;	Zip Code
822.85	800 Haskell Ave.	Van Nuys, CA 91410		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Ad. Expense	Postcards		
	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	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				

# 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 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
1	Orjaner Kianna Lewis			
4 Date	5 Payee name			
2/4/22	Square Space			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
116.91 Reimbursement from political contributions intended	8 Clarkson St.	New York, NY		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	other	Website		
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Payee name	Koretha Brown			
Amount (\$)	Payee address;	City;	State; Zip Code	
250.00 Reimbursement from political contributions intended	Missouri City, Texas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Consulting expense	Consulting		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name			Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Candidate / Officeholder name			Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				

**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 Filer)

2 Total pages filed:

18

3 CANDIDATE /  
OFFICEHOLDER  
NAME
 MS / MRS / MR  FIRST *James* MI   
 NICKNAME *Jim* LAST *Rice* SUFFIX
4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS
 ADDRESS / PO BOX: *5402 Oban Terrace Lane*  
 CITY: *Sugar Land, Tx. 77479*
5 CANDIDATE/  
OFFICEHOLDER  
PHONE
 AREA CODE *(832* PHONE NUMBER *563-2942*  
 EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME
 MS  FIRST *Dorothy* MI   
 NICKNAME *Suzanne* LAST *Ramos* SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): *3907 Senna Place*  
 CITY: *Sugar Land, Tx. 77479*  
 STATE:  ZIP CODE: 

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE
 AREA CODE *(281* PHONE NUMBER *980-9051*  
 EXTENSION

9 REPORT TYPE

<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month <i>01</i>	Day <i>01</i>	Year <i>2022</i>	Month <i>03</i>	Day <i>28</i>	Year <i>2022</i>
-----------------	---------------	------------------	-----------------	---------------	------------------

 THROUGH

THROUGH

*03/28/2022*

11 ELECTION

ELECTION DATE			ELECTION TYPE		
Month <i>05</i>	Day <i>07</i>	Year <i>2022</i>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> 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.

 Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL
	<input type="checkbox"/> SPECIFIC
	COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**
**FORM C/OH  
COVER SHEET PG 2**
**15 C/OH NAME***Jim Rice (James D. Rice)***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)	\$ 0.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,500.00

**EXPENDITURE  
TOTALS**

3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
4.	TOTAL POLITICAL EXPENDITURES	\$ 9,057.66

**CONTRIBUTION  
BALANCE**

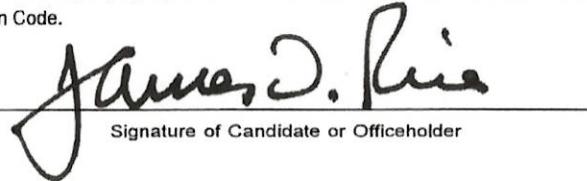
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,140.39
----	---	--------------

**OUTSTANDING  
LOAN TOTALS**

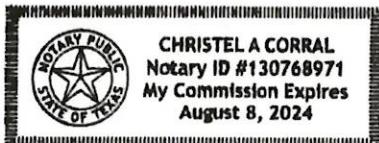
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,331.69
----	--	--------------

**18 SIGNATURE**

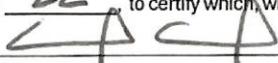
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

**Please complete either option below:****(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by James D. Rice this the 5 day of April,20 22 to certify which witness my hand and seal of office.

Christel A. CorralAdministrative 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)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
Jim Rice (James D. Rice)	
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
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	\$ 9,051.66
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: <i>p. 1 of 8</i>
2 FILER NAME <i>James D. Rice (Jim Rice)</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>1/27/22</i>	5 Full name of contributor <i>Jim and S. Russ</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address: <i>10011 Meadowglen Lane Houston, Texas 77042</i>		City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>1/27/22</i>	Full name of contributor <i>Anthony + Kerry Lacsamana</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$250.00</i>
Contributor address: <i>3107 Winchester Way Sugar Land, Texas 77479</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/27/22</i>	Full name of contributor <i>James A. Thompson Campaign Acct.</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address: <i>2333 Town Center Dr. Suite 100 Sugar Land, Tx. 77478</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/27/22</i>	Full name of contributor <i>Bridget R. Yeung</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$250.00</i>
Contributor address: <i>538 Lombardy Dr. Sugar Land, Tx. 77478</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			
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: <i>p. 2 of 8</i>
2 FILER NAME <i>James D. Rice (Jim Rice)</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/27/22</i>	5 Full name of contributor <i>Derrick Mitchell</i>	6 Contributor address: City: <i>3346 Parkwood Dr.</i> State: <i>TX</i> Zip Code: <i>77021-1139</i>
7 Amount of contribution (\$) <i>\$500.00</i>		8 Principal occupation / Job title (See Instructions)
9 Employer (See Instructions)		
Date <i>2/2/22</i>	Full name of contributor <i>Dean Hrbacek</i>	□ out-of-state PAC (ID#: Contributor address: City: <i>130 Industrial Blvd.</i> State: <i>TX</i> Zip Code: <i>77478</i> <i>Sugar Land, TX 77478</i>
Amount of contribution (\$) <i>\$1,000.00</i>		Principal occupation / Job title (See Instructions)
Employer (See Instructions)		
Date <i>2/26/22</i>	Full name of contributor <i>Rolinda Schmidt</i>	□ out-of-state PAC (ID#: Contributor address: City: <i>3513 Trail Head Dr.</i> State: <i>TX</i> Zip Code: <i>78028</i> <i>Kerrville, TX 78028</i>
Amount of contribution (\$) <i>\$150.00</i>		Principal occupation / Job title (See Instructions)
Employer (See Instructions)		
Date <i>2/26/22</i>	Full name of contributor <i>Robin Elder</i>	□ out-of-state PAC (ID#: Contributor address: City: <i>2033 Spinnaker Dr.</i> State: <i>TX</i> Zip Code: <i>77573</i> <i>League City, TX 77573</i>
Amount of contribution (\$) <i>\$500.00</i>		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: <i>p. 3 of 8</i>
2 FILER NAME <i>James D. Rice (Jim Rice)</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/26/22</i>	5 Full name of contributor <i>Bill Jameson c/o W.J. Interests</i> 6 Contributor address: <i>2333 Town Center Blvd. #100 Sugar Land, Tx. 77478</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/22</i>	Full name of contributor <i>John Null</i> Contributor address: <i>218 Keswick Ct. Sugar Land, Tx. 77478</i>	Amount of contribution (\$) <i>\$200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/3/22</i>	Full name of contributor <i>Les and Ann Newton</i> Contributor address: <i>3506 Mesquite Dr. Sugar Land, Tx. 77479</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/4/22</i>	Full name of contributor <i>S Neal + J. Neal</i> Contributor address: <i>6411 Hidden Creek Way Sugar Land, Tx. 77479</i>	Amount of contribution (\$) <i>\$100.00</i>
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: <i>p. 4 of 8</i>
2 FILER NAME <i>James D. Rice (Jim Rice)</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>3/4/22</i>	5 Full name of contributor <i>Joseph + Janet Meyer</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$ 250.00</i>
6 Contributor address: <i>1410 Ravens Court Sugar Land, Tx 77479</i>		City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>3/4/22</i>	Full name of contributor <i>Michael Siwierka</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address: <i>1368 Lake Pointe Pkwy. Sugar Land, Tx. 77478</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/4/22</i>	Full name of contributor <i>Perdue, Brandon, Fielder, Collins + Mott LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 1,000.00</i>
Contributor address: <i>1235 North Loop W. Ste 600 Houston, Texas 77008</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/5/22</i>	Full name of contributor <i>Russell &amp; Doris Klaus</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address: <i>1247 Piney Woods Rd. Alleyton, Tx. 78935</i>		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.			

## 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: <i>p. 5 of 8</i>
2 FILER NAME <i>James D. Rice (Jim Rice)</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/22</i>	5 Full name of contributor <i>Seth Smith</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address: <i>1683 Shaws Bend Road Columbus, Tx. 78934</i>			City: _____ State: _____ Zip Code: _____
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>3/5/22</i>	Full name of contributor <i>Earl + Peggy Pitchford</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address: <i>2022 Brushy Rd. Columbus, Tx. 78934</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/5/22</i>	Full name of contributor <i>Justin Labay</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address: <i>1050 Green Meadows Lane Columbus, Tx. 78934</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/8/22</i>	Full name of contributor <i>Gary Pearson III.</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: <i>2350 Westcreek Ln. Suite 1213 Houston, Tx 77027</i>			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.			

## 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: <i>p. 6 of 8</i>	
2 FILER NAME <i>James D. Rice (Jim Rice)</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>03/07/22</i>	5 Full name of contributor <i>Jared Jameson</i>	6 Contributor address: City: <i>2333 Town Center Blvd. #100</i> State: <i>TX</i> Zip Code: <i>77478</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>01/19/22</i>	Full name of contributor <i>Stuart Jacobsen</i>	Contributor address: City: <i>71 Sugar Creek Center Blvd. St. 590</i> State: <i>TX</i> Zip Code: <i>77478</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/16/22</i>	Full name of contributor <i>Randall Curry</i>	Contributor address: City: <i>3422 Mimosa Way</i> State: <i>TX</i> Zip Code: <i>77479</i>	Amount of contribution (\$) <i>\$ 1,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/19/22</i>	Full name of contributor <i>Gail McClelland</i>	Contributor address: City: <i>911 Eastwood Ct.</i> State: <i>TX</i> Zip Code: <i>77478</i>	Amount of contribution (\$) <i>\$ 200.00</i>
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: <i>p. 1 of 8</i>	
2 FILER NAME <i>James D Rice (Jim)</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/19/22</i>	5 Full name of contributor <i>Floyd Emery</i>	6 Contributor address <i>2103 Fountain Valley Dr. Missouri City, Tx. 77459</i>	7 Amount of contribution (\$) <i>\$250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>3/16/22</i>	Full name of contributor <i>Roy Smith</i>	Contributor address <i>111 Mayfair Ct. Sugar Land, Tx. 77478</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/16/22</i>	Full name of contributor <i>Yolanda Humphrey</i>	Contributor address <i>2803 Scottsdale Palms Dr. Missouri City, Texas 77459</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/16/22</i>	Full name of contributor <i>Victor Chen</i>	Contributor address <i>101 Blanckoff Court Sugar Land, Tx. 77478</i>	Amount of contribution (\$) <i>\$250.00</i>
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: <i>p. 0 of 8</i>
2 FILER NAME <i>James D. Rice (Jim)</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>3/21/22</i>	5 Full name of contributor <i>David Rowe</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>\$ 300.00</i>
6 Contributor address; <i>11931 Wickchester Suite 300 Houston, Tx. 77043</i>		City; <i></i>	State; <i></i>	Zip Code <i>pp.</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <i>3/22/22</i>	Full name of contributor <i>Dan Micciche</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$ 400.00</i>
Contributor address; <i>1140 Bally Mote Dr. Dallas, Tx. 75218</i>		City; <i></i>	State; <i></i>	Zip Code <i>pp.</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor	<input type="checkbox"/> 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	<input type="checkbox"/> 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.				

**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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
p. 1 of 6	James Rice (Jim)	
4 Date	5 Payee name	
01/03/22	Burt J. Levine aka Texas Campaigns	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$300.00	9600 Glenfield Court Suite 14B Houston, Tx. 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Jim Rice, FBISD Trustee Position 3	
Date	Payee name	
01/03/22	Icenhower Consulting LLC	
Amount (\$)	Payee address;	City; State; Zip Code
\$1,500.00	3019 Arrowhead Sugar Land, Tx. 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Jim Rice, FBISD Trustee Position 3	
Date	Payee name	
01/11/22	Fort Bend Star	
Amount (\$)	Payee address;	City; State; Zip Code
\$79.00	P.O. Box 2349 Stafford, Tx. 77477	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Jim Rice, FBISD Trustee 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: <i>p. 2 of 6</i>	2 FILER NAME <i>James Rice (Jim)</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>01/25/22</i>	5 Payee name <i>Pamela Printing</i>	6 Amount (\$) <i>\$ 239.23</i>	
7 Payee address; <i>550 Julie Rivers Dr. #310 Sugar Land, Tx. 77478</i>	City: _____	State: _____	Zip Code: _____
8 PURPOSE OF EXPENDITURE  <i>Advertising</i>	(a) Category (See Categories listed at the top of this schedule)  <i>Advertising</i>	(b) Description  <i>Pushcards.</i>	
	(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 <i>Jim Rice, FBISD Trustee Position 3</i>		
Date <i>01/30/22</i>	Payee name <i>Burt J. Levine dba Texas Campaigns</i>	Office sought	Office held
Amount (\$) <i>\$ 400.00</i>	Payee address; <i>9600 Greenfield Court Suite 148 Houston, Tx. 77096</i>	City: _____	State: _____
PURPOSE OF EXPENDITURE  <i>Consulting Expense</i>	Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>	Description  <i>Campaign Consulting</i>	
	<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 <i>Jim Rice, FBISD Trustee Position 3</i>		
Date <i>01/30/22</i>	Payee name <i>Burt J. Levine dba Texas Campaigns</i>	Office sought	Office held
Amount (\$) <i>\$ 100.00</i>	Payee address; <i>9600 Greenfield Court Suite 148 Houston, Tx. 77096</i>	City: _____	State: _____
PURPOSE OF EXPENDITURE  <i>Consulting Expense</i>	Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>	Description  <i>Campaign Consulting</i>	
	<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 <i>Jim Rice, FBISD Trustee Position 3</i>		
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: <i>p. 3 of 10</i>	2 FILER NAME <i>James Rice (Jim)</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02/21/22</i>	5 Payee name <i>Burt J. Levine dba Texas Campaigns</i>	
6 Amount (\$) <i>\$400.00</i>	7 Payee address; <i>9600 Greenfield Court Suite 148 Houston, Tx. 77096</i>	City; State; Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>	(b) Description  <i>Campaign Consulting</i>
	(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 <i>Jim Rice FBISD Trustee Position 3</i>	
Date <i>03/03/22</i>	Payee name <i>Icenhower Consulting LLC</i>	
Amount (\$) <i>\$800.00</i>	Payee address; <i>3019 Arrowhead Sugar Land, Tx. 77479</i>	City; State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>	Description  <i>Campaign Consulting</i>
	<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 <i>Jim Rice FBISD Trustee Position 3</i>	
Date <i>01/19/22 to 03/07/22</i>	Payee name <i>Pay Pal</i>	
Amount (\$) <i>\$49.46</i>	Payee address; <i>On-line</i>	City; State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Fee</i>	Description  <i>Pay Pal Charges.</i>
	<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 <i>Jim Rice FBISD Trustee Position 3</i>	
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: <i>p. 4 of 6</i>	2 FILER NAME <i>James Rice (Jim)</i>	3 Filer ID (Ethics Commission Filers)				
4 Date <i>3/16/2022</i>	5 Payee name <i>Z+Z International, Inc.</i>	6 Amount (\$) <i>\$1,900.00</i>	7 Payee address: <i>4303 Crescent Lakes Cir. Sugar Land, Texas 77479</i>	City:	State:	Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Advertising</i>	(b) Description  <i>Ad</i>				
	(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 <i>Jim Rice, FBISD trustee, Position 3</i>		Office sought	Office held		
Date <i>3/16/2022</i>	Payee name <i>Pamela Printing</i>					
Amount (\$) <i>\$395.11</i>	Payee address: <i>560 Julie Rivers Dr., Suite 310 Sugar Land, Tx. 77479</i>	City:	State:	Zip Code		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Advertising</i>	Description  <i>Bumper stickers, name badge, car magnets</i>				
	<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 <i>Jim Rice, FBISD Trustee, Position 3</i>		Office sought	Office held		
Date <i>3/22/22</i>	Payee name <i>Icenhower Consulting LLC</i>					
Amount (\$) <i>\$1,373.79</i>	Payee address: <i>3019 Arrowhead Sugar Land, Tx. 77479</i>	City:	State:	Zip Code		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>	Description  <i>Campaign Consulting</i>				
	<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 <i>Jim Rice, FBISD Trustee Position 3</i>		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	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: <i>p. 5 of 6</i>	2 FILER NAME <i>James Rice (Jim)</i>	3 Filer ID (Ethics Commission Filers)				
4 Date <i>3/21/22</i>	5 Payee name <i>Pamela Printing</i>	6 Amount (\$) <i>\$274 96</i>	7 Payee address: <i>550 Julie Rivers Dr., Suite 310 Sugar Land, Tx. 77479</i>	City: <i></i>	State: <i></i>	Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Pushcards.</i>				
	(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 <i>Jim Rice, FBISD Trustee Position 3</i>					
Date <i>3/21/22</i>	Payee name <i>Burt J. Levine dba Texas Campaigns</i>					
Amount (\$) <i>\$400.00</i>	Payee address: <i>9600 Greenfield Court Suite 148 Houston, Tx. 77096</i>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Campaign Consulting</i>				
	<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 <i>Jim Rice, FBISD Trustee Position 3</i>					
Date <i>3/21/22</i>	Payee name <i>Icenhower Consulting LLC</i>					
Amount (\$) <i>\$800.00</i>	Payee address: <i>3019 Arrowhead Sugar Land, Tx. 77479</i>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Campaign Consulting</i>				
	<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 <i>Jim Rice, FBISD Trustee Position 3</i>					
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: <i>p. 6 of 6</i>	2 FILER NAME: <i>James Rice (Jim)</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/18/22</i> - 3/28/22	5 Payee name <i>Pay Pal</i>	
6 Amount (\$) <i>\$45.91</i>	7 Payee address; <i>online</i>	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Fee</i>	(b) Description <i>Pay Pal charges</i>
	(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 <i>Jim Rice FBISD Trustee Position 3</i>	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**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>	8 Amount (\$)  <i>\$ 0.33</i>
	6 Address of person from whom amount is received; City; State; Zip Code  <i>620 Hwy. 6 Sugar Land, Tx. 77478</i>	
	7 Purpose for which amount is received  <i>Interest paid on funds in bank account</i>	<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Date	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# 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 RICK	MI	OFFICE USE ONLY		
	NICKNAME	LAST GARCIA	SUFFIX	Date Received <b>RECEIVED</b> R APR 29 2022 BY: <i>YRASQUEZ</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 9711 Mason Rd Ste 125-287 Richmond, TX 77407			Date Hand-delivered or Date Postmarked C 1:27PM		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281 )	PHONE NUMBER 721-9275	EXTENSION	Receipt #      Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Jesse	MI	Date Processed		
	NICKNAME	LAST Rodriguez	SUFFIX J	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 9711 Mason Rd Ste 125-287 Richmond, TX 77407			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 281 )	PHONE NUMBER 721-9275	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 4	Day / 1	Year / 22	Month 4	Day / 27	Year / 22
11 ELECTION	ELECTION DATE Month 5 / Day / 7 / Year / 22	■ Primary General	Runoff Special	ELECTION TYPE Other Description FBISD Board of Trustees Pos 3		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <b>FBISD Board of Trustees Pos 3</b>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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 GENERAL SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>1,909.78</b>

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>2,003.80</b>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>-94.02</b>
--	------------------

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
---	----

18 SIGNATURE

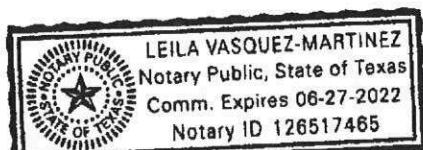
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

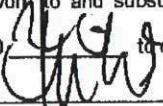
Please complete either option below:

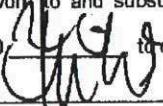
(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rick Garcia this the 29th day of April

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

 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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,909.78
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> 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.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2:</p>
<p>2 FILER NAME Rick Garcia</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				<p>\$ 350.00</p>
<p>6 Date 04/28/2022</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Congress PAC</p>			<p>8 Amount of Contribution \$ 350.00</p>
	<p>7 Contributor address; City; State; Zip Code Fort Bend County, Richmond, TX</p>			<p>9 In-kind contribution description Advertising</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>				<p>11 Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>				<p>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: .....</p>			<p>Amount of Contribution \$</p>
	<p>Contributor address; City; State; Zip Code</p>			<p>In-kind contribution description</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>				<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.

<b>The Instruction Guide explains how to complete this form.</b>			<b>1 Total pages Schedule A1: 3</b>
<b>2 FILER NAME</b> Rick Garcia			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 04/04/2022	<b>5 Full name of contributor</b> Sharon Bailey	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <b>200.00</b>
	<b>6 Contributor address;</b> Sugar Land, TX	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Retired		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 04/26/2022	<b>Full name of contributor</b> Jacey Jetton Campaign	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>500.00</b>
	<b>Contributor address;</b> Soldier Field, Sugar Land TX	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> State Representative		<b>Employer (See Instructions)</b> State of Texas	
<b>Date</b> 04/01/2022	<b>Full name of contributor</b> Carol Scott	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>189.95</b>
	<b>Contributor address;</b> 16931 Ascot Meadow Drive, Sugar Land, TX 77479	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>			<b>1 Total pages Schedule A1:</b>
<b>2 FILER NAME</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 04/24/2022	<b>5 Full name of contributor</b> Laura Rodriguez	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <big>47.30</big>
<b>6 Contributor address;</b> 3114 ROAD RUNNER WALK MISSOURI CITY, TX 77459		City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 04/28/2022	<b>Full name of contributor</b> Janie Ramos	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <big>94.85</big>
<b>Contributor address;</b> 20602 Bandrock Ter Richmond, TX 77407		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>			<b>1 Total pages Schedule A1:</b>
<b>2 FILER NAME</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 04/01/2022	<b>5 Full name of contributor</b> Luis D Morales	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <b>47.30</b>
<b>6 Contributor address;</b> 20706 Bahama Blue Dr Richmond, TX 77407		City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 04/03/2022	<b>Full name of contributor</b> Lindsay Marsters	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>94.85</b>
<b>Contributor address;</b> 20710 Bahama Blue Dr Richmond, TX 77407		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 04/08/2022	<b>Full name of contributor</b> William Grasham	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>94.85</b>
<b>Contributor address;</b> 2123 Spanish Forest Lane Richmond, TX 77406		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 04/10/2022	<b>Full name of contributor</b> Torivia Hernandez	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>94.85</b>
<b>Contributor address;</b> 3127 Stoney Mist Drive Sugar Land, TX 77479		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>			<b>1 Total pages Schedule A1: 9</b>
<b>2 FILER NAME</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 04/10/2022	<b>5 Full name of contributor</b> Susan Liu	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <b>189.95</b>
	<b>6 Contributor address;</b> 3531 Meadow Spring Dr Sugar Land, TX 77479	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 04/12/2022	<b>Full name of contributor</b> Svenya Elackatt	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>94.95</b>
	<b>Contributor address;</b> 3307 Ivy Mill Lane Missouri City, TX 77459	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 04/14/2022	<b>Full name of contributor</b> Linda Ruckman	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>237.50</b>
	<b>Contributor address;</b> 9603 Blue Spruce Ct Missouri City, TX 77459	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 04/21/2022	<b>Full name of contributor</b> Louis Ogden	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>23.53</b>
	<b>Contributor address;</b> 1907 Willow Lakes Drive Sugar Land, TX 77479	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# 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 04/05/2022	5 Payee name Perfect Latte		
6 Amount (\$) 19.00	7 Payee address; Richmond, TX 77407	City; State; Zip Code	
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; Richmond, TX 77407	City;	State; Zip Code
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
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 notlisted 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 04/11/2022	5 Payee name InMode Interactive		
6 Amount (\$) 250.00	7 Payee address; Richmond, TX 77407	City; State; Zip Code	
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; Katy, TX	City;	State; Zip Code
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; Richmond, TX	City;	State; Zip Code
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 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 04/19/2022	5 Payee name Aviva Wholesale		
6 Amount (\$) 31.92	7 Payee address; 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; 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; 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	5 Payee name Jesse DeLeon		
6 Amount (\$) 372.71	7 Payee address; Harlem Road, Houston, TX	City;	State; Zip Code
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; Richmond, TX	City;	State; Zip Code
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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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	3 Filer ID (Ethics Commission Filers)
	Rick Garcia	
4 Date	5 Payee name	
04/25/2022	Domain Hosting	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
35.17		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	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	Office sought
	Rick Garcia	FBISD Board Trustee
		Office held
		Position #3
Date	Payee name	
04/25/2022	Westco Donuts	
Amount (\$)	Payee address;	City; State; Zip Code
42.20	Richmond, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expenses	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	Office sought
	Rick Garcia	FBISD Board Trustee
		Office held
		Position #3
Date	Payee name	
04/25/2022	Chipotle	
Amount (\$)	Payee address;	City; State; Zip Code
14.34	Richmond, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	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	Office sought
	Rick Garcia	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)**

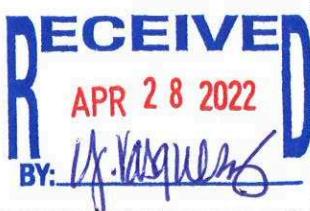
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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 04/26/2022	5 Payee name Gyro Republic		
6 Amount (\$) 15.23	7 Payee address; Richmond, TX 77407	City;	State; Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(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. 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 04/27/2022	Payee name CME Printing		
Amount (\$) 98.62	Payee address; Houston, TX	City;	State; Zip Code
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. 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 04/27/2022	Payee name Fadi's Mediterranean		
Amount (\$) 18.38	Payee address; Sugar Land, TX	City;	State; Zip Code
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. 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			

# 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: <u>12</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>David</u>	MI <u>W</u>	<b>OFFICE USE ONLY</b> Date Received 				
	NICKNAME	LAST <u>Hamilton</u>	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>9419 Scanlan Heights Ln</u> APT / SUITE #: <u></u> CITY: <u>Missouri City, TX</u> STATE: <u>77459</u>							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <u>(832)</u>	PHONE NUMBER <u>677-1478</u>	EXTENSION	Date Hand-delivered or Date Postmarked <u>1:52 PM</u>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mrs</u>	FIRST <u>Kaitlyn</u>	MI <u>G</u>	Receipt #	Amount \$			
	NICKNAME	LAST <u>Hamilton</u>	SUFFIX	Date Processed Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>9419 Scanlan Heights Ln</u> <u>Missouri City, TX 77459</u>			STATE; <u></u>	ZIP CODE; <u></u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(972)</u>	PHONE NUMBER <u>322-5997</u>	EXTENSION					
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <u>3</u>	Day <u>29</u>	Year <u>/22</u>	Month <u>4</u>	Day <u>27</u>	Year <u>/22</u>	THROUGH	
11 ELECTION	ELECTION DATE Month <u>5</u> Day <u>7</u> Year <u>/22</u>			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <u>FBISD Trustee Position 7</u>				
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.							
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS						
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	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)	\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,445.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 350.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 7,178
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 858
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,558

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

### (2) Unsworn Declaration

My name is David Hamilton, and my date of birth is 1-12-1984.  
 My address is 9419 Scanlan Heights Ln, Missouri City, TX, 77454, USA.  
 (street) (city) (state) (zip code) (country)  
 Executed in Harris County, State of Texas, on the 28 day of April, 20 22.  
David Hamilton

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
David Hamilton	
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	
SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,445
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 350
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,178
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: <b>4</b></p>
<p>2 FILER NAME <b>David Hamilton</b></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <b>4-2</b></p>	<p>5 Full name of contributor <b>Bruce &amp; Cindy Bond</b></p>	<p>□ out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$)</p>
	<p>6 Contributor address; <b>1743 Carriage Way</b></p>	<p>City; State; Zip Code</p>	<p><b>100.00</b></p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p><b>Retired</b></p>		<p><b>N/A</b></p>	
<p>Date</p>	<p>Full name of contributor</p>	<p>□ out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p>
<p><b>4-3</b></p>	<p><b>Court Alley</b></p>		<p><b>250.00</b></p>
	<p>Contributor address;</p>	<p>City; State; Zip Code</p>	
	<p><b>3530 Villanova St.</b></p>	<p><b>University Park, TX 75225</b></p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p><b>COO</b></p>		<p><b>RWR Investments</b></p>	
<p>Date</p>	<p>Full name of contributor</p>	<p>□ out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p>
<p><b>4-8</b></p>	<p><b>William Graham</b></p>		<p><b>100.00</b></p>
	<p>Contributor address;</p>	<p>City; State; Zip Code</p>	
	<p><b>2123 Spanish Forest Ln</b></p>	<p><b>Richard, TX 77406</b></p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p><b>Retired</b></p>		<p><b>N/A</b></p>	
<p>Date</p>	<p>Full name of contributor</p>	<p>□ out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p>
<p><b>4-8</b></p>	<p><b>Kathleen Wall</b></p>		<p><b>5,000.00</b></p>
	<p>Contributor address;</p>	<p>City; State; Zip Code</p>	
	<p><b>602 Pinchaven</b></p>	<p><b>Houston, TX 77024</b></p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p><b>Business Investor</b></p>		<p><b>N/A</b></p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>			
<p>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: <b>4</b>
<b>2 FILER NAME</b> <i>David Hamilton</i>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <i>4-10</i>	<b>5 Full name of contributor</b> <i>Norm Mason</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <i>100.00</i>
	<b>6 Contributor address;</b> <i>915 Goldfinch Ave.</i>	City; <i>Sugarland</i> State; <i>TX</i> Zip Code <i>77478</i>	
<b>8 Principal occupation / Job title (See Instructions)</b> <i>Retired</i>		<b>9 Employer (See Instructions)</b> <i>n/a</i>	
<b>Date</b> <i>4-10</i>	<b>Full name of contributor</b> <i>Lawrence Meredith</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <i>50.00</i>
	<b>Contributor address;</b> <i>4906 Cambridge St.</i>	City; <i>SugarLand</i> State; <i>TX</i> Zip Code <i>77479</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> <i>4-13</i>	<b>Full name of contributor</b> <i>Joseph Ranch</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <i>\$20</i>
	<b>Contributor address;</b> <i>3103 Kenyatta Dr</i>	City; <i>Sugar Land</i> State; <i>TX</i> Zip Code <i>77479</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> <i>4-21</i>	<b>Full name of contributor</b> <i>Lewis Ogden</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <i>\$25</i>
	<b>Contributor address;</b> <i>1907 Willow Lakes Dr</i>	City; <i>Sugar Land</i> State; <i>TX</i> Zip Code <i>77479</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <i>4</i>
<b>2 FILER NAME</b> <i>David Hamilton</i>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <i>4-26</i>	<b>5 Full name of contributor</b> <i>Norm Kahla</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <i>50.00</i>
	<b>6 Contributor address;</b> <i>3603 Golden Tee Ln Missouri City, TX 77459</i>	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> <i>Retired</i>		<b>9 Employer (See Instructions)</b> <i>n/a</i>	
<b>Date</b> <i>4-1</i>	<b>Full name of contributor</b> <i>Gary &amp; Teresa Hamilton</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <i>50.00</i>
	<b>Contributor address;</b> <i>18919 Anne Blush Dr. Tomball, TX 77377</i>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> <i>Retired</i>		<b>Employer (See Instructions)</b> <i>n/a</i>	
<b>Date</b> <i>4-21</i>	<b>Full name of contributor</b> <i>Kathleen Owen</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <i>100.00</i>
	<b>Contributor address;</b> <i>3023 Fairway Dr Sugar Land, TX 77478</i>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> <i>n/a</i>		<b>Employer (See Instructions)</b> <i>n/a</i>	
<b>Date</b> <i>3-29</i>	<b>Full name of contributor</b> <i>Fort Bend Business Coalition</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <i>250.00</i>
	<b>Contributor address;</b> <i>2333 Town Center Dr. Sugar Land, TX 77478</i>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> <i>Business Advocacy Group</i>		<b>Employer (See Instructions)</b> <i>n/a</i>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.**

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: <u>4</u></p>
<p>2 FILER NAME <u>David Hamilton</u></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>4-25</u></p>	<p>5 Full name of contributor <u>Tan Craig</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$) <u>100.00</u></p>
<p>6 Contributor address; <u>3978 Inglenwood Cir Missouri City, TX 77459</u></p>		<p>City; <u></u> State; <u></u> Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions) <u>Sales Manager</u></p>		<p>9 Employer (See Instructions) <u>ACI Medical Devices</u></p>	
<p>Date <u>4-25</u></p>	<p>Full name of contributor <u>Dale &amp; Linda Ruckman</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>250.00</u></p>
<p>Contributor address; <u>9603 Blue Spruce Ct Missouri City, TX 77459</u></p>		<p>City; <u></u> State; <u></u> Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of contributor</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p>
<p>Contributor address;</p>		<p>City; <u></u> State; <u></u> Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of contributor</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p>
<p>Contributor address;</p>		<p>City; <u></u> State; <u></u> Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# 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:  <i>1</i>
2 FILER NAME  <i>David Hamilton</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  <i>\$ 350.00</i>		
5 Date  <i>4-25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  <i>Congress PAC</i> )	8 Amount of Contribution \$  <i>350.00</i>
7 Contributor address; City; State; Zip Code  <i>830 Deer Hollow Dr Sugar Land, TX 77479</i>		9 In-kind contribution description  <i>text messages</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
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#:  Contributor address; City; State; Zip Code		Amount of Contribution \$  In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
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)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## LOANS

**SCHEDULE E**

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

**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:	2 FILER NAME <i>David Hamilton</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-4</i>	5 Payee name <i>World Hall of Fame Network</i>		
6 Amount (\$) <i>1,900.00</i>	7 Payee address; <i>6161 Saucy Dr.</i>	City; <i>Houston</i> State; <i>TX</i> Zip Code <i>77026</i>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Advertising Expense</i>	(b) Description  <i>Online Newspaper Ad</i>	
	(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 <i>4-15</i>	Payee name <i>James Dunn</i>		
Amount (\$) <i>2,500.00</i>	Payee address; <i>193 Bailey Rd</i>	City; <i>Angleton, TX</i>	State; <i>77515</i> Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>	Description  <i>Campaign Manager</i>	
	<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 <i>4-13</i>	Payee name <i>1W Print</i>		
Amount (\$) <i>987.24</i>	Payee address; <i>4505 Hwy 6 N.</i>	City; <i>Houston</i>	State; <i>TX</i> Zip Code <i>77084</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Printing Expense</i>	Description  <i>Banners</i>	
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
--------	--------------

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	Meet & Greet /Food/ Beverage

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	Volunteer Party

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	Meal

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name			
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6 Amount (\$)	7 Payee address:	City:	State:	Zip Code
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Fees	Online Donations Processing		

9 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
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Online Ads		

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
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Design + Print Costs		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 11 <i>11 08</i>																						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Orjanel	MI K	OFFICE USE ONLY																							
	NICKNAME	LAST Lewis	SUFFIX Esq																								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 4111 N. Creekmont Dr., Fresno, TX 77545				<p>Date Received <b>RECEIVED</b> <b>MAY 02 2022</b> BY: <i>AVargula</i></p> <p>Date Hand-delivered or Date Postmarked <b>@ 2:19 PM</b></p> <table border="1"> <tr> <td>Receipt #</td> <td>Amount \$</td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>	Receipt #	Amount \$																				
Receipt #	Amount \$																										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713 )	PHONE NUMBER 487-5427	EXTENSION																								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Geralynn	MI A																								
	NICKNAME	LAST Prince-Semien	SUFFIX																								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 1007 Hannah Falls Lane, Fresno, TX 77545				STATE; ZIP CODE																						
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION																								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)																								
10 PERIOD COVERED	Month 4	Day / 7	Year / 22	Month 4	Day / 29	Year / 22																					
11 ELECTION	Month 5	Day / 7	Year / 22	Primary General	Runoff Special	ELECTION TYPE <b>School Board</b>																					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <b>FBISD Board of Trustees Position 7</b>																							
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE  GENERAL  SPECIFIC</td> <td colspan="5">COMMITTEE NAME</td> </tr> <tr> <td colspan="5">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="5">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="5">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME					COMMITTEE ADDRESS					COMMITTEE CAMPAIGN TREASURER NAME					COMMITTEE CAMPAIGN TREASURER ADDRESS				
COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME																										
	COMMITTEE ADDRESS																										
	COMMITTEE CAMPAIGN TREASURER NAME																										
	COMMITTEE CAMPAIGN TREASURER ADDRESS																										

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

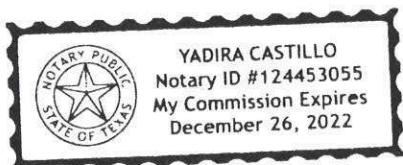
15 C/OH NAME Orjanel Kianna Lewis	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. <b>TOTAL POLITICAL EXPENDITURES</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD
OUTSTANDING LOAN TOTALS	\$ 482.00 \$ 7,319.00 \$ 1,002.12 \$ 8,668.62 \$ 5,058.84 \$ 1,500.00

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 Geralynn Alicia Prince-Semien the 2<sup>nd</sup> day of May.

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

Yadira Castillo

Printed name of officer administering oath

Notary  
Title of officer administering oath

Signature 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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
Orjanel Kianna Lewis	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,837.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,666.50
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	\$

# 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: <u>5</u>
2 FILER NAME <b>Orjanel Kianna Lewis</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>4/7/2022</b>	5 Full name of contributor <b>Henva Bhola</b>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; <b>Rosenberg, TX</b>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <b>LCISD Administrator</b>		9 Employer (See Instructions)	
Date <b>4/7/2022</b>	Full name of contributor <b>Bharati Mang-sadh</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>100.00</b>
	Contributor address; <b>Richmond, TX</b>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/7/2022</b>	Full name of contributor <b>Byron Gautier</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>100.00</b>
	Contributor address; <b>Missouri City, TX</b>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/2022</b>	Full name of contributor <b>Sumita Chowdhury-Ghosh</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>243.26</b>
	Contributor address; <b>Sugar Land, TX</b>	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.

**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: <b>5</b>
<b>2 FILER NAME</b> Orjanel Kianna Lewis			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 4/12/2022	<b>5 Full name of contributor</b> Phillip and Svenya Elackatt	<b>6 Contributor address;</b> Missouri City, TX	<b>7 Amount of contribution (\$)</b> 100.00
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 4/12/2022	<b>Full name of contributor</b> Kathy Houser	<b>out-of-state PAC (ID#:</b> Contributor address; Missouri City, TX	<b>Amount of contribution (\$)</b> 96.62
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 4/12/2022	<b>Full name of contributor</b> Sarah Smith	<b>out-of-state PAC (ID#:</b> Contributor address; Missouri City, TX	<b>Amount of contribution (\$)</b> 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 4/13/2022	<b>Full name of contributor</b> Eugenia Jacobs	<b>out-of-state PAC (ID#:</b> Contributor address; Missouri City, TX	<b>Amount of contribution (\$)</b> 96.62
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>5</b>
<b>2 FILER NAME</b> Orjanel Kianna Lewis			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 4/13/2022	<b>5 Full name of contributor</b> Sapna Singh	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> 500.00
	<b>6 Contributor address;</b> Sugar Land, TX	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 4/19/2022	<b>Full name of contributor</b> Gabrielle Jackson	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> 1000.00
	Contributor address; Houston, TX	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 4/21/2022	<b>Full name of contributor</b> Lawanda Coffee	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> 100.00
	Contributor address; Cypress, TX	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 4/22/2022	<b>Full name of contributor</b> Mohammad Aijaz	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> 500.00
	Contributor address; Sugar Land, TX	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.

# 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: <u>5</u>
<b>2 FILER NAME</b> Orjanel Kianna Lewis			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 4/22/2022	<b>5 Full name of contributor</b> Dylan Russell	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> 100.00
<b>6 Contributor address;</b> MISSOURI CITY, TX		City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Attorney		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 4/23/2022	<b>Full name of contributor</b> Nikki Franklin	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> 100.00
<b>Contributor address;</b> Houston, TX		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 4/23/2022	<b>Full name of contributor</b> KP George	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> 250.00
<b>Contributor address;</b> Richmond, TX		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 4/23/2022	<b>Full name of contributor</b> Kiran Rajaya	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> 100.00
<b>Contributor address;</b> Sugar Land, TX		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see [Instruction guide](#) for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2:   1</p>
<p>2 FILER NAME Orjanel Kianna Lewis</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 0</p>				
<p>5 Date 4/21</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Reynolds</p>			<p>8 Amount of Contribution \$ 200.00</p>
	<p>7 Contributor address; City; State; Zip Code Missouri City, TX</p>			<p>9 In-kind contribution description Signs</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</p>				<p>11 Employer (FOR NON-JUDICIAL)(See Instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL) State Representative</p>				<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: .....</p>			<p>Amount of Contribution \$</p>
	<p>Contributor address; City; State; Zip Code</p>			<p>In-kind contribution description</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>				<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

# 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 Orjanel Kianna Lewis	3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/2022	5 Payee name Community Impact		
6 Amount (\$) 700.00	7 Payee address; Sugar Land, TX	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad	
	(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	Office sought	Office held
Date 4/12/2022	Payee name Jesse Torres		
Amount (\$) 860.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Signs	
	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	Office sought	Office held
Date 4/18/2022	Payee name Uprinting		
Amount (\$) 2,085.29	Payee address; Van Nuys, CA	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers	
	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	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	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 Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2022	5 Payee name Uprinting		
6 Amount (\$) 1,403.67	7 Payee address; Van Nuys, CA		
8 PURPOSE OF EXPENDITURE Advertising Expense		(a) Category (See Categories listed at the top of this schedule) (b) Description Mailers	
		(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 Office sought Office held	
Date 4/27/2022	Payee name EZ Texting		
Amount (\$) 1,535.04	Payee address; Santa Monica, CA		
PURPOSE OF EXPENDITURE Solicitation		Category (See Categories listed at the top of this schedule) Description Text	
		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 Office sought Office held	
Date 4/27/2022	Payee name M3 Graphics		
Amount (\$) 1,082.50	Payee address; Houston, TX		
PURPOSE OF EXPENDITURE Advertising Expense		Category (See Categories listed at the top of this schedule) Description	
		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 Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

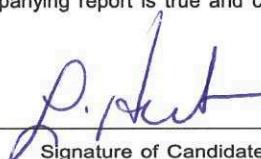
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST: LaShall Hebert NICKNAME: Shell LAST: McClue SUFFIX: MI		OFFICE USE ONLY
			Date Received <b>RECEIVED</b> R APR 29 2022 BY: <i>Yasmin</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>Po Box 784 Spring TX 77383</i>		Date Hand-delivered or Date Postmarked <i>Apr 29 2022</i>
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(346) 261-1010</i>		Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: LaShall Hebert NICKNAME: Shell LAST: McClue SUFFIX: MI		Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE; ZIP CODE <i>Po Box 784 Spring TX 77383</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(346) 261-1010</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <i>3/29/22</i>		Month Day Year <i>4/27/22</i>
11 ELECTION	ELECTION DATE Month Day Year <i>5/7/22</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <i>FBISD Board Trustee Position</i>
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

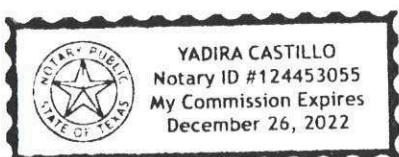
## FORM C/OH COVER SHEET PG 2

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <i>02443.49</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>56.51</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2500.00</i>
<b>18 SIGNATURE</b> 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 Lashall Hebert McClue this the 29<sup>th</sup> day of April, 20 22, to certify which, witness my hand and seal of office.

Yadira Castillo Signature of officer administering oath

Yadira Castillo Printed name of officer administering oath

Notary 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 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Sheil MacLue	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 2500
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 2
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2443.49
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## 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:  1	
2 FILER NAME  Shell Mcclue			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$ 2500	
5 Date of loan  4/1/22	7 Name of lender  Shell Mcclue	8 Lender address; City; State; Zip Code  Pobox 784 Spring Tx 77479		9 Loan Amount (\$) 2500
6 Is lender a financial Institution?  Y (N)			10 Interest rate	11 Maturity date
12 Principal occupation / Job title (See Instructions)  Campus Director		13 Employer (See Instructions)  Elite U		
14 Description of Collateral  <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable
17 Name of guarantor		18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
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			Amount Guaranteed (\$)
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.

# 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 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 G:	2 FILER NAME <b>Shell McClue</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/18/22</b>	5 Payee name <b>Allied Signs</b>		
6 Amount (\$) <b>303.10</b>	7 Payee address;  <b>6820 Harwin Dr Houston TX</b>	City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>(a) Category (See Categories listed at the top of this schedule)</b> <b>Printing Expense</b> <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<b>(b) Description</b> <b>Rack Cards/Signs</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>	
Date <b>4/21/22</b>	Payee name <b>Aviva Wholesale</b>		
Amount (\$) <b>82.30</b>	Payee address;  <b>10355 Harwin Dr Houston TX</b>	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Category (See Categories listed at the top of this schedule)</b> <b>Advertising Expense</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>Description</b> <b>T-Shirts &amp; Vinyl</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>	
Date <b>4/22/22</b>	Payee name <b>Allied Signs</b>		
Amount (\$) <b>447.51</b>	Payee address;  <b>6820 Harwin Dr Houston TX</b>	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Category (See Categories listed at the top of this schedule)</b> <b>Printing Expense</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>Description</b> <b>Yard Signs</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 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 G:	2 FILER NAME <b>Shell McClue</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/16/22</b>	5 Payee name <b>Home Depot</b>	
6 Amount (\$) <b>150.34</b>	7 Payee address:  <b>5900 Hwy 6 Missouri City TX 77459</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>(a) Category (See Categories listed at the top of this schedule)</b> <b>Advertising Expense</b> <b>(b) Description</b> <b>Sign supplies</b>  <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>
Date <b>4/16/22</b>	Payee name <b>ALLIED SIGNS</b>	
Amount (\$) <b>324.75</b>	Payee address:  <b>6820 Harwin Dr Houston, TX 77036</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Category (See Categories listed at the top of this schedule)</b> <b>Printing Expenses</b> <b>Description</b> <b>Yard signs printing</b>  <b>(c)</b> <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 <b>Office sought</b> <b>Office held</b>
Date <b>4/18/22</b>	Payee name <b>FORT BEND COUNTY PARKS &amp; REC</b>	
Amount (\$) <b>90</b>	Payee address:  <b>9555 Hwy 6 Missouri City TX 77459</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Category (See Categories listed at the top of this schedule)</b> <b>Event Expenses</b> <b>Description</b> <b>Park Meet &amp; Greet</b>  <b>(c)</b> <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 <b>Office sought</b> <b>Office held</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 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 G:	2 FILER NAME <b>Shell McClue</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/10/22</b>	5 Payee name <b>Aviva Wholesale</b>		
6 Amount (\$) <b>131.08</b>	7 Payee address;  <b>10355 Harwin Dr Houston, TX 77036</b>	City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>(a) Category (See Categories listed at the top of this schedule)</b> <b>Advertising Expense</b> <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<b>(b) Description</b> <b>T-Shirts &amp; vinyl</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>	
Date <b>4/10/22</b>	Payee name <b>Target</b>		
Amount (\$) <b>267.67</b>	Payee address;  <b>6000 Hwy 6 Missouri City TX 77459</b>	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Category (See Categories listed at the top of this schedule)</b> <b>Advertising Expense</b> <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<b>Description</b> <b>T-Shirt Printing supplies</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>	
Date <b>4/15/22</b>	Payee name <b>Home Depot</b>		
Amount (\$) <b>254.08</b>	Payee address;  <b>5900 Hwy 6 Missouri City TX 77459</b>	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Category (See Categories listed at the top of this schedule)</b> <b>Advertising Expense</b> <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<b>Description</b> <b>Sign supplies</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 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 G:	2 FILER NAME <b>Shell McClue</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/8/22</b>	5 Payee name <b>Fedex</b>		
6 Amount (\$) <b>\$46</b>	7 Payee address: <b>4 4 0 7 Hwy 6 Sugarland TX 77479</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Rack Cards</b>	
	(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 <b></b>		Office sought <b></b> Office held <b></b>
Date <b>4/8/22</b>	Payee name <b>Fedex</b>		
Amount (\$) <b>\$32</b>	Payee address: <b>4407 Hwy 6 Sugarland TX 77479</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Flyers</b>	
	<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 <b></b>		Office sought <b></b> Office held <b></b>
Date <b>4/9/22</b>	Payee name <b>zinn photography</b>		
Amount (\$) <b>124.49</b>	Payee address: <b>3518 Belmont Shore Ln, Missouri City, TX 77459</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Headshot</b>	
	<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 <b></b>		Office sought <b></b> Office held <b></b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 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 G:	2 FILER NAME Shell McClue		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/22	5 Payee name Office Depot		
6 Amount (\$) 15.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 5766 Hwy 6 Missouri City TX 77459		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Business Cards	
	(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 Dollar Tree		Office sought Office held
Date 4/24/22	Payee name Dollar Tree		
Amount (\$) 59.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 5425 Hwy 6 Missouri City TX 77459		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage	Description Meet & Greet Event	
	<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 Walmart		Office sought Office held
Date 4/24/22	Payee name Walmart		
Amount (\$) 115.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 9929 Hwy 6 Missouri City TX 77459		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage	Description	
	<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 Walmart		Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**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 <input checked="" type="checkbox"/>	FIRST <b>James</b>	MI <b>D.</b>	OFFICE USE ONLY			
	NICKNAME <b>Jim</b>	LAST <b>Rice</b>	SUFFIX	Date Received <b>RECEIVED</b> <b>R</b> APR 29 2022 BY: <b>Urgueta</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>5402 Oban Terrace Lane</b> APT / SUITE #: <b></b> CITY: <b></b> STATE: <b></b> ZIP CODE <b>Sugar Land, Tx. 77479</b>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>(832)</b>	PHONE NUMBER <b>563-2942</b>	EXTENSION	Date Hand-delivered or Date Postmarked <b>@8:00am</b>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <b>Dorothy</b>	MI <b>S.</b>	Receipt # <input type="text"/> Amount \$ <input type="text"/>			
	NICKNAME <b>Suzanne</b>	LAST <b>Ramos</b>	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>3907 Senna Place</b> APT / SUITE #: <b></b> CITY: <b></b> STATE: <b></b> ZIP CODE <b>Sugar Land, Tx. 77479</b>						
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>980-9051</b>	EXTENSION	Date Imaged			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <b>03</b>	Day <b>29</b>	Year <b>2022</b>	Month <b>04</b>	Day <b>27</b>	Year <b>2022</b>	
11 ELECTION	ELECTION DATE Month <b>05</b> Day <b>07</b> Year <b>2022</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <b>FBISD Trustee Position 3</b>			13 OFFICE SOUGHT (if known) <b>FBISD Trustee Position 3</b>			
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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**
**FORM C/OH  
COVER SHEET PG 2**

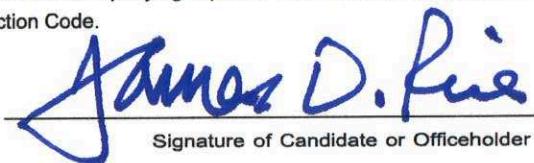
15 C/OH NAME

James (Jim) Rice

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES includes Schedules F & G	\$ 29,357.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,658.21
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD includes Schedules E & G	\$ 51,331.69

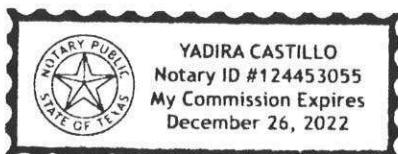
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by James Rice this the 29<sup>th</sup> day of April,

20 22, 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	
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	
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	
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: <i>p. 1 of 5</i>
2 FILER NAME <i>James (Jim) Rice</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/22</i>	5 Full name of contributor <i>Mourhaf or Linda Sabouni</i>	6 Contributor address: <i>23 Palm Blvd. Missouri City, Tx 77459</i> 7 Amount of contribution (\$) <i>\$ 1,000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/1/22</i>	Full name of contributor <i>Walter or Joyce SASS</i>	□ out-of-state PAC (ID#: Contributor address: <i>2701 Autumn Lake Dr. Katy, Tx 77450</i> Amount of contribution (\$) <i>\$ 500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/1/22</i>	Full name of contributor <i>Curtis Lamplsey</i>	□ out-of-state PAC (ID#: Contributor address: <i>3233 Prospect St. Houston, Tx 77004</i> Amount of contribution (\$) <i>\$ 500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/1/22</i>	Full name of contributor <i>Rahim and Souna Tazehzadeh</i>	□ out-of-state PAC (ID#: Contributor address: <i>5318 Fenwick Way Ct. Sugar Land, Tx 77479</i> Amount of contribution (\$) <i>\$ 250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: <i>P. 2 of 5</i></p>
<p>2 FILER NAME <b>James (Jim) Rice</b></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
4 Date <b>4/1/22</b>	<p>5 Full name of contributor <b>Fort Bend Business Coalition</b>  <input type="checkbox"/> out-of-state PAC (ID#:  <b>2333 Town Center Dr. #100</b>  <b>Sugar Land, Tx. 77478</b></p>			<p>7 Amount of contribution (\$) <b>\$ 250.00</b></p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>		
Date <b>4/8/22</b>	<p>Full name of contributor <b>Marrin and Debra Marceli</b>  <input type="checkbox"/> out-of-state PAC (ID#:  <b>15 Elderberry Trce</b>  <b>Sugar Land, Tx. 77479</b></p>			<p>Amount of contribution (\$) <b>\$ 250.00</b></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
Date <b>4/1/22</b>	<p>Full name of contributor <b>Jorge &amp; Mary Font</b>  <input type="checkbox"/> out-of-state PAC (ID#:  <b>4001 Saint Michaels Court</b>  <b>Sugar Land, Tx. 77479</b></p>			<p>Amount of contribution (\$) <b>\$ 100.00</b></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
Date <b>4/1/22</b>	<p>Full name of contributor <b>Diana Donatti</b>  <input type="checkbox"/> out-of-state PAC (ID#:  <b>12239 Monticello Lane</b>  <b>Stafford, Tx. 77477</b></p>			<p>Amount of contribution (\$) <b>\$ 25.00</b></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>				

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			
<b>2 FILER NAME</b> <i>James (Jim) Rice</i>		<b>1 Total pages Schedule A1:</b> <i>p. 3 of 5</i>	
<b>4 Date</b> <i>4/17/22</i>	<b>5 Full name of contributor</b> <i>Brent Doucette</i>	<b>6 Contributor address:</b> <i>1 Silk Tree Place The Woodlands 77384</i>	
		<b>7 Amount of contribution (\$)</b> <i>\$1,000.00</i>	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b> <i>pp.</i>	
<b>Date</b> <i>4/17/22</i>	<b>Full name of contributor</b> <i>Jorge Marcano</i>	<b>□ out-of-state PAC (ID#:</b> _____)	
		<b>Amount of contribution (\$)</b> <i>\$1,000.00</i>	
<b>Contributor address:</b> <i>3710 Lake Falls Dr. Fulshear, Tx. 77441</i>		<b>City:</b> <i></i>	<b>State:</b> <i></i>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> <i>pp.</i>	
<b>Date</b> <i>4/13/22</i>	<b>Full name of contributor</b> <i>Thad Smith III</i>	<b>□ out-of-state PAC (ID#:</b> _____)	
		<b>Amount of contribution (\$)</b> <i>\$100.00</i>	
<b>Contributor address:</b> <i>P.O. Box 273199 Houston, Tx. 77277</i>		<b>City:</b> <i></i>	<b>State:</b> <i></i>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> <i>pp.</i>	
<b>Date</b> <i>4/13/22</i>	<b>Full name of contributor</b> <i>Melanie Antbarci</i>	<b>□ out-of-state PAC (ID#:</b> _____)	
		<b>Amount of contribution (\$)</b> <i>\$250.00</i>	
<b>Contributor address:</b> <i>10 Tredington St. Sugar Land, Tx. 77478</i>		<b>City:</b> <i></i>	<b>State:</b> <i></i>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> <i>pp.</i>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>			
<b>2 FILER NAME</b> <i>James (Jim) Rice</i>		<b>1 Total pages Schedule A1:</b> <i>p. 4 of 5</i>	
<b>4 Date</b> <i>4/18/22</i>	<b>5 Full name of contributor</b> <i>Kristine and Charles Fote</i>	<b>6 Contributor address:</b> <i>93 Hibury Dr. Houston, Tx. 77024</i>	
	<input type="checkbox"/> out-of-state PAC (ID#: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span>	<b>7 Amount of contribution (\$)</b> <i>\$200.00</i>	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <i>4/18/22</i>	<b>Full name of contributor</b> <i>Ron Reynolds Campaign</i>	<b>Amount of contribution (\$)</b> <i>\$ 250.00</i>	
	<input type="checkbox"/> out-of-state PAC (ID#: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span>		
<b>Contributor address:</b> <i>6140 Highway 6 South 233 Missouri City, Tx. 77459</i>		<b>City:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px; height: 1em; vertical-align: middle;"></span>	<b>State:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px; height: 1em; vertical-align: middle;"></span>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <i>4/18/22</i>	<b>Full name of contributor</b> <i>Grady Prestage Campaign</i>	<b>Amount of contribution (\$)</b> <i>\$ 250.00</i>	
	<input type="checkbox"/> out-of-state PAC (ID#: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span>		
	<b>Contributor address:</b> <i>P.O. BOX 835 Missouri City, Tx. 77459</i>	<b>City:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px; height: 1em; vertical-align: middle;"></span>	<b>State:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px; height: 1em; vertical-align: middle;"></span>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <i>4/21/22</i>	<b>Full name of contributor</b> <i>Huitt-Zollars, Inc. Texas PAC</i>	<b>Amount of contribution (\$)</b> <i>\$ 500.00</i>	
	<input type="checkbox"/> out-of-state PAC (ID#: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span>		
	<b>Contributor address:</b> <i>5430 LBJ Freeway, Suite 1500 Dallas, Texas 75240</i>	<b>City:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px; height: 1em; vertical-align: middle;"></span>	<b>State:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px; height: 1em; vertical-align: middle;"></span>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

## 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: <i>p. 5 of 5</i>
2 FILER NAME <i>James (Jim) Rice</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/25/22</i>	5 Full name of contributor <i>Harish and Shashi Ji Joo</i>	6 Contributor address <i>62 Bradford Circle Sugar Land, Tx. 77479</i> City: _____ State: _____ Zip Code: _____
7 Amount of contribution (\$) <i>\$250.00</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/26/22</i>	Full name of contributor <i>Larry and Monique Harrison</i>	□ out-of-state PAC (ID#:  Contributor address; <i>Commerce Bank Bldg. Sugar Land, Tx. 77478</i> City: _____ State: _____ Zip Code: _____
		Amount of contribution (\$) <i>\$100.00</i>
Date <i>4/26/22</i>	Full name of contributor <i>Julie Wiley</i>	□ out-of-state PAC (ID#:  Contributor address; <i>2415 Hedges Bend Circle Sugar Land, Tx. 77479</i> City: _____ State: _____ Zip Code: _____
		Amount of contribution (\$) <i>\$500.00</i>
Date <i>4/27/22</i>	Full name of contributor <i>Angelique Bartholomew</i>	□ out-of-state PAC (ID#:  Contributor address; <i>3003 N. Heights Hollow Lane Houston, Tx. 77007</i> City: _____ State: _____ Zip Code: _____
		Amount of contribution (\$) <i>\$75.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
		<i>PP</i>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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 <i>Jim Rice</i>	8 out-of-state PAC (ID#: <i>SA02 Oban Terrace Lane</i> <i>Sugar Land, Tx. 77479</i> )
6 Is lender a financial institution? <i>Y N</i>	9 Lender address; City; State; Zip Code <i>SA02 Oban Terrace Lane</i> <i>Sugar Land, Tx. 77479</i>	10 Loan Amount (\$) <i>\$ 15,000.00</i>
11 Description of Collateral <input checked="" type="checkbox"/> none	12 Principal occupation / Job title (See Instructions) <i>Project manager, President Rice &amp; Gardner Consultants</i>	13 Employer (See Instructions) <i>Rice &amp; Gardner Consultants</i>
14 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	15 Name of guarantor 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of lender 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	22 Check if personal funds were deposited into political account (See Instructions)
Date of loan	Name of lender	23 Loan Amount (\$)
Is lender a financial institution? <i>Y N</i>	Lender address; City; State; Zip Code	24 Interest rate
25 Description of Collateral <input checked="" type="checkbox"/> none	26 Employer (See Instructions)	27 Maturity date
28 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	29 Name of guarantor 30 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	31 Amount Guaranteed (\$)
32 Principal Occupation (See Instructions)	33 Employer (See Instructions)	34 Check if personal funds were deposited into political account (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.		

**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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
p. 1 of 3	James (Jim) Rice	
4 Date	5 Payee name	
4/8/22	Butler Wiseman LLC	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
\$1,000.00	4542 Ripple Ridge Dr. Houston, Tx. 77053	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	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	
	Jim Rice FBISD Trustee Position 3	
Date	Payee name	
4/1/22	Icenhower Consulting LLC	
Amount (\$)	Payee address:	City; State; Zip Code
\$168.35	3019 Arrowhead Sugar Land, Tx. 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Jim Rice FBISD Trustee Position 3	
Date	Payee name	
4/1/22	Pay Pal	
Amount (\$)	Payee address:	City; State; Zip Code
\$63.37	On-line	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fee	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Jim Rice FBISD Trustee 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  
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
P. 2 of 3	James (Jim) Rice	
4 Date	5 Payee name	
4/13/22	Pay Pal	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$11.10	On line	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fee	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	Candidate / Officeholder name	
	Jim Rice. FBISD Trustee Position 3	
Date	Payee name	
4/18/22	Print NW	
Amount (\$)	Payee address;	City; State; Zip Code
\$3,453.01	9914 32nd Ave. S. Lakewood, WA 98499	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Marketing	Printing, postage, mailing Matters.
	<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	
	Jim Rice FBISD Trustee Position 3	
Date	Payee name	
4/19/22	Sermo Digital	
Amount (\$)	Payee address;	City; State; Zip Code
\$15,270.79	P.O. Box 954 Cle Elum, WA 98922	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Marketing	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Jim Rice FBISD Trustee 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  
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
<i>p. 3 of 3</i>	<i>James (Jim) Rice</i>			
4 Date	5 Payee name			
<i>4/22/23</i>	<i>Pamela Printing Company</i>			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
<i>\$3,023.39</i>	<i>550 Julie Rivers Dr, Suite 310 Sugar Land, Tx. 77478</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	<i>Advertising</i>	<i>Mailer &amp; Postage.</i>		
	(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
		<i>Jim Rice FBISD Trustee Position 3</i>		
Date	Payee name			
<i>4/21/22</i>	<i>Sermo Digital</i>			
Amount (\$)	Payee address:	City:	State:	Zip Code
<i>\$4,750.00</i>	<i>P.O. Box 956 Cle Elum, WA 98922</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<i>Marketing</i>	<i>Printing, mailing, and data services</i>		
	<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
		<i>Jim Rice. FBISD Trustee Position 3</i>		
Date	Payee name			
<i>4/25,26/22</i>	<i>Pay Pal</i>			
Amount (\$)	Payee address:	City:	State:	Zip Code
<i>\$17.60</i>	<i>On. line</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<i>Fee</i>	<i>Pay Pal charges.</i>		
	<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
		<i>Jim Rice FBISD Trustee Position 3</i>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				

# 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 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
<i>p. 1 of 1</i>	<i>James (Jim) Rice</i>		
4 Date	5 Payee name		
<i>4/17/22</i>	<i>Butler Wiseman LLC</i>		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
<i>\$1,000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<i>4542 Ripple Ridge Dr. Houston, TX 77053</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	<i>Advertising</i>	<i>Text and E-blast</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

Date	Payee name	
<i>4/17/22</i>		
Amount (\$)	Payee address: City: State: Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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
Candidate / Officeholder name      Office sought      Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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
Candidate / Officeholder name      Office sought      Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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>4/20/21</i>	5 Name of person from whom amount is received <i>Frost Bank</i>	8 Amount (\$) <i>\$ 0.39</i>
	6 Address of person from whom amount is received; City; State; Zip Code <i>620 Hwy. 6 Sugar Land, Tx. 77478</i>	
	7 Purpose for which amount is received <i>Interest paid on funds in bank account</i>	<input type="checkbox"/> Check if political contribution returned to filer
Date Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# 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: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS JUDY			FIRST MI		
	NICKNAME LAST DAE		SUFFIX		OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: 34 HESSENFORD ST			APT / SUITE #:	CITY: STATE: ZIP CODE SUGAR LAND TX 77479	
						RECEIVED Date REC'D
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (609 )	PHONE NUMBER 216-4016		EXTENSION		
						Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME			FIRST LAST	MI SUFFIX	
						Receipt # Amount \$
						Date Processed
						Date Imaged
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):			APT / SUITE #:	CITY: STATE: ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER		EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7	Day 16	Year 21	Month 11	Day 19	Year 22
11 ELECTION	ELECTION DATE Month 5 / Day 1 / Year 21			ELECTION TYPE Primary Runoff Other Description ■ General Special		
12 OFFICE	OFFICE HELD (if any) <b>NONE</b>			13 OFFICE SOUGHT (if known) <b>FORT BEND ISD BOARD #2</b>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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  GENERAL  SPECIFIC  Additional Pages	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	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)	\$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 714.26
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 958.38
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,342.34
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
21.1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
21.2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
21.3. SCHEDULE B: PLEDGED CONTRIBUTIONS	
21.4. SCHEDULE E: LOANS	
21.5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
21.6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
21.7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
21.8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
21.9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
21.10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
21.11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
21.12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

# 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:	2 FILER NAME <b>JUDY DAE</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/08/2021</b>	5 Payee name <b>Fort Bend Independent</b>		
6 Amount (\$) <b>150.00</b>	7 Payee address;	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <b>Donation Made By Officeholder</b>	(b) Description	
	(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	Office sought	Office held
Date <b>04/11/2022</b>	Payee name <b>Clements Athletic</b>		
Amount (\$) <b>40.00</b>	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Donation Made By Officeholder</b>	Description	
	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	Office sought	Office held
Date <b>09/12/2022</b>	Payee name <b>FBISD Gala - Support A Teacher</b>		
Amount (\$) <b>54.12</b>	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Donation Made by Officeholder</b>	Description	
	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	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Richard			FIRST MI LAST SUFFIX					
	NICKNAME Garcia			Jr					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE								
	9711 Mason Rd Ste 125-287 Richmond, TX 77407								
<input type="checkbox"/> Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER			EXTENSION					
	( 281 ) 721-9275								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Jesse			MI					
	NICKNAME LAST			SUFFIX					
Rodriguez									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; STATE; ZIP CODE					
	9711 Mason Rd Ste 125-287			Richmond, TX 77407					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER			EXTENSION					
	( 281 ) 721-9275								
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year			
	4	/	28	/	2022	7	/	20	/
11 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other Description			
5 / 7 / 2022			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	FBISD Board of Trustees Position 3				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)					
Fort Bend ISD 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.								
	Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
		<input type="checkbox"/> GENERAL							
		<input type="checkbox"/> SPECIFIC							
		COMMITTEE ADDRESS							
COMMITTEE CAMPAIGN TREASURER NAME									
COMMITTEE CAMPAIGN TREASURER ADDRESS									
<b>GO TO PAGE 2</b>									

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

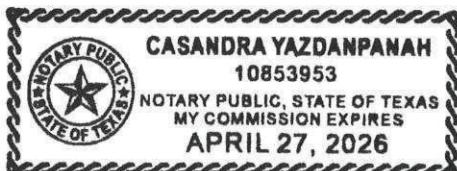
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,794.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 2,912.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,794.85
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 25 day of July.

20 12, to certify which, witness my hand and seal of office.

Cassandra Yazdanpanah

Cassandra Yazdanpanah

Board Secretary

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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,794.85
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,912.08
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	\$

## 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:
<b>2 FILER NAME</b> Rick Garcia		<b>3 Filer ID</b> (Ethics Commission Filers)
<b>4 Date</b> 5/4/2022	<b>5 Full name of contributor</b> Juan Mendoza  <b>6 Contributor address;</b> 20735 Bandrock Terrace	<input type="checkbox"/> out-of-state PAC (ID#: <b>7 Amount of contribution (\$)</b> \$100.00
<b>8 Principal occupation / Job title (See Instructions)</b> Business Owner		<b>9 Employer (See Instructions)</b> GRS Services
<b>Date</b> 5/2/2022	<b>Full name of contributor</b> Janie Ramos  <b>Contributor address;</b> 20602 Bandrock Terrace	<input type="checkbox"/> out-of-state PAC (ID#: <b>Amount of contribution (\$)</b> \$94.85
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 6/3/2022	<b>Full name of contributor</b> David Rosenthal  <b>Contributor address;</b> 6910 Oak Bay CIR, Missouri City, TX 77459	<input type="checkbox"/> out-of-state PAC (ID#: <b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b>	<b>Full name of contributor</b>  <b>Contributor address;</b>	<input type="checkbox"/> out-of-state PAC (ID#: <b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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.

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A1:</p>
<p><b>2</b> FILER NAME Rick Garcia</p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> Date 7/5/2022</p>	<p><b>5</b> Full name of contributor Perdue Brandon, Filder, Collins and Mott</p> <p><b>6</b> Contributor address; 1235 North Loop W. Suite 600 Houston, TX 77098</p>	<p><b>7</b> Amount of contribution (\$) \$1000.00</p>
<p><b>8</b> Principal occupation / Job title (See Instructions) Law Firm</p>		<p><b>9</b> Employer (See Instructions) Perdue Brandon, Filder, Collins and Mott</p>
<p>Date 7/5/2022</p>	<p>Full name of contributor Michael Siwierka</p> <p>Contributor address;</p>	<p>Amount of contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions) Partner</p>		<p>Employer (See Instructions) Perdue, Brandon, Filder, Collins and Mott</p>
<p>Date 7/5/2022</p>	<p>Full name of contributor Yolanda Humphrey</p> <p>Contributor address;</p>	<p>Amount of contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions) Partner</p>		<p>Employer (See Instructions) Perdue, Brandon, Filder, Collins and Mott</p>
<p>Date</p>	<p>Full name of contributor</p> <p>Contributor address;</p>	<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>

**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  
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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2022	5 Payee name Starbucks		
6 Amount (\$) 9.42	7 Payee address; City; State; Zip Code		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with Consultant	
	(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	Office sought
Date 06/03/2022	Payee name IW Print		
Amount (\$) 162.38	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing Services	
	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	Office sought
Date 05/31/2022	Payee name Bank - Wells Fargo		
Amount (\$) 10.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly Service Fee	
	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	Office sought
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2022	5 Payee name Gyro Republic		
6 Amount (\$) 51.80	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Lunch	
	(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		Office sought
Date 04/29/2022	Payee name DNH Hosting		
Amount (\$) 25.18	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Website Services	
	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		Office held
Date 04/29/2022	Payee name Chick Fil A		
Amount (\$) 10.12	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Lunch	
	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		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	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		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2022	5 Payee name Fort Bend County		
6 Amount (\$) 90.00	7 Payee address; City; State; Zip Code		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Polling Expense	(b) Description  Data Services	
	(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	Office sought
Date 05/03/2022	Payee name Brammers		
Amount (\$) 117.88	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  Shirt Printing	
	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	Office sought
Date 05/02/2022	Payee name Shipleys Donuts		
Amount (\$) 90.92	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage 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	Office sought
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 07/07/2022	5 Payee name Rick Garcia		
6 Amount (\$) 1,000.00	7 Payee address; 9711 Mason Rd Ste 125-287	City; Richmond, TX 77407	State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment	(b) Description Loan Repayment	
	(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	Office sought
Date 07/05/2022	Payee name Inmode Interactive	Office held	
Amount (\$) 550.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Advertising	Description Website	
	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	Office sought
Date 06/30/2022	Payee name Bank - Wells Fargo	Office held	
Amount (\$) 10.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly Service Fee	
	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	Office sought
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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2022	5 Payee name CME Printing		
6 Amount (\$) 241.46	7 Payee address; City; State; Zip Code		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(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	Office sought
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought

**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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 05/23/2022	5 Payee name Facebook		
6 Amount (\$) 125.65	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  Advertisement	
	(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		Office sought
Date 05/16/2022	Payee name Willies		
Amount (\$) 17.27	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  Precinct Meeting	
	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		Office sought
Date 05/09/2022	Payee name Facebook		
Amount (\$) 400.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Advertisement	
	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		Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**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) <i>angela hanan@gmail.com</i>	2 Total pages filed:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Angela</i>	MI <i>M</i>	<b>OFFICE USE ONLY</b>		
	NICKNAME <i>Angie</i>	LAST <i>Hanan</i>	SUFFIX			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>903 Goldfinch Ave Sugar Land TX 77478</i>				Date Received <b>RECEIVED</b> <i>R JAN 11 2023</i> <i>BY: IYasquez</i> <i>@ 5:39 PM</i>	
<input type="checkbox"/> Change of Address						
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE <i>(281)</i>	PHONE NUMBER <i>4600330</i>	EXTENSION		Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Wendy</i>	MI <i>E</i>	Receipt #   Amount \$		
	NICKNAME	LAST <i>Rachuk</i>	SUFFIX			
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <i>2203 Madewood Dr. Missouri City TX 77459</i>					
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <i>(832)</i>	PHONE NUMBER <i>419.1457</i>	EXTENSION			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit				<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10 PERIOD COVERED</b>	Month <i>1</i>	Day <i>/16</i>	Year <i>/2022</i>	Month <i>1</i>	Day <i>/16</i>	Year <i>/2022</i>
<b>11 ELECTION</b>	ELECTION DATE Month <i>11</i> Day <i>/03</i> Year <i>/2020</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>FBISD Trustee, Position 1</i>			<b>13 OFFICE SOUGHT (if known)</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL					
	<input type="checkbox"/> SPECIFIC					

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**
**FORM C/OH  
COVER SHEET PG 2**
**15 C/OH NAME**

Angela "Angie" Hanan

**16 Filer ID (Ethics Commission Filers)**

angiehanan@gmail.com

**17 CONTRIBUTION  
TOTALS**

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 12.00

**CONTRIBUTION  
BALANCE**

4. TOTAL POLITICAL EXPENDITURES

\$ 12.00

**OUTSTANDING  
LOAN TOTALS**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

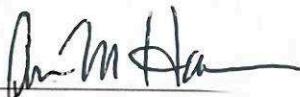
\$ 634.35

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

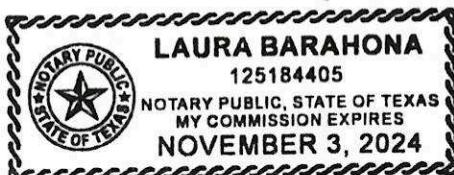
\$ 2300.00

**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 Laura Barahona this the 11 day of 2023 January  
 20 23, to certify which, witness my hand and seal of office.

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	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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	
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	

**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 <i>Angie Hanan</i>	3 Filer ID (Ethics Commission Filers) <i>angiehanan@gmail.com</i>	
4 Date <i>1.31.22 - 7.15.22</i>	5 Payee name <i>PNC Bank</i>		
6 Amount (\$) <i>\$12.00</i>	7 Payee address; <i>2520 Highway 6 Sugar Land TX 77478</i>	City: State: Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Fees</i>	(b) Description  <i>monthly fees</i>	
	(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	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**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 Filer)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>James</i>	MI <i>D.</i>	RECEIVED Date Hand-delivered <i>JUL 8 2022</i>			
	NICKNAME <i>Jim</i>	LAST <i>Rice</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE			
<i>5402 Oban Terrace Lane Sugar Land, Tx. 77471</i>							
<input type="checkbox"/> Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(832)</i>	PHONE NUMBER <i>563-2942</i>	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Dorothy</i>	MI <i>S.</i>	Receipt #			
	NICKNAME <i>Suzanne Ramos</i>	LAST	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <i>3901 Senna Place</i>	APT / SUITE #:	CITY:	STATE: ZIP CODE			
<i>Sugar Land, Tx. 77479</i>							
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(281)</i>	PHONE NUMBER <i>980-9051</i>	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month <i>04</i>	Day <i>28</i>	Year <i>/2022</i>	Month <i>06</i>	Day <i>30</i>	Year <i>/2022</i>	
11 ELECTION	ELECTION DATE <i>04/01/22</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <i>Final Report</i>					
12 OFFICE	OFFICE HELD (if any) <i>FBISD Trustee Position 3</i>	13 OFFICE SOUGHT (if known) <i>FBISD Trustee Position 3</i>					
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.						
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL					
		<input type="checkbox"/> SPECIFIC					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

James (Tim) Rice

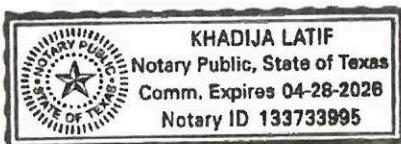
16 Filer ID (Ethics Commission Filer)

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b> <i>includes Schedules F &amp; G</i>	\$ 26,000.59
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <i>includes Schedules E &amp; G</i>	\$ 60,217.91

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 18 day of July,

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

Khadija Latif  
Signature of officer administering oath

Khadija Latif  
Printed name of officer administering oath

Notary Public  
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**

<b>19 FILER NAME</b>	<i>James (Jim) Rice</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>850.00</i>
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		\$ <i>12,500.00</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>24,710.72</i>
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		\$ <i>1,297.87</i>
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		\$ <i>0.38</i>

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

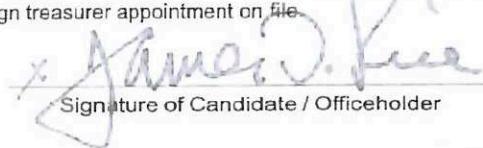
The Instruction Guide explains how to complete this form.

\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME	James (Jim) Rice	2 Filer ID (Ethics Commission Filers)
-------------	------------------	---------------------------------------

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

Check *only* one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

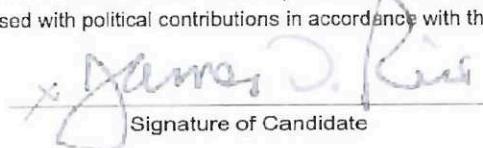
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check *only* one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

## 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: p. 1 of 1</p>
<p>2 FILER NAME <i>James (Jim) Rice</i></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>04/30/22</i></p>	<p>5 Full name of contributor <i>Jim Crow</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$) <i>\$ 500.00</i></p>
<p>6 Contributor address; <i>4120 Creek ledge</i> <i>Austin, Texas 78731</i></p>		<p>City; State; Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date <i>05/07/22</i> Full name of contributor <i>Robert + Robin Brexson</i></p>		<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <i>\$ 250.00</i></p>
<p>Contributor address; <i>810 Ad Oyster Trail</i> <i>Sugar Land, Texas 77478</i></p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date <i>05/21/22</i> Full name of contributor <i>Chris + Billie Breaux</i></p>		<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <i>\$ 100.00</i></p>
<p>Contributor address; <i>3815 East Valley Dr.</i> <i>Missouri City, Tx. 77459</i></p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule E: <i>p. 1 of 1</i>
<b>2</b> FILER NAME <i>Jim Rice (James D. Rice)</i>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS			\$
<b>5</b> Date of loan <i>08/03/22</i>	<b>7</b> Name of lender <i>Jim Rice</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i></i> )	<b>9</b> Loan Amount (\$) <i>\$10,000.00</i>
<b>6</b> Is lender a financial institution? <i>Y N</i>	<b>8</b> Lender address: <i>5402 Open Terrace Lane</i> <i>Sugar Land, Tx. 77479</i>	City; State; Zip Code	<b>10</b> Interest rate <i>0.00</i>
			<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) <i>Project Manager, President</i>		<b>13</b> Employer (See Instructions) <i>Rice &amp; Gardner Consultants</i>	
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address; City; State; Zip Code		<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)	
Date of loan <i>08/10/22</i>	Name of lender <i>Jim Rice</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i></i> )	Loan Amount (\$) <i>\$2,500.00</i>
Is lender a financial institution? <i>Y N</i>	Lender address: <i>5402 Open Terrace Lane</i> <i>Sugar Land, Tx. 77479</i>	City; State; Zip Code	Interest rate <i>0.00</i>
			Maturity date
Principal occupation / Job title (See Instructions) <i>Project Manager, President</i>		Employer (See Instructions) <i>Rice &amp; Gardner Consultants</i>	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
<b>GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender 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	Food/Beverage Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Gift/Awards/Memorials Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment			Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>p. 1 of 5</i>	2 FILER NAME <i>James (Jim) Rice</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5.3.22</i>	5 Payee name <i>Pay Pal</i>	
6 Amount (\$) <i>\$14.94</i>	7 Payee address; <i>On-line</i>	City; State; Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Fee</i>	(b) Description  <i>Pay Pal Charges.</i>
	(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 <i>Jim Rice FBISD Trustee Position 3</i>	
	Office sought	Office held
Date <i>4.29.22</i>	Payee name <i>Burt J. Lerine dba Texas Campaigns</i>	
Amount (\$) <i>\$400.00</i>	Payee address; <i>9600 Glenfield Court Suite 140 Houston, Texas 77096</i>	City; State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>	Description  <i>Campaign Consulting</i>
	<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 <i>Jim Rice FBISD Trustee Position 3</i>	
Date <i>4.29.22</i>	Payee name <i>Print NW</i>	
Amount (\$) <i>\$7,675.14</i>	Payee address; <i>9914 32nd Ave. S. Lakewood, WA 98499</i>	City; State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Marketing</i>	Description  <i>Printing, mailing, and data services.</i>
	<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 <i>Jim Rice FBISD Trustee Position 3</i>	
	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

*p. B of 13*

**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	Salaried/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		3 Filer ID (Ethics Commission Filers)		
p. 12 of 13	James (Jim) Rice				
4 Date	5 Payee name				
05/01/22	Icehouse Consulting LLC				
6 Amount (\$)	7 Payee address:		City:	State:	Zip Code
\$9,090.00	3019 Arrowhead Sugar Land, Tx 77479				
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Consulting Expense		Campaign Consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Jim Rice FBISD Trustee Position 3					
Date	Payee name				
05/03/22	Southern Daily News				
Amount (\$)	Payee address:		City:	State:	Zip Code
\$180.00	11122 Bellaire Blvd. Houston, Tx 77072				
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Advertising		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 <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Jim Rice FBISD Trustee Position 3					
Date	Payee name				
05/03/22	Sermo Digital				
Amount (\$)	Payee address:		City:	State:	Zip Code
\$0,000.00	P.O. Box 954 Leavenworth, WA 98922				
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Marketing		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 <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Jim Rice FBISD Trustee Position 3					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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: <i>p. 3 of 5</i>	2 FILER NAME <i>James (Jim) Rice</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-4-22</i>	5 Payee name <i>Burt J. Levine dba Texas Campaigns</i>	
6 Amount (\$) <i>\$ 90.00</i>	7 Payee address; <i>9600 Glenfield Court Suite 148 Houston, Texas 77090</i>	City: _____ State: _____ Zip Code: _____
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>	(b) Description  <i>Campaign Consulting</i>
	(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 <i>Jim Rice FBISD Trustee Position 3</i>	
Date	Office sought Payee name <i>World Journal Inc. of Texas</i>	
Amount (\$) <i>\$475.00</i>	Office held Payee address; City; State; Zip Code <i>5855 Sovereign Dr. #C Houston, TX 77036</i>	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Advertising</i>	Description  <i>Ad.</i>
	<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 <i>Jim Rice FBISD Trustee Position 3</i>	
Date <i>5-10-22</i>	Payee name <i>Burt J. Levine dba Texas Campaigns</i>	
Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code <i>9600 Glenfield Court Suite 148 Houston, Tx. 77090.</i>	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>	Description  <i>Campaign Consulting</i>
	<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 <i>Jim Rice FBISD Trustee Position 3</i>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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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  
Salaried/Wagee/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.

<b>1</b> Total pages Schedule F1: <i>p. 4 of 5</i>		<b>2</b> FILER NAME <i>James (Jim) Rice</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>5-19-22</i>	<b>5</b> Payee name <i>Premiere Political Communications</i>				
<b>6</b> Amount (\$) <i>\$544.74</i>	<b>7</b> Payee address; <i>4805 Woodview Ave. Austin, Tx. 78756</i>		City;	State;	Zip Code
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>		<b>(b)</b> Description <i>Radio-calls</i>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name <i>Jim Rice FBISD Trustee Position 3</i>		Office sought	Office held	
Date <i>5/17/22</i>	Payee name <i>Southern Daily News</i>				
Amount (\$) <i>\$180.00</i>	Payee address; <i>1125 Bellair Blvd. Houston, Tx. 77072</i>		City;	State;	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Newspaper Ad.</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name <i>Jim Rice FBISD Trustee Position 3</i>		Office sought	Office held	
Date <i>6/1/22</i>	Payee name <i>Icenhower Consulting LLC</i>				
Amount (\$) <i>\$829.33</i>	Payee address; <i>3019 Arrowhead Sugar Land, Tx. 77479</i>		City;	State;	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <i>Campaign Consulting</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name <i>Jim Rice FBISD Trustee Position 3</i>		Office sought	Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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	Saleree/Wagee/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 5 of 5	2 FILER NAME James (Jim) Rice	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/22	5 Payee name James Rice	
6 Amount (\$) \$4,911.57	7 Payee address; 5402 Otan Terrace Lane Sugar Land, Tx. 77479	City: _____ State: _____ Zip Code: _____
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment	(b) Description Partial loan payment
	(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 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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

## 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 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
p. 1 of 1	James (Jim) Rice	
4 Date	5 Payee name	
5/1/22	Berryhill Restaurant	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
\$1,297.87	13703 Southwest Freeway Sugar Creek Center, Sugar Land, Tx. 77479	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expenses	Food/drinks election party
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Jim Rice PBISD Trustee Position 3		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

## 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 <i>James (Jim) Rice</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/19/22</i>	5 Name of person from whom amount is received <i>Frost Bank</i>	8 Amount (\$) <i>\$0.27</i>
	6 Address of person from whom amount is received; City; State; Zip Code <i>620 Hwy. 6 Sugar Land, Tx. 77478</i>	
	7 Purpose for which amount is received <i>Interest paid on funds in bank</i>	<input type="checkbox"/> Check if political contribution returned to filer
Date <i>6/21/22</i>	Name of person from whom amount is received <i>Frost Bank</i>	Amount (\$) <i>\$0.11</i>
	Address of person from whom amount is received; City; State; Zip Code <i>620 Hwy.6 Sugar land, Tx. 77478</i>	
	Purpose for which amount is received <i>Interest paid on funds in bank</i>	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Shirley A FIRST MI NICKNAME LAST SUFFIX Rose-GILLIAM			OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 3011 Bonney Brar Dr APT / SUITE #: CITY: Missouri City TX 77459 STATE: ZIP CODE			Date Received <b>RECEIVED</b> 9:12am JAN 18 REC'D
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281) 799-5065 PHONE NUMBER EXTENSION			Superintendent's Office Ft. Bend ISD Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Rossi FIRST MI NICKNAME LAST SUFFIX Guillory			Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 16115 Beckridge Houston TX 77053 STATE: ZIP CODE			Date Processed <i>jma 01/18/2023</i> Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE (281) 870-3023 PHONE NUMBER EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year <i>01/16/2022</i>		Month Day Year THROUGH	Month Day Year <i>07/16/2022</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11/13/2020</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>FBISD Trustee, Position 4</i>		13 OFFICE SOUGHT (if known)	
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.			
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME	
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
			COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

Shirley Rose-Gilliam

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)

\$ *0*

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *0*

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ *0*

4. **TOTAL POLITICAL EXPENDITURES**

\$ *0*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ *7.64*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

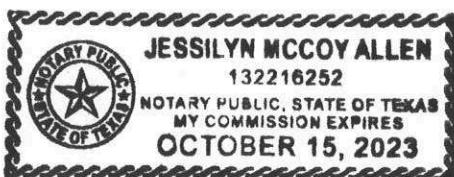
\$ *0*

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.

*Shirley Rose Gilliam*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by

20 *23*, to certify which, witness my hand and seal of office.

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	Shirley Rose-Giulian	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>0</u>	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u>0</u>	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u>0</u>	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <u>0</u>	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>0</u>	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u>0</u>	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>0</u>	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u>0</u>	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>0</u>	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u>0</u>	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>0</u>	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <u>0</u>	

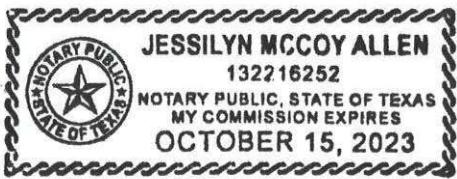
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <i>Benetta</i>	FIRST <i>William</i>	MI <i>R</i>	OFFICE USE ONLY
	NICKNAME	LAST <i>Williams</i>	SUFFIX	Date Received <b>RECEIVED</b> <i>R MAR 27 2023</i> BY: <i>Jua 7/3pm</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>3309 Primrose Canyon LN Pearland, TX 77584</i>			<input type="checkbox"/> Change of Address
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(713)</i>	PHONE NUMBER <i>657.9371</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>03/27/23</i>
6 CAMPAIN TREASURER NAME	MS / MRS / MR <i>Benetta</i>	FIRST <i>William</i>	MI <i>R</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/>
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>3309 Primrose Canyon LN Pearland, TX 77584</i>			Date Processed <i>03/27/23</i>
8 CAMPAIN TREASURER PHONE	AREA CODE <i>(713)</i>	PHONE NUMBER <i>657.9371</i>	EXTENSION	Date Imaged
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year <i>1 11/16/2022</i>		Month Day Year <i>1 11/16/2022</i>	THROUGH
11 ELECTION	ELECTION DATE Month Day Year <i>11/13/20</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>Trustee Positions</i>	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <i>Denetta R. Williams</i>		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.												
<input type="checkbox"/> Additional Pages		<table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS							
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME													
	COMMITTEE ADDRESS													
	COMMITTEE CAMPAIGN TREASURER NAME													
	COMMITTEE CAMPAIGN TREASURER ADDRESS													
17 CONTRIBUTION TOTALS		<table border="1"> <tr> <td>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED</td> <td>\$ <i>0</i></td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td>\$ <i>0</i></td> </tr> <tr> <td>3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</td> <td>\$ <i>0</i></td> </tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td> <td>\$ <i>0</i></td> </tr> <tr> <td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td> <td>\$ <i>0</i></td> </tr> <tr> <td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td>\$ <i>0</i></td> </tr> </table>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <i>0</i>	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <i>0</i>													
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>													
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>													
4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>													
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>													
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>													
EXPENDITURE TOTALS														
CONTRIBUTION BALANCE														
OUTSTANDING LOAN TOTALS														
18 AFFIDAVIT														
 <p>JESSILYN MCCOY ALLEN 132216252 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES OCTOBER 15, 2023</p>		<p>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.</p> <p><i>Denetta R. Williams</i> Signature of Candidate or Officeholder</p>												
AFFIX NOTARY STAMP / SEAL ABOVE														
<p>Sworn to and subscribed before me, by the said <u>Denetta R. Williams</u>, this the <u>27th</u> day of <u>March</u>, 2023, to certify which, witness my hand and seal of office.</p> <p><i>Jessilyn M. Allen</i> <i>Jessilyn M. Allen</i> <i>Exec. Asst to Sypt. Bt</i> Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>														