

# 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="radio"/> MRS / MR FIRST Angela MI M NICKNAME Angie LAST Hanan SUFFIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 903 Goldfinch Ave SugarLand TX 77478 <input type="checkbox"/> Change of Address	<b>OFFICE USE ONLY</b> Date Received 3:37 PM <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JAN 11 2023</b>          BY: <u>W. W. W.</u> </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION (281) 4600330		
5 CANDIDATE / OFFICEHOLDER PHONE	MS <input checked="" type="radio"/> MRS / MR FIRST Wendy MI E NICKNAME Rachuk LAST SUFFIX		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2203 Madewood Drive Missouri City TX 77459 (Residence or Business)		
7 CAMPAIGN TREASURER ADDRESS	AREA CODE PHONE NUMBER EXTENSION (832) 419-1475		
8 CAMPAIGN TREASURER PHONE	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)		
9 REPORT TYPE	10 PERIOD COVERED Month Day Year    THROUGH    Month Day Year 7 / 17 / 21    THROUGH    Jan / 15 / 2022		
10 PERIOD COVERED	11 ELECTION ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 03 / 2020 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	12 OFFICE    OFFICE HELD (if any)    13 OFFICE SOUGHT (if known) FBISD Trustee, Position		
12 OFFICE	14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE    COMMITTEE NAME <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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	41.97
	4. TOTAL POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	600. <sup>38</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

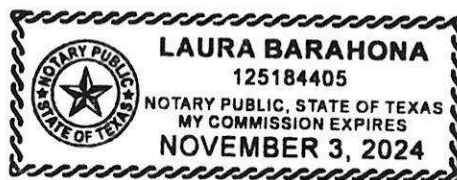
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

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,

2023, 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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
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	\$ 2300. <sup>00</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 41. <sup>97</sup>
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 <i>Angela "Angie" Hanan</i>		3 Filer ID (Ethics Commission Filers) <i>angiehanan@gmail.com</i>
4 TOTAL OF UNITEMIZED LOANS		\$ <i>1000.00</i>
5 Date of loan <i>Dec 16, 2021</i>	7 Name of lender <i>Angie Hanan</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <i>\$500.00</i>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>903 Goldfinch Ave Sugar Land TX 77478</i>	10 Interest rate <i>0%</i>
		11 Maturity date <i>12.31.2023</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions) <i>N/A</i>
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y <input type="radio"/> N <input type="radio"/>	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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# 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>Angela "Angie" Hauan</i>		3 Filer ID (Ethics Commission Filers) <i>angie.hauan@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; City; State; Zip Code <i>2520 Hwy 6 Sugar Land TX 77478</i>			
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; City; State; Zip Code <i>14455 North Hayden Rd, Scottsdale, AZ 85260</i>			
<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			
<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

p. 1 of 8

# 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 / <b>MR</b> FIRST <b>James</b> MI <b>D.</b> NICKNAME <b>Jim</b> LAST <b>Rice</b> SUFFIX	<b>OFFICE USE ONLY</b> <b>RECEIVED</b> <b>JAN 11 2022</b> BY: <b>U. VAN WYK</b> <b>@ 8:39 AM</b> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5402 Oban Terrace Lane</b> <b>Sugar Land, Tx. 77479</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(832) 563-2942</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <b>MR</b> FIRST <b>Dorothy</b> MI <b>S.</b> NICKNAME LAST SUFFIX <b>Suzanne Ramos</b>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3907 Senna Place</b> <b>Sugar Land, Tx. 77479</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 980-9051</b>		
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    Month Day Year <b>7 / 1 / 2021</b> THROUGH <b>12 / 31 / 2021</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>5 / 7 / 22</b> <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**

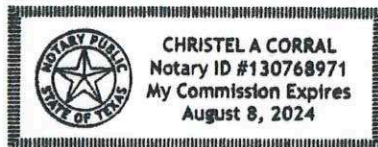
<b>15 C/OH NAME</b> <u>Jim Rice (James D. Rice)</u>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES <u>From Schedule G</u>	\$ <u>1,797.28</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>222.76</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <u>Includes Schedule G + Amount</u>	\$ <u>35,331.69</u>

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

James D. Rice  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

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

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

[Signature]  
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\_\_\_\_.  
(month) (year)

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

## SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Jim Rice (James D. Rice)

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☒ SCHEDULE E: LOANS

\$ 15,000.00

5. ☐ 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. ☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 1,797.28

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center; font-size: 1.5em;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">Jim Rice (James D. Rice)</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <div style="font-size: 1.2em;">12/30/21</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Jim Rice</div>	9 Loan Amount (\$) <div style="font-size: 1.2em;">\$15,000.00</div>	
6 Is lender a financial institution? <div style="font-size: 1.2em;">Y <input checked="" type="radio"/> N</div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">5402 Oban Terrace Lane Sugar Land, Tx. 77479</div>	10 Interest rate <div style="font-size: 1.2em;">0.00</div>	
		11 Maturity date <div style="font-size: 1.2em;">Not determined.</div>	
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Project Manager, President</div>		13 Employer (See Instructions) <div style="font-size: 1.2em;">Rice &amp; Gardner Consultants</div>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <div style="font-size: 1.2em;">Y N</div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none	<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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  
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 G: <b>p. 1 of 4</b>	2 FILER NAME <b>Jim Rice</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7/5/21</b>	5 Payee name <b>Fort Bend Independent</b>	
6 Amount (\$) <b>\$50.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>P.O. Box 623 Sugar Land, Tx. 77487</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Newspaper Ad</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>Jim Rice FBISD Trustee Position 3</b>	
Date <b>7/11/21</b>	Payee name <b>Fort Bend Star</b>	
Amount (\$) <b>\$106.25</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. Box 2369 Stafford, Tx. 77477</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Newspaper Ad</b>
	<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 <b>Jim Rice FBISD Trustee Position 3</b>	
Date <b>8/28/21</b>	Payee name <b>Burt Levine</b>	
Amount (\$) <b>\$300.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>9999 Bellaire Blvd. #409 Houston, Tx. 77036</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Campaign Consulting</b>
	<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 <b>Jim Rice FBISD Trustee Position 3</b>	

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  
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 G: <b>p. 2 of 4</b>		2 FILER NAME <b>Jim Rice</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/30/21</b>		5 Payee name <b>Burt Levine</b>			
6 Amount (\$) <b>\$300.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>9999 Bellaire Blvd. #909 Houston, TX 77036</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description <b>Campaign Consulting</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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held <b>Jim Rice FBISD Trustee Position 3</b>					
Date <b>10/30/21</b>		Payee name <b>Burt Levine</b>			
Amount (\$) <b>\$300.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>9999 Bellaire Blvd. #909 Houston, TX. 77036</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Campaign Consulting</b>	
		<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 <b>Jim Rice FBISD Trustee Position 3</b>					
Date <b>11/21/21</b>		Payee name <b>Fort Bend Republican Women's Club</b>			
Amount (\$) <b>\$50.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>26 Charleston St. North Sugar Land, TX 77478</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Contribution/Donation</b>		Description <b>Associate Membership</b>	
		<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 <b>Jim Rice FBISD Trustee Position 3</b>					
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  
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 G: <b>p. 3 of 4</b>		2 FILER NAME <b>Jim Rice</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/26/21</b>		5 Payee name <b>Burt Levine</b>			
6 Amount (\$) <b>\$300.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>9999 Bellaire Blvd. #909 Houston, Tx. 77036.</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description <b>Campaign Consulting</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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held <b>Jim Rice FBISD Trustee Position 3</b>					
Date <b>11/27/21</b>		Payee name <b>Fort Bend Star</b>			
Amount (\$) <b>\$106.25</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>P.O. Box 2369 Stafford, Tx. 77477</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Newspaper Ad</b>	
		<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 <b>Jim Rice FBISD Trustee Position 3</b>					
Date <b>12/1/21</b>		Payee name <b>Fort Bend Chamber of Commerce</b>			
Amount (\$) <b>\$225.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>445 Commerce Green Blvd. Sugar Land, Tx. 77478</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Venue Rental</b>	
		<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 <b>Jim Rice FBISD Trustee Position 3</b>					
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  
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 G: <b>p. 4 of 4</b>	2 FILER NAME <b>Jim Rice</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/11/21</b>	5 Payee name <b>Icenhower Consulting LLC</b>	
6 Amount (\$) <b>\$59.78</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3019 Arrowhead Sugar Land, Tx 77479</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Campaign Consulting</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 ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
<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 ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
<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 ONLY if direct expenditure to benefit C/OH		
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 MI  
Shirley A  
NICKNAME LAST SUFFIX  
Rose-GILMAN

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3011 Bonney Bend Dr  
Missouri City TX 77459

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(281) 799-5065

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Rossi  
NICKNAME LAST SUFFIX  
Guilloen

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
16115 Beckridge Houston TX 77053

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(281) 870-3023

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
07 / 16 / 2021 THROUGH 01 / 15 / 2022

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description  
☐ General ☐ Special  
11 / 30 / 2020

12 OFFICE

OFFICE HELD (if any)  
FBISD Trustee, Pos. 4

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

OFFICE USE ONLY

Date Received  
**RECEIVED**  
9:12am

JAN 18 REC'D

Superintendent's Office  
St. Bend ISD

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed  
jma 01/18/23

Date Imaged

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

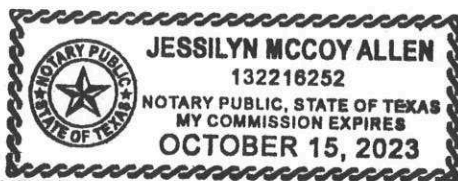
15 C/OH NAME <u>Shirley Rose-GILLIAM</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES,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

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

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 18th day of January, 2023, 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

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Filer ID (Ethics Commission Filers)</p>	<p><b>2</b> Total pages filed:</p>
<p><b>3</b> CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST LAST SUFFIX</p> <p style="text-align: center;">Benetta R Williams</p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold; font-size: 0.8em;">MAR 27 2023</p> <p style="color: blue; font-size: 0.8em;">BY: <i>Qua 7/13pm</i></p> </div> <p>Date Hand-delivered or Date Postmarked</p> <p style="text-align: center; font-size: 1.2em;">03/27/23</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p style="text-align: center; font-size: 1.2em;">03/27/23</p> <p>Date Imaged</p>
<p><b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>3309 Primrose Canyon LN Pearland, TX 77584</p>		
<p><b>5</b> CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(713) 657-9371</p>		
<p><b>6</b> CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST LAST SUFFIX</p> <p style="text-align: center;">Benetta R Williams</p>		
<p><b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>3309 Primrose Canyon LN Pearland, TX 77584</p>		
<p><b>8</b> CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(713) 657-9371</p>		
<p><b>9</b> REPORT TYPE</p>	<p> <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)         </p>		
<p><b>10</b> PERIOD COVERED</p>	<p>Month Day Year    Month Day Year</p> <p style="text-align: center; font-size: 1.2em;">7/15/2021    THROUGH    1/15/2022</p>		
<p><b>11</b> ELECTION</p>	<p>ELECTION DATE    ELECTION TYPE</p> <p>Month Day Year    <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description</p> <p style="text-align: center; font-size: 1.2em;">11/3/2020    <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special</p>		
<p><b>12</b> OFFICE</p>	<p>OFFICE HELD (if any)    <b>13</b> OFFICE SOUGHT (if known)</p> <p style="text-align: center; font-size: 1.2em;">Trustee Position 5</p>		

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)

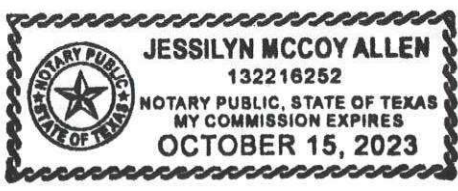
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

☐ Additional Pages

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	\$	<u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	<u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Denetta R. Williams, this the 27th day of March, 20 23, 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

Exec. Asst to Supt & BOT

Title of officer administering oath



FORM C/OH  
COVER SHEET PG 1

**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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,627.16
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,055.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 572.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 600.00

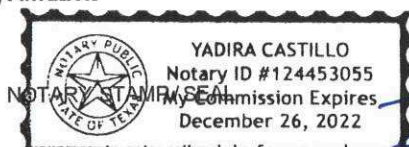
18 SIGNATURE

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 Placencia Jr. this the 7th day of April,

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

Yadira Castillo

Yadira Castillo

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)



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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,627.16
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 600.00
5.	■ 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.

<b>The Instruction Guide explains how to complete this form.</b>		<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 01/13/2022	<b>7</b> Name of lender Rick Garcia <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$) 600.00
<b>6</b> Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code 9711 Mason Rd Ste 125-287 Richmond, TX 77407	<b>10</b> Interest rate 0.00
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) Project Manager		<b>13</b> Employer (See Instructions) UAL
<b>14</b> Description of Collateral none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<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#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.



**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: **91****2** FILER NAME*Rick Garcia***3** Filer ID (Ethics Commission Filers)**4** Date

01/13/2022

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Scott Malloy

**6** Contributor address;

City;

State;

Zip Code

5123 Travertine Point Richmond, TX 77407

**7** Amount of contribution (\$)**332.60****8** Principal occupation / Job title (See Instructions)

CEO

**9** Employer (See Instructions)

SMM Enterprises Operating LLC

Date

01/14/2022

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jordan Johnson

Contributor address;

City;

State;

Zip Code

20511 Pink granite Valley Richmond, TX 77407

Amount of contribution (\$)

**475.25**

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Integrity Therapy

Date

01/22/2022

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Nabil Shike

Contributor address;

City;

State;

Zip Code

20210 weeping pine way Richmond, TX 77407

Amount of contribution (\$)

**94.85**

Principal occupation / Job title (See Instructions)

Constable

Employer (See Instructions)

Fort bend county

Date

01/22/2022

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Steven White

Contributor address;

City;

State;

Zip Code

6011 Skylar Meadows Ct Richmond, TX 77407

Amount of contribution (\$)

**475.25**

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

SLW Distributors Inc

**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

Rick Garcia

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 (\$)

100.00

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 (\$)

25.00

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 (\$)

100.00

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 (\$)

200.00

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: <b>2</b>
2 FILER NAME <b>Rick Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/22/2022</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Lawrence King</b> <hr/> 6 Contributor address; City; State; Zip Code <b>2606 Thompson Crossing Drive Richmond, TX 77406</b>	7 Amount of contribution (\$)  <b>71.08</b>
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>01/24/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>Hemal Pathare</b> <hr/> Contributor address; City; State; Zip Code <b>20123 Pebble hollow Richmond, TX 77407</b>	Amount of contribution (\$)  <b>94.85</b>
Principal occupation / Job title (See Instructions) <b>Director of Services</b>		Employer (See Instructions) <b>Black Stone Technology</b>
Date <b>01/26/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>Amber Williams</b> <hr/> Contributor address; City; State; Zip Code <b>1911 Huntington Ln Richmond, TX 77406</b>	Amount of contribution (\$)  <b>94.85</b>
Principal occupation / Job title (See Instructions) <b>CRNA</b>		Employer (See Instructions) <b>USAP</b>
Date <b>01/26/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>Chialun Foster</b> <hr/> Contributor address; City; State; Zip Code <b>106 drake elm ct sugar land, TX 77479</b>	Amount of contribution (\$)  <b>47.30</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Rick Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Brown 6 Contributor address; City; State; Zip Code 3414 Stepping Stone Ln Missouri City, TX 77459	7 Amount of contribution (\$) <b>94.85</b>
8 Principal occupation / Job title (See Instructions) Substitute		9 Employer (See Instructions) FBISD
Date 02/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Monica Storm-Olsen Contributor address; City; State; Zip Code 2911 Bright Trail Sugar Land ,TX 77479	Amount of contribution (\$) <b>94.85</b>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 02/06/2022	Full name of contributor out-of-state PAC (ID#: _____) Cassandra Garcia Contributor address; City; State; Zip Code 2303 E. Anaqua Avenue Victoria ,TX 77901	Amount of contribution (\$) <b>94.85</b>
Principal occupation / Job title (See Instructions) Career Counselor		Employer (See Instructions) C2 Global
Date 02/07/2022	Full name of contributor out-of-state PAC (ID#: _____) Xuemei Yang Contributor address; City; State; Zip Code 5511 Tyler Park Ln Katy, TX 77494	Amount of contribution (\$) <b>94.85</b>
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

Rick Arcia

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 (\$)

47.30

6 Contributor address;

City;

State;

Zip Code

8433 fm 1464 rd, #82 Ruchmond, TX 77478

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 (\$)

189.95

Contributor address;

City;

State;

Zip Code

20218 Granophyre Ln Richmond, TX 77407

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 (\$)

94.85

Contributor address;

City;

State;

Zip Code

24538 Via Salerno Ct Richmond, TX 77406

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 (\$)

237.50

Contributor address;

City;

State;

Zip Code

5532 Gemstone Park Rd Richmond, TX 77407

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 <i>Rick Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Johnny Lopez 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>600.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Shyam Ananthaswamy Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2022	Full name of contributor out-of-state PAC (ID#: _____) Richard Garcia Jr Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>237.50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Matt Lyons Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Rick Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Denise Totah 6 Contributor address; City; State; Zip Code 304 Charleston Dr Victoria, TX 77904	7 Amount of contribution (\$)  <b>47.30</b>
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 03/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Evelyn Montalvo Contributor address; City; State; Zip Code 1906 Wildwood Lane Richmond, TX 77406	Amount of contribution (\$)  <b>94.85</b>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Russell Sample Contributor address; City; State; Zip Code 20527 Copper Cave Ln Richmond, TX 77407	Amount of contribution (\$)  <b>237.50</b>
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) Reliant Equipment Rental
Date 03/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Lucas Barclay Contributor address; City; State; Zip Code 5327 Fieldstone Terrace Richmond, TX 77407	Amount of contribution (\$)  <b>47.30</b>
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<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.		





## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

Rick Garzon

out-of-state PAC (ID#: \_\_\_\_\_)

03/19/2022

City;

State;

Zip Code

94.85

Manager

## Modani Furniture

out-of-state PAC (ID#: \_\_\_\_\_)

03/29/2022

Contributor address;

City;

State;

Zip Code

47.30

N/A

N/A

out-of-state PAC (ID#: \_\_\_\_\_)

03/31/2022

Contributor address;

City:

State:

Zip Code

100.00

Employer (See Instructions)

out-of-state PAC (ID#: \_\_\_\_\_)

03/24/2022

Contributor address;

City;

State;

Zip Code

200.00

Employer (See Instructions)

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1-	<b>2</b> FILER NAME Rick Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1-13-2022	<b>5</b> Payee name Brammers Athletic	
<b>6</b> Amount (\$) \$188 <sup>30</sup>	<b>7</b> Payee address; City; State; Zip Code 5017 E. 5th street Katy TX 77493	
<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 T-shirts Printing
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Rick Garcia FBISD Trustee #3	
Date 1-14-2022	Payee name Aviva Wholesale	
Amount (\$) \$81 <sup>97</sup>	Payee address; City; State; Zip Code 10355 Harwin Houston TX 77036	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description T-shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Rick Garcia FBISD Position #3	
Date 1-14-2022	Payee name NBD Graphics	
Amount (\$)	Payee address; City; State; Zip Code 917 S. Mason Katy TX 77450	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Rick Garcia FBISD Trustee #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.

<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 (\$)  54.13		<b>7</b> Payee address; City; State; Zip Code 917 S. Mason Katy, TX 77450			
<b>8</b>  PURPOSE OF EXPENDITURE	<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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date 01/20/2022		Payee name La Cocina Restaurant			
Amount (\$) 17.05		Payee address; City; State; Zip Code 515 FM-359 Richmond, TX 77406			
PURPOSE OF EXPENDITURE	Category (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				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date 01/20/2022		Payee name NBD Graphics			
Amount (\$) 129.90		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) Advertising		Description 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 Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<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 (\$)  9.55	<b>7</b> Payee address; City; State; Zip Code 5660 W. Grand Parkway Richmond, TX 77406					
<b>8</b>  PURPOSE OF EXPENDITURE	<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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>					
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name Rick Garcia</td> <td style="width:25%;">Office sought FBISD Board Trustee</td> <td style="width:25%;">Office held Position #3</td> </tr> </table>			Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Trustee	Office held Position #3
Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Trustee	Office held Position #3				
Date  01/21/2022	Payee name Kroger					
Amount (\$)  42.84	Payee address; City; State; Zip Code 8011 W Grand Parkway Richmond, TX 77407					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expenses		Description  Refreshments for Meet & Greet			
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name Rick Garcia</td> <td style="width:25%;">Office sought FBISD Board Trustee</td> <td style="width:25%;">Office held Position #3</td> </tr> </table>			Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Trustee	Office held Position #3
Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Trustee	Office held Position #3				
Date  01/24/2022	Payee name Facebook					
Amount (\$)  6.89	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025					
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name Rick Garcia</td> <td style="width:25%;">Office sought FBISD Board Trustee</td> <td style="width:25%;">Office held Position #3</td> </tr> </table>			Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Trustee	Office held Position #3
Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Trustee	Office held Position #3				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 01/24/2022	<b>5</b> Payee name Shipley's Donuts			
<b>6</b> Amount (\$) 48.00	<b>7</b> Payee address; 9825 S Mason Road #290		City; Richmond, TX	State; TX
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description Donuts for Meet & Greet	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
<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 01/25/2022	Payee name Starbucks			
Amount (\$) 11.26	Payee address; 8011 W Grand Parkway S		City; Richmond, TX	State; TX
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date 01/25/2022	Payee name NBD Graphics			
Amount (\$) 523.50	Payee address; 917 S. Mason Rd.		City; Katy, TX	State; TX
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<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 01/27/2022	<b>5</b> Payee name FedEx Kinkos	
<b>6</b> Amount (\$)  13.53	<b>7</b> Payee address; City; State; Zip Code 23701 Cinco Ranch Blvd #130 Katy, TX 77494	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description  Business Cards
	<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 Office sought Office held Rick Garcia FBISD Board Trustee Position #3	
Date 02/04/2022	Payee name Aviva Wholesale	
Amount (\$) 77.06	Payee address; City; State; Zip Code 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 Office sought Office held Rick Garcia FBISD Board Trustee Position #3	
Date 02/07/2022	Payee name La Madeleine	
Amount (\$) 36.92	Payee address; City; State; Zip Code 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 Office sought Office held Rick Garcia FBISD Board 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.

<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 02/07/2022		<b>5</b> Payee name Kroger			
<b>6</b> Amount (\$) 23.25		<b>7</b> Payee address; City; State; Zip Code 8011 W. Grand Parkway S Richmond, TX 77407			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expenses		<b>(b)</b> Description Meet & Greet Expenses		
	<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 02/14/2022		Payee name Brammers Athletic			
Amount (\$) 183.65		Payee address; City; State; Zip Code 5017 E. 5th St. Katy, TX 77493			
PURPOSE OF EXPENDITURE	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; City; State; Zip Code 202 Century Square Blvd. Sugar Land, TX 77478			
PURPOSE OF EXPENDITURE	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<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 02/24/2022		<b>5</b> Payee name Fort Bend Chamber of Commerce			
<b>6</b> Amount (\$) 300.00		<b>7</b> Payee address; City; State; Zip Code 445 Commerce Green Blvd. Sugar Land, TX 77478			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Membership Dues		
	<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 03/07/2022		Payee name Fort Bend Education Foundation			
Amount (\$) 175.00		Payee address; City; State; Zip Code 16431 Lexington Blvd. Sugar Land, TX 77479			
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; City; State; Zip Code 16431 Lexington Blvd. Sugar Land, TX 77479			
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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<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 03/10/2022	<b>5</b> Payee name NBD Graphics		
<b>6</b> Amount (\$)  59.54	<b>7</b> Payee address; City; State; Zip Code 917 S. Mason Rd. Katy, TX 77450		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Business Cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
<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 03/14/2022	Payee name Lowes		
Amount (\$) 51.92	Payee address; City; State; Zip Code 9505 Spring Green Blvd. Katy, TX 77494		
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
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; City; State; Zip Code 8011 W Grand Parkway S Richmond, TX 77407		
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Rick Garcia Office sought FBISD Board Trustee Office held Position #3			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<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 03/17/2022	<b>5</b> Payee name City of Meadows Place		
<b>6</b> Amount (\$)  59.65	<b>7</b> Payee address; City; State; Zip Code 11975 Brook Meadows Ln Meadows Place, TX 77477		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Ad Expense
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY 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; City; State; Zip Code 917 S. Mason Rd. Katy, TX 77450		
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 ONLY 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; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
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 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	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.

<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 03/30/2022	<b>5</b> Payee name Shipleys Donuts		
<b>6</b> Amount (\$)  19.00	<b>7</b> Payee address; City; State; Zip Code 9825 S Mason Rd. Richmond, TX 77407		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense		<b>(b)</b> Description  Donuts 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 Office sought Office held Rick Garcia FBISD Board 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
	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 Rick Garcia FBISD Board 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
	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 Rick Garcia FBISD Board 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
	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 Rick Garcia FBISD Board Trustee 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:

19

OFFICE USE ONLY



3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Mrs.

FIRST

David

MI

W

NICKNAME

LAST

Hamilton

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9419 Scanlan Heights Ln  
Missouri City, TX 77459

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 677-1470

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mrs.

FIRST

Kaitlyn

MI

G

NICKNAME

LAST

Hamilton

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

9419 Scanlan Heights Ln

Missouri City

TX

77459

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 322-5997

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1 / 1 / 22

THROUGH

Month

Day

Year

3 / 31 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 7 / 22

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Bend ISD Board of Trustees Position 7

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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

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

\$ 8,225

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 7,634

CONTRIBUTION  
BALANCE

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

\$ 591

OUTSTANDING  
LOAN TOTALS

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.

David Hamilton

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 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, 2022.  
(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 SCHEDULESUBTOTAL  
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: <b>1</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>1-6-22</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Hamilton</b>	9 Loan Amount (\$) <b>7,500</b>
6 Is lender a financial Institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>9419 Scanlon Heights Ln Missouri City, TX 77459</b>	10 Interest rate <b>0%</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 <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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <b>Y N</b>	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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



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

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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 <input type="checkbox"/> out-of-state PAC (ID#: _____) JoAnn Heath	7 Amount of contribution (\$) \$150
6 Contributor address; City; State; Zip Code 11102 Celina Knoll Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) N/A
Date 1-23-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachelle Hostetter & Bart Hostetter	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 3010 Bucknell Ct Sugar Land TX 77478		
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Charles Schnab
Date 1-24-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Wright	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 42 Burnick St Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) N/A
Date 1-24-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco Troiani	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 950 Gardania Dr Houston, TX 77018		
Principal occupation / Job title (See Instructions) Drilling Engineer		Employer (See Instructions) Exxon Mobil
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-25-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Kenison</b> 6 Contributor address; City; State; Zip Code <b>3034 Blue Lagoon Ct Missouri City, TX 77459</b>	7 Amount of contribution (\$) <b>\$150</b>
8 Principal occupation / Job title (See Instructions) <b>Homesaker</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>1-25-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pamela Davis</b> Contributor address; City; State; Zip Code <b>20314 Prince Creek Dr Katy, TX 77450</b>	Amount of contribution (\$) <b>\$105</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Toby Perry</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$200</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cherisse Wright</b> Contributor address; City; State; Zip Code <b>6910 Spring Creek Ct Missouri City, TX 77459</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>CRN</b>		Employer (See Instructions) <b>US Anesthesia Partners</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: <b>12</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-26-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chialun Foster</b> <hr/> 6 Contributor address; City; State; Zip Code <b>106 Drake Elm Ct Sugar Land, TX 77479</b>	7 Amount of contribution (\$)  <b>\$50</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Craig Messick</b> <hr/> Contributor address; City; State; Zip Code _____	Amount of contribution (\$)  <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-21-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Arnold</b> <hr/> Contributor address; City; State; Zip Code <b>2707 Pecan Ct Missouri City, TX 77459</b>	Amount of contribution (\$)  <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>NA</b>
Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allyson Morris</b> <hr/> Contributor address; City; State; Zip Code <b>3719 Trail Bend Missouri City, TX 77459</b>	Amount of contribution (\$)  <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		Employer (See Instructions) <b>N/A</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

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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 1-27-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Washington 6 Contributor address; City; State; Zip Code 4735 Tintagel Ln Missouri City, TX 77459	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Sales Consultant		9 Employer (See Instructions) Vestige International
Date 1-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carson Block Contributor address; City; State; Zip Code 3112 Windsor Rd #219 Austin, TX 78703	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Muddy Waters Research
Date 2-1-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Evelyn Montalvo Contributor address; City; State; Zip Code 1906 Wildwood Ln Richmond, TX 77406	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-1-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jon Menefee Contributor address; City; State; Zip Code 12307 Gambit Dr Stafford, TX 77477	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Scorched Earth and Dead Bugs
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 2-2-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <del>David Hamilton</del> Jim Hoelken 6 Contributor address; City; State; Zip Code 3915 Sundance Hill Ln Sugar Land, TX 77479	7 Amount of contribution (\$) \$200
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) J+L Distributors
Date 2-4-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dudes + Daisies Contributor address; City; State; Zip Code 6310 Morgans Chase Ln Sugar Land, TX 77479	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Florist		Employer (See Instructions) Dudes and Daisies
Date 2-5-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: D. Brandon Frith Contributor address; City; State; Zip Code 9614 Randon Ln Missouri City, TX 77459	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Sr Vice President		Employer (See Instructions) Insurgente of Texas
Date 2-7-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Xueni Yang Contributor address; City; State; Zip Code 5511 Tyler Park Ln Katy, TX 77494	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 2-7-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hong Cheng Guo 6 Contributor address; City; State; Zip Code N/A	7 Amount of contribution (\$) \$700
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 2-8-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Svenya Elackatt Contributor address; City; State; Zip Code 3307 Ivy Mill Ln Missouri City, TX 77459	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 2-9-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wyatt Pemberton Contributor address; City; State; Zip Code 18 Hope Farm Rd Missouri City, TX 77459	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) 555 Group
Date 2-6-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael + Lina Sabouni Contributor address; City; State; Zip Code 23 Palm Blvd Missouri City, TX 77459	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Architects		Employer (See Instructions) Auto Arch
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 2-6-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betsy McSweeney 6 Contributor address; City; State; Zip Code 2149 Wildrye Ln New Braunfels, TX 78132	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 2-6-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina Thompson Contributor address; City; State; Zip Code 14826 Armitage Ln Sugar Land, TX 77498	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 1-31-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Pace Contributor address; City; State; Zip Code N/A	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) GM - Well Design		Employer (See Instructions) Chevron
Date 2-14-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Liu Contributor address; City; State; Zip Code N/A	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aleksandra Lavera 6 Contributor address; City; State; Zip Code 3907 Spring Bloom Ct Sugar Land, TX 77479	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Aleksandra Lavera, MD
Date 2-18-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collins, and Mott Contributor address; City; State; Zip Code 1235 North Loop W. Suite 600 Houston, TX 77008	Amount of contribution (\$) \$1,000
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions) Perdue, Brandon, Fielder, Collins, and Mott
Date 2-18-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Michie Contributor address; City; State; Zip Code 9111 S. Fitzgerald Way Mississauga, TX 77459	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 3-11-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridget Yeung Contributor address; City; State; Zip Code 538 Lombardy Dr Sugar Land, TX 77478	Amount of contribution (\$) \$150
Principal occupation / Job title (See Instructions) Wealth Advisor		Employer (See Instructions) Fort Bend Financial
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 3-8-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shyan Ananthaswamy 6 Contributor address; City; State; Zip Code 8730 Ruston Ridge Dr. Richmond, TX 77406	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 3-7-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Phillip Andrews Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sugar Land Rain Gutters
Date 3-18-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harish Tajoo Contributor address; City; State; Zip Code 62 Bradford Cir Sugar Land, TX 77479	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HT Consulting
Date 3-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Justin Schiro Contributor address; City; State; Zip Code 21118 Meadow Ash Ct Richmond, TX 77407	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) TX Representative Gary Gates
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 12	
2 FILER NAME David Hamilton				3 Filer ID (Ethics Commission Filers)	
4 Date 3-20-22		5 Full name of contributor Mark Richard <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$75	
		6 Contributor address; City; State; Zip Code n/a			
8 Principal occupation / Job title (See Instructions) n/a			9 Employer (See Instructions) n/a		
Date 3-29-22		Full name of contributor Allen Owen <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$500	
		Contributor address; City; State; Zip Code 2022 Masters Ln Missoula City, TX 77459			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) NA		
Date 3-29-22		Full name of contributor Sarah Beth Smith <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$100	
		Contributor address; City; State; Zip Code NA			
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
Date 3-29-22		Full name of contributor Gary Pearson <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$20	
		Contributor address; City; State; Zip Code n/a			
Principal occupation / Job title (See Instructions) Consultant			Employer (See Instructions) Gary Pearson Associates		
<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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>David Hamilton</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-17-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Wetch</i> <hr/> 6 Contributor address; City; State; Zip Code <i>5514 Shadywood Lane Sugar Land, TX 77479</i>	7 Amount of contribution (\$)  <i>\$50</i>
8 Principal occupation / Job title (See Instructions) <i>NA</i>		9 Employer (See Instructions) <i>NA</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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: <b>3</b>		2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-24-22</b>		5 Payee name <b>MDL Corp Group</b>			
6 Amount (\$) <b>\$1,500</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description <b>Campaign Consulting</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		Office sought Office held	
Date <b>1-19-22</b>		Payee name <b>GoDaddy.com</b>			
Amount (\$) <b>\$108.78</b>		Payee address; City; State; Zip Code <b>14455 N. Hayden Rd Suite 226 Scottsdale, AZ 85260</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising - Website</b>		Description <b>Website</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		Office sought Office held	
Date <b>1-24-22</b>		Payee name <b>Hampton Inn</b>			
Amount (\$) <b>\$742</b>		Payee address; City; State; Zip Code <b>4909 Hwy 6 Missari City, TX 77459</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Venue Fee</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		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-1-22</b>		5 Payee name <b>GOP Store</b>			
6 Amount (\$) <b>\$1,405.45</b>		7 Payee address; <b>404 IH-45</b>		City; State; Zip Code <b>Huntsville, TX 77488</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Yard Signs</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 Office sought Office held				
Date <b>3-24-22</b>		Payee name <b>1W Print</b>			
Amount (\$) <b>\$1,939.59</b>		Payee address; <b>4505 Hwy 6 W</b>		City; State; Zip Code <b>Houston TX 77089</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Logo + Print Work, Yard Signs</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 Office sought Office held				
Date <b>3-29-22</b>		Payee name <b>Sugar's</b>			
Amount (\$) <b>\$112.66</b>		Payee address; <b>3424 FM 1092 Rd</b>		City; State; Zip Code <b>Missouri City TX 77459</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Food &amp; Drinks</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 Office sought Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name PayPal			
6 Amount (\$) 143.37		7 Payee address; 2211 N. 1st St.		City; San Jose	State; CA
				Zip Code 95131	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2-2-22		Payee name Sugar and Iced			
Amount (\$) \$82		Payee address; 15727 Cullen Rd Apt 509		City; Houston	State; TX
				Zip Code 77070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Cookies		
	<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 3-26-22		Payee name James Presler			
Amount (\$) \$1,000		Payee address; 8035 Cross Trail Dr		City; Sugar Land	State; TX
				Zip Code 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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:

24

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS (MRS) / MR FIRST MI

Orjanel Kianna

NICKNAME LAST SUFFIX

Lewis

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4111 North

Creekmont Dr. Fresno, TX 77545

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 487-5427

6 CAMPAIGN  
TREASURER  
NAME

MS (MRS) / MR FIRST MI

Geralynn A

NICKNAME LAST SUFFIX

Prince-Semien

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1007 Hannah

Falls Ln

Fresno, TX 77545

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( )

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

/ /

THROUGH

Month Day Year

/ /

11 ELECTION

ELECTION DATE

Month Day Year

5 / 7 / 22

ELECTION TYPE

Primary

Runoff

☒ Other  
Description

General

Special

School Board

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBISD Pos 7

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED  
APR 07 2022  
BY: Lydia Rodriguez

Date Hand-delivered or Date Postmarked

3:04 PM

Receipt #

Amount \$

Date Processed

Date Imaged

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)	\$ 2,780.35
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,583.71
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 239.39
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,861.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,968.01
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,500

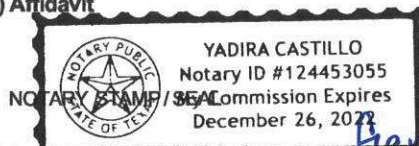
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



Sworn to and subscribed before me by Heralynn 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 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**

Orjanel Kianna Lewis, Esq.

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1. ✓	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,803.36
2. ✓	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ∅
4. ✓	SCHEDULE E: LOANS	\$ 1,500
5. ✓	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,622.00
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	\$ 366.91
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: 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#: 6 Contributor address; City; State; Zip Code Houston, TX	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) BP
Date 1/31/22	Full name of contributor Daniel Franklin Jr. Contributor address; City; State; Zip Code 6426 Conley St. Houston, TX 77021	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)
Date 1/31/22	Full name of contributor Tamara Starks Contributor address; City; State; Zip Code 3722 Harvest Drive, Decatur, CA 90034	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/22	Full name of contributor Brandon Winchester Contributor address; City; State; Zip Code 13106 Tropicana Dr, Houston, TX 77041	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/22	5 Full name of contributor Odell Pointer out-of-state PAC (ID#): Contributor address; City; State; Zip Code 14422 Windy Willow, Missouri City, TX 77489	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 1/31/22	Full name of contributor Anedra Coleman Contributor address; City; State; Zip Code Laplace, LA	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Parish Secretary		Employer (See Instructions) St. Charles Parish
Date 1/31/22	Full name of contributor Brandon Alexander Contributor address; City; State; Zip Code New York, NY	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 2/1/22	Full name of contributor Jocelyn Deik Adams Contributor address; City; State; Zip Code Dallas, Texas	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/22	5 Full name of contributor Amanda Bolles Watson out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Houston
Date 2/2/22	Full name of contributor Linda Pointer Contributor address; City; State; Zip Code 14422 Windy Willow Ct. Missouri City, TX 77489	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/22	Full name of contributor Lori Williams Contributor address; City; State; Zip Code 20629 Pitchfork Dr. Riverside, CA 92507	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Portfolio Recovery Associates
Date 2/9/22	Full name of contributor Jade Noya Morales Contributor address; City; State; Zip Code Miami, FL	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/22	5 Full name of contributor Diana Brown out-of-state PAC (ID#: 6 Contributor address; Houston, TX City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Childrens Hospital
Date 2/10/22	Full name of contributor Tiffany Harper out-of-state PAC (ID#: Contributor address; Chicago, IL City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Management		Employer (See Instructions) Twitter
Date 2/10/22	Full name of contributor Janis Winey out-of-state PAC (ID#: Contributor address; Katy, Texas City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Diagnostician		Employer (See Instructions) Katy ISD
Date 2/10/22	Full name of contributor Geraldynn Prince-Semien out-of-state PAC (ID#: Contributor address; 1007 Harman Falls Ln. Fresno, TX 77545 City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Supply Chain Lead		Employer (See Instructions) Wood Group LLC.
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/22	5 Full name of contributor Zahra Syed out-of-state PAC (ID#: 6 Contributor address; Sugar Land, Texas City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 2/10/22	Full name of contributor Rosalind Lewis out-of-state PAC (ID#: Contributor address; Missouri City, TX City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/10/22	Full name of contributor Elizabeth Hanks out-of-state PAC (ID#: Contributor address; Houston, Texas City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 2/10/22	Full name of contributor Dylan Russell out-of-state PAC (ID#: Contributor address; Missouri City, TX City; State; Zip Code	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoover Slovacek
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/22	5 Full name of contributor Jamila Carroll out-of-state PAC (ID#: 6 Contributor address; Houston, Texas City; State; Zip Code	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) PBA Group
Date 2/10/22	Full name of contributor Rosanna Eugenio out-of-state PAC (ID#: Contributor address; New York, NY City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 2/10/22	Full name of contributor Mehul Parikh out-of-state PAC (ID#: Contributor address; Sugar Land, TX City; State; Zip Code	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/22	Full name of contributor Jennifer Weathersby Williams out-of-state PAC (ID#: Contributor address; Chicago, IL City; State; Zip Code	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/22	5 Full name of contributor Holly Arimo Njoku out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Richmond, TX	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Ben Taub Hospital
Date 2/11/22	Full name of contributor Stephanie Johnson out-of-state PAC (ID#: Contributor address; City; State; Zip Code Richmond, TX	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Simmons Johnson Consulting
Date 2/11/22	Full name of contributor Stephanie Semper out-of-state PAC (ID#: Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Licensed Counselor		Employer (See Instructions) City of Houston
Date 2/12/22	Full name of contributor James morales out-of-state PAC (ID#: Contributor address; City; State; Zip Code Miami, FL	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjanele Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/22	5 Full name of contributor Barbara Vaughns out-of-state PAC (ID#: 6 Contributor address; 13706 Monarch Road City; Houston, TX State; TX Zip Code 77047	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Clerk		9 Employer (See Instructions) USPS
Date 2/14/22	Full name of contributor Marsha Fowler out-of-state PAC (ID#: Contributor address; 13702 Monarch Road City; Houston, TX State; TX Zip Code 77047	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) USPS
Date 2/15/22	Full name of contributor Nicole Leonard out-of-state PAC (ID#: Contributor address; City; Los Angeles, CA State; CA Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 2/26/22	Full name of contributor Kelsey Folmer out-of-state PAC (ID#: Contributor address; City; Fresno, TX State; TX Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Schlumberger
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/22	5 Full name of contributor Dereck Lenoir out-of-state PAC (ID#: 6 Contributor address; League City, Texas City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/22	Full name of contributor Marcus Lewis Contributor address; 4111 N. Creekmont Dr. Fresno, TX 77545 City; State; Zip Code	Amount of contribution (\$) \$105.74
Principal occupation / Job title (See Instructions) Pharacist		Employer (See Instructions)
Date 3/2/22	Full name of contributor Michael Brown Contributor address; 3630 Villa Glen Houston, TX City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) College & career Counselor		Employer (See Instructions) Kipp
Date 3/2/22	Full name of contributor Chanel Fowler Contributor address; 14018 Santa Teresa Rd. Houston, TX 77045 City; State; Zip Code	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) MD Anderson
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/22	5 Full name of contributor Dylan Russell out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Missouri City, TX	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hoover Slovacek
Date 3/4/22	Full name of contributor Tiffany and Bronson Crawford out-of-state PAC (ID#: Contributor address; City; State; Zip Code Tucson, Arizona	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions)
Date 3/7/22	Full name of contributor Srenya Elackatt out-of-state PAC (ID#: Contributor address; City; State; Zip Code Missouri City, TX	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/22	Full name of contributor Niah Spriggs out-of-state PAC (ID#: Contributor address; City; State; Zip Code Oklahoma City, OK	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Djanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/22	5 Full name of contributor Phillip Elackatt out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Houston, Missouri City, TX	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7/22	Full name of contributor Grady Prestage Contributor address; City; State; Zip Code Missouri City, TX	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Fort Bend County
Date 3/11/22	Full name of contributor Melissa Spriggs Contributor address; City; State; Zip Code Stafford, TX	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Alief ISD
Date 3/11/22	Full name of contributor Marilyn Lewis Contributor address; City; State; Zip Code 14005 Walksew St. Houston, TX 77047	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/22	5 Full name of contributor out-of-state PAC (ID#: Michael E Jackson 6 Contributor address; City; State; Zip Code 5819 Hancock Houston TX 77004	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Safety Tech		9 Employer (See Instructions) Olin Corp
Date 3/11/22	Full name of contributor out-of-state PAC (ID#: Sadar Q Imam Contributor address; City; State; Zip Code 19 Saint Christopher Ct. Sugar Land, TX 77479	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions)
Date 3/11/22	Full name of contributor out-of-state PAC (ID#: Birdie Kelley Contributor address; City; State; Zip Code Missouri City, Texas	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/11/22	Full name of contributor out-of-state PAC (ID#: Dylan Russell Contributor address; City; State; Zip Code Missouri City, Texas	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoover Storage
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Orjane Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/22	5 Full name of contributor Taylor Pointer out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Houston, TX	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/22	Full name of contributor Sumita Chowdhury-Chosh Contributor address; City; State; Zip Code 4607 Kereshaw Ct. Sugar Land, TX 77479	Amount of contribution (\$) <del>\$10</del> \$101.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 3/11/22	Full name of contributor Oscar Telfair III Contributor address; City; State; Zip Code 4210 Oak Forest Dr. Missouri City, TX 77459	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 3/11/22	Full name of contributor Odell Pointer Contributor address; City; State; Zip Code Missouri City, TX	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

15

2 FILER NAME

Orjanel Kianna Lewis

3 Filer ID (Ethics Commission Filers)

4 Date

3/12/22

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bob Westbrook

7 Amount of contribution (\$)

\$400.00

6 Contributor address;

City;

State;

Zip Code

El Paso, Texas

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/22

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jason Dobrolecki

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

Missouri City, Texas

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Date

3/16/22

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Martha Franci Wayland

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

Norfolk, Virginia

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/22

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tom Hanan

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

Sugar Land, TX

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 3/25	5 Full name of contributor David Mc Neal out-of-state PAC (ID#: 6 Contributor address; Houston, Texas City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) McNeal Law Group
Date 3/28	Full name of contributor Sairah Ahmed Contributor address; 5412 Patrick Henry St City; State; Zip Code Bellaire TX 77401	Amount of contribution (\$) 96.62
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4	Full name of contributor Andee Marksamer Contributor address; 23 Seaton Ct. City; State; Zip Code Sugar Land TX 77479	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5	Full name of contributor Marie Milnes-Vasquez Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: <u>1</u>	
2 FILER NAME <u>Orjanet Kianna Lewis</u>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ <u>Ø</u>	
5 Date <u>2/26/22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Derek Hames</u>			8 Amount of Contribution \$ <u>100.00</u>	9 In-kind contribution description <u>Volunteer meeting</u>
7 Contributor address; City; State; Zip Code <u>4830 Summer Lakes Missouri City, TX</u>				Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>COO</u>			11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Edgewater Digital</u>		
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		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 <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orjanel Kianna Lewis	9 Loan Amount (\$) 1,500
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 4111 North Creekmont Fresno 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 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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: 3		2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)	
4 Date 3/9/2022		5 Payee name M3 Graphics			
6 Amount (\$) \$899.94		7 Payee address; City; State; Zip Code 11730 S Wilcrest Dr. Houston, TX 77099			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense Ad		(b) Description 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 3/10/22		Payee name M3 Graphics			
Amount (\$) 386.90		Payee address; City; State; Zip Code 11730 S Wilcrest Dr. Houston, TX 77099			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Ad. Expense		Description 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 3/14/2022		Payee name Sugar's Restaurant			
Amount (\$) \$541.25		Payee address; City; State; Zip Code 3424 FM 1092 Suite 290 Missouri, city TX 77459			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Orjannel Kianna Lewis</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21/22</b>	5 Payee name <b>Jennifer Cantu</b>	
6 Amount (\$) <b>474.00</b>	7 Payee address; City; State; Zip Code <b>Rosenburg, TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Wages/Contract labor</b>	(b) Description <b>Blockwalking</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>3/23/22</b>	Payee name <b>M3 Graphics</b>	
Amount (\$) <b>2,483.52</b>	Payee address; City; State; Zip Code <b>11730 S Wilcrest Dr. Houston, TX 77099</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>	Description <b>Signs</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>4/1/22</b>	Payee name <b>Aviva Wholesale</b>	
Amount (\$) <b>195.18</b>	Payee address; City; State; Zip Code <b>10355 Harwin Dr. Houston, TX 77036</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Campaign shirts</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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  
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: <b>3</b>		2 FILER NAME <b>Orjanel Kianna Lewis</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/1/22</b>		5 Payee name <b>New City Printing</b>			
6 Amount (\$) <b>265.00</b>		7 Payee address; City; State; Zip Code <b>445 Murphy Rd. Stafford, TX 77477</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing expenses</b>		(b) Description <b>Shirt Printing</b>		
	(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					
Date <b>4/5/22</b>		Payee name <b>M3 Graphics</b>			
Amount (\$) <b>2,353.36</b>		Payee address; City; State; Zip Code <b>11730 Skilerest Dr. Houston, TX 77099</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>		Description <b>Signs / Push cards</b>		
	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					
Date <b>4/5/22</b>		Payee name <b>UPrinting</b>			
Amount (\$) <b>822.85</b>		Payee address; City; State; Zip Code <b>800 Haskell Ave. Van Nuys, CA 91406</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>		Description <b>Postcards</b>		
	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					

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  
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 G: 1		<b>2</b> FILER NAME Orjanei Kianna Lewis		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/4/22		<b>5</b> Payee name Square Space			
<b>6</b> Amount (\$) 116.91 <small>Reimbursement from political contributions intended</small>		<b>7</b> Payee address; City; State; Zip Code 8 Clarkson St. New York, NY			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) other		<b>(b)</b> Description Website		
	<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 Office sought Office held					
Date		Payee name Koreha Brown			
Amount (\$) 250.00 <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code Missouri City, Texas			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting expense		Description Consulting		
	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			
Amount (\$)  <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	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 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: **18**3 CANDIDATE /  
OFFICEHOLDER  
NAMEMS / MRS / MR **(C)**

FIRST

**James**

MI

**D.**

NICKNAME

**Jim**

LAST

**Rice**

SUFFIX

Date Received

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

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

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

AREA CODE

PHONE NUMBER

EXTENSION

**(832) 563-2942**

Date Hand-delivered or Date Postmarked

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

FIRST

**Dorothy**

MI

**S.**

NICKNAME

**Suzanne**

LAST

**Ramos**

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

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

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(281) 980-9051**

9 REPORT TYPE

☐ January 15☒ 30th day before election☐ Runoff☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)☐ July 15☐ 8th day before election☐ Exceeded Modified  
Reporting Limit☐ Final Report (Attach C/OH - FR)10 PERIOD  
COVERED

Month

Day

Year

**01 / 01 / 2022**

THROUGH

Month

Day

Year

**03 / 28 / 2022**

11 ELECTION

ELECTION DATE

Month

Day

Year

**05 / 07 / 22**☐ Primary☐ Runoff

ELECTION TYPE

☐ Other  
Description☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

**FBISD Trustee  
Position 3**

13 OFFICE SOUGHT (if known)

**FBISD Trustee  
Position 3**14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

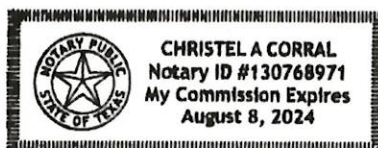
15 C/OH NAME <u>Jim Rice (James D. Rice)</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN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

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

James D. Rice  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by James D. Rice this the 5 day of April,

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

Christel A. Corral Administrative Assistant  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

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

p. 3 of 12

## SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Jim Rice (James D. Rice)

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,057.66
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.33



## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: p. 1 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim and S. Russ	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 10011 Meadowglen Lane Houston, Texas 77042		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony + Kerry Lacsamana	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3107 Winchester Way Sugar Land, Texas 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James A. Thompson Campaign Acct.	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bridget R. Yeung	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 538 Lombardy Dr. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: p. 2 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/22	5 Full name of contributor Derrick Mitchell <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$500.00
6 Contributor address: City: State: Zip Code 3346 Parkwood Dr. Houston, Texas 77021-1139		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/2/22	Full name of contributor Dean Arbacek <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1,000.00
Contributor address: City: State: Zip Code 130 Industrial Blvd. Ste 110 Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/22	Full name of contributor Rolinda Schmidt <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$150.00
Contributor address: City: State: Zip Code 3513 Trail Head Dr. Kerrville, TX 78028		pp
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/22	Full name of contributor Robin Elder <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 2033 Spinnaker Dr. League City, TX 77573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: p. 4 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph + Janet Meyer	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 1410 Ravens Court Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Siwlerka	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1368 Lake Pointe Pkwy. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Perdue, Brandon, Fielder Collins + Mott LLC	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1235 North Loop W. Ste. 600 Houston, Texas 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Russell & Doris Klaus	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1267 Piney Woods Rd. Allen, Tx. 78935		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

p. 5 of 8

2 FILER NAME

James D. Rice (Jim Rice)

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

Seth Smith

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

1683 Shaws Bend Road  
Columbus, Tx. 78934

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/22

Full name of contributor

☐ out-of-state PAC (ID#)

Earl + Peggy Pitchford

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

2022 Brushy Rd.  
Columbus, Tx. 78934

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5/22

Full name of contributor

☐ out-of-state PAC (ID#)

Justin Labay

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

1050 Green Meadows Lane  
Columbus, Tx. 78934

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/22

Full name of contributor

☐ out-of-state PAC (ID#)

Gary Pearson III

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2350 Westcreek Ln. Suite 1213  
Houston, Tx 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: p. 6 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jared Jameson	7 Amount of contribution (\$) \$ 250.00
6 Contributor address: City: State: Zip Code 2333 Town Center Blvd. #100 Sugar Land, Tx. 77478		pp
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stuart Jacobsen	Amount of contribution (\$) \$ 250.00
Contributor address: City: State: Zip Code 77 Sugar Creek Center Blvd. Ste 500 Sugar Land, Tx. 77478		pp.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Randall Curry	Amount of contribution (\$) \$ 1,500.00
Contributor address: City: State: Zip Code 3422 Mimosa Way Sugar Land, Tx. 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gail McClendon	Amount of contribution (\$) \$ 200.00
Contributor address: City: State: Zip Code 911 Eastwood Ct. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

p. 1 of 8

2 FILER NAME

James D Rice (Jim)

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/22

5 Full name of contributor

Floyd Emery

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

2103 Fountain Valley Dr.  
Missouri City, Tx. 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/22

Full name of contributor

Roy Smith

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

111 Mayfair Ct.  
Sugar Land, Tx. 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/22

Full name of contributor

Yolanda Humphrey

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

2803 Scottsdale Palms Dr.  
Missouri City, Texas 77459 pp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/22

Full name of contributor

Victor Chen

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

101 Blacraft Court  
Sugar Land, Tx. 77478 pp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

p. 8 of 8

2 FILER NAME

James D. Rice (Jim)

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/22

5 Full name of contributor

David Rowe

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address;

City;

State;

Zip Code

11931 Wickchester Suite 300  
Houston, Tx. 77043

pp.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/22/22

Full name of contributor

Dan Micciche

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 400.00

Contributor address;

City;

State;

Zip Code

1140 Bally Mote Dr.  
Dallas, Tx. 75218

pp.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

\$ 700.00



p. 12 of 18

# **POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>p. 1 of 6</b>	2 FILER NAME <b>James Rice (Jim)</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/03/22</b>	5 Payee name <b>Burt J. Levine aka Texas Campaigns</b>	
6 Amount (\$) <b>\$300.00</b>	7 Payee address; City; State; Zip Code <b>9600 Glenfield Court Suite 140 Houston, Tx. 77096</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	
	(b) Description <b>Campaign Consulting</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>Jim Rice FBISD Trustee Position 3</b>		
Date <b>01/03/22</b>	Payee name <b>Icenhower Consulting LLC</b>	
Amount (\$) <b>\$1,500.00</b>	Payee address; City; State; Zip Code <b>3019 Arrowhead Sugar Land, Tx. 77479</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	
	Description <b>Campaign Consulting</b>	
(c) <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>Jim Rice, FBISD Trustee Position 3</b>		
Date <b>01/11/22</b>	Payee name <b>Fort Bend Star</b>	
Amount (\$) <b>\$79.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 2369 Stafford, Tx. 77477</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	
	Description <b>Newspaper Ad.</b>	
(c) <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>Jim Rice, FBISD Trustee Position 3</b>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

\$1,879

# **POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 2 of 6		2 FILER NAME James Rice (Jim)		3 Filer ID (Ethics Commission Filers)	
4 Date 01/25/22		5 Payee name Pamela Printing			
6 Amount (\$) \$ 239.23		7 Payee address: 550 Julie Rivers Dr. Sugar Land, Tx. 77478		City: #310	State: Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Pushcards.		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Jim Rice, FBISD Trustee Position 3 Office sought: Office held:					
Date 01/30/22		Payee name Burt J. Levine dba Texas Campaigns			
Amount (\$) \$ 400.00		Payee address: 9600 Greenfield Court Houston, Tx. 77096		City: Suite 148	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Jim Rice, FBISD Trustee Position 3 Office sought: Office held:					
Date 01/30/22		Payee name Burt J. Levine dba Texas Campaigns			
Amount (\$) \$ 100.00		Payee address: 9600 Greenfield Court Houston, Tx. 77096		City: Suite 148	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Jim Rice, FBISD Trustee Position 3 Office sought: Office held:					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# **POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

## **SCHEDULE F1**

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 3 of 6	2 FILER NAME James Rice (Jim)	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/22	5 Payee name Burt J. Levine dba Texas Campaigns	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 9600 Greenfield Court suite 148 Houston, Tx. 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Jim Rice FBISD Trustee Position 3	
Date 03/03/22	Payee name Icenhower Consulting LLC	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3019 Arrowhead Sugar Land, Tx. 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Jim Rice FBISD Trustee Position 3	
Date 01/19/22 to 03/07/22	Payee name Pay Pal	
Amount (\$) \$49.66	Payee address; City; State; Zip Code On-line	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Pay Pal Charges.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Jim Rice FBISD Trustee Position 3	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# **POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 4 of 6		2 FILER NAME James Rice (Jim)		3 Filer ID (Ethics Commission Filers)	
4 Date 3/16/2022		5 Payee name Z+ZZ International, Inc.			
6 Amount (\$) \$1,900.00		7 Payee address; 4503 Crescent Lakes Cir. Sugar Land, Texas 77479		City;	State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Ad		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Jim Rice, FBISD trustee, Position 3					
Date 3/16/2022		Payee name Pamela Printing			
Amount (\$) \$395.11		Payee address; 550 Julie Rivers Dr., Suite 310 Sugar Land, Tx. 77479		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Bumper stickers, name badge, car magnets		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Jim Rice, FBISD Trustee, Position 3					
Date 3/22/22		Payee name Iceuhower Consulting LLC			
Amount (\$) \$1,373.79		Payee address; 3019 Arrowhead Sugar Land, Tx. 77479		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Consulting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Jim Rice, FBISD Trustee Position 3					
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: <b>p 5 of 6</b>		2 FILER NAME <b>James Rice (Jim)</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/27/22</b>		5 Payee name <b>Pamela Printing</b>			
6 Amount (\$) <b>\$274.96</b>		7 Payee address: <b>550 Julie Rivers Dr., Suite 310</b> <b>Sugar Land, Tx. 77479</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <b>Pushcards.</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 ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name <b>Jim Rice, FBISD Trustee Position 3</b>					
Date <b>3/27/22</b>		Payee name <b>Burt J. Levine dba Texas Campaigns</b>			
Amount (\$) <b>\$400.00</b>		Payee address: <b>9600 Greenfield Court Suite 148</b> <b>Houston, Tx. 77096</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Campaign Consulting</b>		
	<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 <b>Jim Rice, FBISD Trustee Position 3</b>					
Date <b>3/27/22</b>		Payee name <b>Icenhauer Consulting LLC</b>			
Amount (\$) <b>\$800.00</b>		Payee address: <b>3019 Arrowhead</b> <b>Sugar Land, Tx. 77479</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Campaign Consulting</b>		
	<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 <b>Jim Rice, FBISD Trustee Position 3</b>					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

p. 17 of 18

# **POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>p. 6 of 6</b>		2 FILER NAME: <b>James Rice (Jim)</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>3/18/22</b> <b>- 3/28/22</b>		5 Payee name: <b>Pay Pal</b>			
6 Amount (\$): <b>\$45.91</b>		7 Payee address; City; State; Zip Code: <b>on-line</b>			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule): <b>Fee</b>		(b) Description: <b>Pay Pal charges</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: <b>Jim Rice FBISD Trustee Position 3</b>					
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: <b>Candidate / Officeholder name</b> <b>Office sought</b> <b>Office held</b>					
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: <b>Candidate / Officeholder name</b> <b>Office sought</b> <b>Office held</b>					
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: <b>Candidate / Officeholder name</b> <b>Office sought</b> <b>Office held</b>					

**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>1/21 - 3/18/2022</i>	5 Name of person from whom amount is received <i>Frost Bank</i> <hr/> 6 Address of person from whom amount is received; City; State; Zip Code <i>620 Hwy. 6 Sugar Land, Tx. 77478</i>	8 Amount (\$)  <i>\$ 0.33</i>
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>Interest paid on funds in bank account</i>		
Date	Name of person from whom amount is received  <hr/> Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  <hr/> Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  <hr/> Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM C/OH  
COVER SHEET PG 1

Revised 8/17/2020




# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

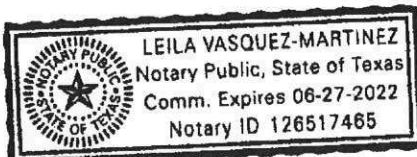
<b>16 C/OH NAME</b> Rick Garcia		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,909.78
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,003.80
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -94.02
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rick Garcia this the 29th day of April, 2020  
to certify which, witness my hand and seal of office.  
Leila Vasquez-Martinez 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****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,909.78
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. ■ SCHEDULE E: LOANS	\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,003.80
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A2:

**2 FILER NAME**

## Rick Garcia

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

#### 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

**\$ 350.00**

**6 Date**

04/28/2022

**6 Full name of contributor**  
**Congress PAC**

**7** Contributor address;                      City;                      State;                      Zip Code

Fort Bend County, Richmond, TX

**8** Amount of Contribution \$

350.00

9 In-kind contribution  
description

## Advertising

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

☐ out-of-state PAC (ID#:\_

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.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2022	5 Full name of contributor Laura Rodriguez out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3114 ROAD RUNNER WALK MISSOURI CITY, TX 77459	7 Amount of contribution (\$)  <b>47.30</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/28/2022	Full name of contributor Janie Ramos out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 20602 Bandrock Ter Richmond, TX 77407	Amount of contribution (\$)  <b>94.85</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Luis D Morales 6 Contributor address; City; State; Zip Code 20706 Bahama Blue Dr Richmond, TX 77407	7 Amount of contribution (\$)  <b>47.30</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Lindsay Marsters Contributor address; City; State; Zip Code 20710 Bahama Blue Dr Richmond, TX 77407	Amount of contribution (\$)  <b>94.85</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2022	Full name of contributor out-of-state PAC (ID#: _____) William Grasham Contributor address; City; State; Zip Code 2123 Spanish Forest Lane Richmond, TX 77406	Amount of contribution (\$)  <b>94.85</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Torivia Hernandez Contributor address; City; State; Zip Code 3127 Stoney Mist Drive Sugar Land, TX 77479	Amount of contribution (\$)  <b>94.85</b>
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>9</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/10/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Susan Liu</b> 6 Contributor address; City; State; Zip Code <b>3531 Meadow Spring Dr Sugar Land, TX 77479</b>	7 Amount of contribution (\$) <b>189.95</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/12/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Svenya Elackatt</b> Contributor address; City; State; Zip Code <b>3307 Ivy Mill Lane Missouri City, TX 77459</b>	Amount of contribution (\$) <b>94.95</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Linda Ruckman</b> Contributor address; City; State; Zip Code <b>9603 Blue Spruce Ct Missouri City, TX 77459</b>	Amount of contribution (\$) <b>237.50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/21/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Louis Ogden</b> Contributor address; City; State; Zip Code <b>1907 Willow Lakes Drive Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>23.53</b>
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.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<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 04/05/2022		<b>5</b> Payee name Perfect Latte			
<b>6</b> Amount (\$)  19.00		<b>7</b> Payee address; City; State; Zip Code Richmond, TX 77407			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description Event Expense		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date 04/11/2022		Payee name Shipley's Donuts			
Amount (\$) 21.98		Payee address; City; State; Zip Code Richmond, TX 77407			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses		Description Donuts for Volunteers		
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete ONLY 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Rick Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 04/11/2022	5 Payee name InMode Interactive
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6 Amount (\$) 250.00	7 Payee address; Richmond, TX 77407	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Trustee	Office held Position #3
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Date 04/12/2022	Payee name NBD Graphics
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Amount (\$) 854.09	Payee address; Katy, TX	City;	State;	Zip Code
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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 ONLY 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
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Amount (\$) 21.14	Payee address; Richmond, TX	City;	State;	Zip Code
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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 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  
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 04/19/2022		<b>5</b> Payee name Aviva Wholesale			
<b>6</b> Amount (\$) 31.92		<b>7</b> Payee address; City; State; Zip Code Harlem Road, Houston, TX			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description t-shirts		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date 04/19/2022		Payee name NBD Graphics			
Amount (\$) 59.54		Payee address; City; State; Zip Code Katy, TX			
<b>PURPOSE OF EXPENDITURE</b>	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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date 04/21/2022		Payee name Sam's Club			
Amount (\$) 31.76		Payee address; City; State; Zip Code Richmond, TX			
<b>PURPOSE OF EXPENDITURE</b>	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 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  
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 04/22/2022		<b>6</b> Payee name Jesse DeLeon			
<b>6</b> Amount (\$) 372.71		<b>7</b> Payee address; City; State; Zip Code Harlem Road, Houston, TX			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Reimbursement		<b>(b)</b> Description Reimbursement for event expense		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date 04/21/2022		Payee name Kroger			
Amount (\$) 73.66		Payee address; City; State; Zip Code Richmond, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses		Description Meet and Greet Expenses		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY 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 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  
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 04/25/2022		5 Payee name Domain Hosting			
6 Amount (\$) 35.17		7 Payee address; City; State; Zip Code			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Domain Renewal Fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date 04/25/2022		Payee name Westco Donuts			
Amount (\$) 42.20		Payee address; City; State; Zip Code Richmond, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses		Description Donuts for volunteers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Garcia		Office sought FBISD Board Trustee	Office held Position #3
Date 04/25/2022		Payee name Chipotle			
Amount (\$) 14.34		Payee address; City; State; Zip Code Richmond, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Food for volunteers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete 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  
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 04/26/2022		5 Payee name Gyro Republic			
6 Amount (\$) 15.23		7 Payee address; City; State; Zip Code Richmond, TX 77407			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food		(b) Description Food for volunteers		
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/27/2022		Payee name CME Printing			
Amount (\$) 98.62		Payee address; City; State; Zip Code Houston, TX			
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 ONLY 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; City; State; Zip Code Sugar Land, TX			
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 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

# 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: 12

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR *Mr.* FIRST *David* MI *W*  
NICKNAME LAST SUFFIX  
*Hamilton*

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*9419 Scanlan Heights Ln*  
*Missouri City, TX 77459*

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(832) 677-1478*

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR *Mrs* FIRST *Kaithlyn* MI *G*  
NICKNAME LAST SUFFIX  
*Hamilton*

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*9419 Scanlan Heights Ln*  
*Missouri City, TX 77459*

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(972) 322-5997*

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)  
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified  
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
*3 / 29 / 22* THROUGH *4 / 27 / 22*

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other  
*5 / 7 / 22* ☒ General ☐ Special Description

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*FBISD Trustee Position 7*

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE COMMITTEE NAME  
☐ GENERAL COMMITTEE ADDRESS  
☐ SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 6,445.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 350.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,178
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 858
OUTSTANDING LOAN TOTALS	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.

*David W. Hamilton*

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 Scanlon 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.  
(month) (year)

*David W. Hamilton*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-2</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce + Cindy Bond</b> 6 Contributor address; City; State; Zip Code <b>1743 Carriage Way</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>4-3</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Count Alley</b> Contributor address; City; State; Zip Code <b>3530 Villanova St. University Park, TX 75225</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>COO</b>		Employer (See Instructions) <b>RWR Investments</b>
Date <b>4-8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Graham</b> Contributor address; City; State; Zip Code <b>2123 Spanish Forest Ln Richmond, TX 77406</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>n/a</b>
Date <b>4-8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathleen Wall</b> Contributor address; City; State; Zip Code <b>602 Pinchaven Houston, TX 77024</b>	Amount of contribution (\$) <b>5,000.00</b>
Principal occupation / Job title (See Instructions) <b>Business Investor</b>		Employer (See Instructions) <b>n/a</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Norm Mason</b> 6 Contributor address; City; State; Zip Code <b>915 Goldfinch Ave. Sugarland, TX 77478</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>n/a</b>
Date <b>4-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lawrence Meredith</b> Contributor address; City; State; Zip Code <b>4906 Cambridge St. Sugarland, TX 77479</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Ranch</b> Contributor address; City; State; Zip Code <b>3103 Kempwood Dr Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>\$20</b>
Principal occupation / Job title (See Instructions) <b>n/a</b>		Employer (See Instructions) <b>n/a</b>
Date <b>4-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lewis Ogden</b> Contributor address; City; State; Zip Code <b>1907 Willow Lakes Dr Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>\$25</b>
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: 4
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 4-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norm Kahla	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 3603 Golden Tee Ln Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) n/a
Date 4-1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary + Teresa Hamilton	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 18919 Ame Blush Dr. Tomball, TX 77377		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Owen	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3023 Fairway Dr Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a
Date 3-29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend Business Coalition	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2333 Town Center Dr Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) Business Advocacy Group		Employer (See Instructions) n/a
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tam Craig</b> 6 Contributor address; City; State; Zip Code <b>3978 Inglenood Cir Missouri City, TX 77459</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Sales Manager</b>		9 Employer (See Instructions) <b>ACI Medical Devices</b>
Date <b>4-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dale + Linda Rodenay</b> Contributor address; City; State; Zip Code <b>9603 Blue Spruce Ct Missouri City, TX 77459</b>	Amount of contribution (\$) <b>250.00</b>
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.



# 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: <u>1</u>	
2 FILER NAME <u>David Hamilton</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>350.00</u>	
5 Date <u>4-25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Congress PAC</u>	8 Amount of Contribution \$	9 In-kind contribution description <u>350.00</u> <u>text messages</u>
7 Contributor address; City; State; Zip Code <u>830 Deer Hollow Dr Sugar Land, TX 77479</u>		<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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

**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:
2 FILER NAME <i>David Hamilton</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>1,000.00</i>
5 Date of loan <i>4-20</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Hamilton</i>	9 Loan Amount (\$) <i>1,000.00</i>
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code <i>9419 Scanlan Heights Ln Missouri City, TX 77459</i>	10 Interest rate <i>n/a</i>
		11 Maturity date <i>n/a</i>
12 Principal occupation / Job title (See Instructions) <i>Insurance Agent</i>		13 Employer (See Instructions) <i>Insurance of Texas</i>
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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  
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 Sway Dr.</i>		City; <i>Houston</i>	State; <i>TX</i>
				Zip Code <i>77076</i>	
8  PURPOSE OF EXPENDITURE	(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					
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>TX</i>
				Zip Code <i>77515</i>	
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					
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					
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					
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 David Hamilton 3 Filer ID (Ethics Commission Filers)

4 Date 3-29 5 Payee name Sugar's

6 Amount (\$) 712.66 7 Payee address; City; State; Zip Code  
3424 FM 1092 Missouri City TX 77459

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Meet & Greet / Food / Beverage  
(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 4-9 Payee name Center Court Pizza & Brew

Amount (\$) 291.91 Payee address; City; State; Zip Code  
7425 Hwy 6 Suite 100 Missouri City TX 77459

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense Description Volunteer Party  
☐ 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 4-23 Payee name Exchange Club of Sugar Land

Amount (\$) 20.00 Payee address; City; State; Zip Code  
4800 Sugar Grove Blvd ~~Sugar Land~~ Stafford, TX 77477

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense Description Meal  
☐ 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 4-27	5 Payee name Pay Pal
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6 Amount (\$) 170.85	7 Payee address; 2211 N. First St.	City; San Jose,	State; CA	Zip Code 95131
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online Donations Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 4-28	Payee name Google
--------------	----------------------

Amount (\$) 383.16	Payee address; 1600 Amphitheatre Pkwy	City; Mountain View,	State; CA	Zip Code 94043
-----------------------	--	-------------------------	--------------	-------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Online Ads
	<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 4-27	Payee name Canva
--------------	---------------------

Amount (\$) 212.00	Payee address; 2-2 Lacey St	City; Sunny Hills,	State; New South Wales,	Zip Code Australia 2010
-----------------------	--------------------------------	-----------------------	----------------------------	-------------------------------

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

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

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Orjanel

K

NICKNAME

LAST

SUFFIX

Lewis

Esq

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4111 N. Creekmont Dr., Fresno, TX 77545

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713 )

487-5427

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Geralynn

A

NICKNAME

LAST

SUFFIX

Prince-Semien

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1007 Hannah Falls Lane, Fresno, TX 77545

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

4

/

7

/

22

THROUGH

Month

Day

Year

4

/

29

/

22

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

7

/

22

ELECTION TYPE

Primary

Runoff

☒

Other  
Description

General

Special

School Board

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBISD Board of Trustees Position 7

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

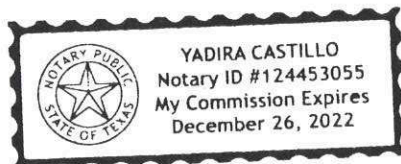
<b>15 C/OH NAME</b> Orjanel Kianna Lewis		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 482.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER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

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****19 FILER NAME**

Orjanel Kianna Lewis

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

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	\$

**Reset Form****Reset Page**



**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</b> Total pages Schedule A1: <b>5</b>
<b>2</b> FILER NAME Orjanel Kianna Lewis		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/7/2022	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Henva Bhola <b>6</b> Contributor address; City; State; Zip Code Rosenberg, TX	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions) LCISD Administrator		<b>9</b> Employer (See Instructions)
Date 4/7/2022	Full name of contributor out-of-state PAC (ID#: _____) Bharati Mang-sadh Contributor address; City; State; Zip Code Richmond, TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2022	Full name of contributor out-of-state PAC (ID#: _____) Byron Gautier Contributor address; City; State; Zip Code Missouri City, TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Sumita Chowdhury-Ghosh Contributor address; City; State; Zip Code Sugar Land, TX	Amount of contribution (\$) 243.26
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.		

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

## 2 FILER NAME

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

**5 Full name of contributor**

out-of-state PAC (ID#: \_\_\_\_\_)

4/12/2022

6 Contributor address; City; State; Zip Code

100.00

9	Employer (See Instructions)
---	-----------------------------

Full name of contributor

out-of-state PAC (ID#): \_\_\_\_\_

4/12/2022

Contributor address: City: State: Zip Code

96.62

Employer (See Instructions)

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_

4/12/2022

Contributor address: City: State: Zip Code

250.00

Employer (See Instructions)

Full name of contributor

out-of-state PAC (ID#):

4/13/2022

Contributor address;	City;	State;	Zip Code
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96.62

Employer (See Instructions)

Forms provided by Texas Ethics Comm

s.sta

Revised 8/17/2020



**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>
2 FILER NAME <b>Orjanel Kianna Lewis</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/13/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Sapna Singh</b> 6 Contributor address; City; State; Zip Code <b>Sugar Land, TX</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/19/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Gabrielle Jackson</b> Contributor address; City; State; Zip Code <b>Houston, TX</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/21/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lawanda Coffee</b> Contributor address; City; State; Zip Code <b>Cypress, TX</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/22/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mohammad Aijaz</b> Contributor address; City; State; Zip Code <b>Sugar Land, TX</b>	Amount of contribution (\$) <b>500.00</b>
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: 5
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Dylan Russell 6 Contributor address; City; State; Zip Code Missouri City, TX	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 4/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Nikki Franklin Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/23/2022	Full name of contributor out-of-state PAC (ID#: _____) KP George Contributor address; City; State; Zip Code Richmond, TX	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions)
Date 4/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Kiran Rajaya Contributor address; City; State; Zip Code Sugar Land, TX	Amount of contribution (\$) 100.00
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: 5
2 FILER NAME Orjanel Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Crystal Giles 6 Contributor address; City; State; Zip Code Cypress, TX	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Director, Risk Management		9 Employer (See Instructions) Prairie View A&M
Date 4/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Fort Bend American Federation of Teachers Contributor address; City; State; Zip Code Missouri City, TX	Amount of contribution (\$) 3000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

**1 Total pages Schedule A2:**

Orjanel Kianna Lewis

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

\$	0
----	---

## Ron Reynolds

**9 In-kind contribution description**

Missouri City, TX

## Signs

Check if travel outside of Texas. Complete Schedule T.

**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

## State Representative

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**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)

**In-kind contribution description**

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**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.

<b>1</b> Total pages Schedule F1: 2		<b>2</b> FILER NAME Orjanel Kianna Lewis		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/11/2022		<b>5</b> Payee name Community Impact			
<b>6</b> Amount (\$) 700.00		<b>7</b> Payee address; City; State; Zip Code Sugar Land, TX			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Ad		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY 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 ONLY 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; City; State; Zip Code Van Nuys, CA			
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 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  
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		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; City; State; Zip Code Van Nuys, CA			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(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; City; State; Zip Code Santa Monica, CA			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Solicitation		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; City; State; Zip Code Houston, TX			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		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:			
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> MS / MRS / MR FIRST LAST MI Lashell Hebert NICKNAME LAST SUFFIX Shell McClue		<b>OFFICE USE ONLY</b> Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>APR 29 2022</b>          BY: <u>Yraqueles</u> </div> Date Hand-delivered or Date Postmarked @ 12:58pm Receipt # Amount \$ Date Processed Date Imaged					
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 784 Spring Tx 77383 <input type="checkbox"/> Change of Address		<b>7 CAMPAIGN TREASURER ADDRESS</b> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 784 Spring Tx 77383 (Residence or Business)					
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b> AREA CODE PHONE NUMBER EXTENSION (346) 261-1010							
<b>6 CAMPAIGN TREASURER NAME</b> MS / MRS / MR FIRST LAST MI Lashell Hebert NICKNAME LAST SUFFIX Shell McClue		<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE PHONE NUMBER EXTENSION (346) 261-1010					
<b>9 REPORT TYPE</b> <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)							
<b>10 PERIOD COVERED</b> Month Day Year    Month Day Year 3 / 29 / 22    THROUGH    4 / 27 / 22		<b>11 ELECTION</b> ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 7 / 22 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
<b>12 OFFICE</b> OFFICE HELD (if any)							
<b>13 OFFICE SOUGHT (if known)</b> FBISD Board Trustee Position		<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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"> <input type="checkbox"/> Additional Pages   <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC         </td> <td style="padding: 5px;">           COMMITTEE TYPE            COMMITTEE NAME            COMMITTEE ADDRESS            COMMITTEE CAMPAIGN TREASURER NAME            COMMITTEE CAMPAIGN TREASURER ADDRESS         </td> </tr> </table>				<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS						
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> (Continued)							
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> (Continued)							
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> (Continued)							

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

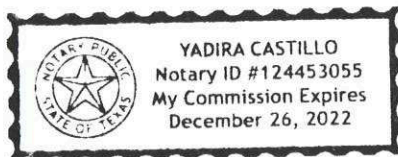
<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0 2443.49
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 56.51
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2500.00

**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]*  
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 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 <i>Shell McClue</i>		20 Filer ID (Ethics Commission Filers)
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	\$ <i>2500</i>
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	\$ <i>2</i>
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>2443.49</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 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>Shell MacLue</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>2500</b>
5 Date of loan <b>4/1/22</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shell MacLue</b>	9 Loan Amount (\$) <b>2500</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <b>Pobox 784 Spring Tx 77479</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Campus Director</b>		13 Employer (See Instructions) <b>Elite U</b>
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 <input type="radio"/> N <input type="radio"/>	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)
<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 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  
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 G:		<b>2</b> FILER NAME Shell McClue		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/18/22		<b>5</b> Payee name Allied Signs			
<b>6</b> Amount (\$) 303.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 6820 Harwin Dr Houston TX			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description Rack Cards/Signs		
	<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 Office sought Office held					
Date 4/21/22		Payee name Aviva Wholesale			
Amount (\$) 82.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10355 Harwin Dr Houston TX			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-Shirts & Vinyl		
	<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 4/22/22		Payee name Allied Signs			
Amount (\$) 447.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6820 Harwin Dr Houston TX			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description 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					

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  
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 G:		<b>2</b> FILER NAME Shell McClue		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/16/22		<b>5</b> Payee name Home Depot			
<b>6</b> Amount (\$) 150.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 5900 Hwy 6 Missouri City TX 77459			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Sign supplies		
	<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 Office sought Office held					
<b>Date</b> 4/16/22		<b>Payee name</b> ALLIED SIGNS			
<b>Amount (\$)</b> 324.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address; City; State; Zip Code</b> 6820 Harwin Dr Houston, TX 77036			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expenses		<b>Description</b> Yard signs printing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held					
<b>Date</b> 4/18/22		<b>Payee name</b> FORT BEND COUNTY PARKS & REC			
<b>Amount (\$)</b> 90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address; City; State; Zip Code</b> 9555 Hwy 6 Missouri City TX 77459			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expenses		<b>Description</b> Park Meet & Greet		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held					

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# 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.

<b>1</b> Total pages Schedule G:		<b>2</b> FILER NAME Shell McClue		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/10/22		<b>5</b> Payee name Aviva Wholesale			
<b>6</b> Amount (\$) 131.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 10355 Harwin Dr Houston, TX 77036			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description T-Shirts & vinyl		
	<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 Office sought Office held					
Date 4/10/22		Payee name Target			
Amount (\$) 267.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6000 Hwy 6 Missouri City TX 77459			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-Shirt Printing supplies		
	<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 4/15/22		Payee name Home Depot			
Amount (\$) 254.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5900 Hwy 6 Missouri City TX 77459			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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# 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  
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 G:	<b>2</b> FILER NAME Shell McClue	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/8/22	<b>5</b> Payee name Fedex	
<b>6</b> Amount (\$) \$46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 4 4 0 7 H w y 6 S u g a r l a n d T X 7 7 4 7 9	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Rack Cards
	<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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/8/22	Payee name Fedex	
Amount (\$) \$32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4407 Hwy 6 Sugarland TX 77479	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Flyers
	<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 4/9/22	Payee name zinn photography	
Amount (\$) 124.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3518 Belmont Shore Ln, Missouri City, TX 77459	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Headshot
	<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		

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# 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  
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 G:	2 FILER NAME Shell McClue	3 Filer ID (Ethics Commission Filers)
---------------------------	------------------------------	---------------------------------------

4 Date 4/22/22	5 Payee name Office Depot
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6 Amount (\$) 15.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 5766 Hwy 6 Missouri City TX 77459 City; State; Zip Code
---	--

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	Office sought	Office held
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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 City; State; Zip Code
---	--

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	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 City; State; Zip Code
--	--

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	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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR MR FIRST James MI D.  
NICKNAME Jim LAST Rice SUFFIX

OFFICE USE ONLY

Date Received

**RECEIVED**  
APR 29 2022  
BY: [Signature]

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE (832) PHONE NUMBER 563-2942 EXTENSION

Date Hand-delivered or Date Postmarked

@8:00am

6 CAMPAIGN  
TREASURER  
NAME

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

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

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

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE (281) PHONE NUMBER 980-9051 EXTENSION

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)  
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified  
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
03 / 29 / 2022 THROUGH 04 / 27 / 2022

11 ELECTION

ELECTION DATE Month Day Year 05 / 07 / 22  
ELECTION TYPE  
☐ Primary ☐ Runoff ☐ Other  
Description  
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any) FBISD Trustee  
Position 3

13 OFFICE SOUGHT (if known) FBISD Trustee  
Position 3

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE COMMITTEE NAME  
☐ GENERAL COMMITTEE ADDRESS  
☐ SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2



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

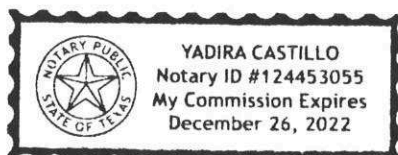
15 C/OH NAME <u>James (Jim) Rice</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,350.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES <u>includes Schedules F &amp; G</u>	\$ <u>29,357.61</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>12,658.21</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <u>includes Schedules E &amp; G</u>	\$ <u>51,331.69</u>

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

James D. Rice  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by James Rice this the 29<sup>th</sup> day of April, 2022, to certify which, witness my hand and seal of office.  
Yadira Castillo Yadira Castillo Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>James (Jim) Rice</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>7,350.00</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>15,000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>28,357.61</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>1,000.00</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>0.39</i>



## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: p. 1 of 5
2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mourhaf or Lina Sabouni	7 Amount of contribution (\$) \$ 1,000.00
6 Contributor address; City; State; Zip Code 23 Palm Blvd. Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter or Joyce SASS	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 2707 Autumn Lake Dr. Katy, TX 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Lampley	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 3233 Prospect St. Houston, TX 77004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahim and Souna Tazehzadeh	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 5318 Fenwick Way Ct. Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: p. 2 of 5
2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/22	5 Full name of contributor Fort Bend Business Coalition <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: 2333 Town Center Dr. #100 Sugar Land, Tx. 77478 City; State; Zip Code	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/22	Full name of contributor Marvin and Debra Marcel <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 15 Elderberry Trce Sugar Land, Tx. 77479 City; State; Zip Code	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/22	Full name of contributor Jorge & Mary Font <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 4001 Saint Michaels Court Sugar Land, Tx. 77479 City; State; Zip Code	Amount of contribution (\$) \$ 100.00 PP
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/22	Full name of contributor Diana Donati <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 12239 Monticeto Lane Stafford, Tx. 77477 City; State; Zip Code	Amount of contribution (\$) \$ 25.00 PP
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The instruction guide explains how to complete this form.

1 Total pages Schedule A1:

p. 3 of 5

2 FILER NAME

James (Jim) Rice

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/22

5 Full name of contributor

Brent Doucette

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address:

1 Silk Tree Place  
The Woodlands 77384

City:

State; Zip Code

pp.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/17/22

Full name of contributor

Jorge Marciano

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1,000.00

Contributor address:

3710 Lake Falls Dr.  
Fulshear, Tx. 77441

City:

State; Zip Code

pp.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/22

Full name of contributor

Thad Smith III

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address:

P.O. Box 273199  
Houston, Tx. 77277

City:

State; Zip Code

pp.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/22

Full name of contributor

Melanie Antbarci

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address:

10 Treddington St.  
Sugar Land, Tx. 77478

City:

State; Zip Code

pp.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: p. 4 of 5
2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristine and Charles Fote	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 93 Hibury Dr. Houston, Tx. 77024		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Reynolds Campaign	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 6140 Highway 6 South 233 Missouri City, Tx. 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Grady Prestage Campaign	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code P.O. Box 835 Missouri City, Tx. 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Huitt-Zollars, Inc. Texas PAC	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 5430 LBJ Freeway, Suite 1500 Dallas, Texas 75240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: p. 5 of 5
2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harish and Shashi Injoo	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 62 Bradford Circle Sugar Land, Tx. 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larry and Monique Harrison	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Commerce Bank Bldg. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julie Wiley	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2415 Hodges Bend Circle Sugar Land, Tx. 77479		pp
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angelique Bartholomew	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code 3003 N. Heights Hollow Lane Houston, Tx. 77007		pp
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

## LOANS

## SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <i>p. 1 of 1</i>	
2 FILER NAME <i>Jim Rice (James D. Rice)</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <i>4/22/22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Rice</i>	9 Loan Amount (\$) <i>\$15,000.00</i>	
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>5402 Oban Terrace Lane Sugar Land, Tx. 77479</i>	10 Interest rate <i>0.00</i>	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Project manager, President Rice &amp; Gardner Consultants</i>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none	<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.



p. 10 of 14

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>p. 1 of 3</b>	2 FILER NAME <b>James (Jim) Rice</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/8/22</b>	5 Payee name <b>Butler Wiseman LLC</b>	
6 Amount (\$) <b>\$1,000.00</b>	7 Payee address; City; State; Zip Code <b>4542 Ripple Ridge Dr. Houston, Tx. 77053</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Text and E-blast</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>Jim Rice FBISD Trustee Position 3</b>	
Date <b>4/1/22</b>	Payee name <b>Icenhower Consulting LLC</b>	
Amount (\$) <b>\$768.35</b>	Payee address; City; State; Zip Code <b>3019 Arrowhead Sugar Land, Tx. 77479</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Campaign Consulting</b>
	<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 <b>Jim Rice FBISD Trustee Position 3</b>	
Date <b>4/1/22</b>	Payee name <b>Pay Pal</b>	
Amount (\$) <b>\$63.37</b>	Payee address; City; State; Zip Code <b>On-line</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fee</b>	Description <b>Pay Pal Charges</b>
	<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 <b>Jim Rice FBISD Trustee Position 3</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>p. 2 of 3</b>	2 FILER NAME <b>James (Jim) Rice</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/13/22</b>	5 Payee name <b>Pay Pal</b>	
6 Amount (\$) <b>\$11.10</b>	7 Payee address; City; State; Zip Code <b>On line</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fee</b>	(b) Description <b>Pay Pal Charges.</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 Office sought Office held <b>Jim Rice FBISD Trustee Position 3</b>	
Date <b>4/18/22</b>	Payee name <b>Print NW</b>	
Amount (\$) <b>\$3,453.01</b>	Payee address; City; State; Zip Code <b>9914 32nd Ave. S. Lakewood, WA 98499</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Printing, postage, mailing mailers.</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 Office sought Office held <b>Jim Rice FBISD Trustee Position 3</b>	
Date <b>4/19/22</b>	Payee name <b>Sermo Digital</b>	
Amount (\$) <b>\$15,270.79</b>	Payee address; City; State; Zip Code <b>P.O. Box 956 Cle Elum, WA 98922</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Printing, mailing, and data services.</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 Office sought Office held <b>Jim Rice FBISD Trustee Position 3</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# **POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>p. 3 of 3</b>		2 FILER NAME: <b>James (Jim) Rice</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>4/22/23</b>		5 Payee name: <b>Pamela Printing Company</b>			
6 Amount (\$): <b>\$3,023.39</b>		7 Payee address: <b>550 Julie Rivers Dr., Suite 310 Sugar Land, Tx. 77478</b>		City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <b>Mail &amp; Postage.</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>Jim Rice FBISD Trustee Position 3</b> Office sought: Office held:					
Date: <b>4/27/22</b>		Payee name: <b>Sermo Digital</b>			
Amount (\$): <b>\$4,750.00</b>		Payee address: <b>P.O. Box 956 Cle Elum, WA 98922</b>		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>		Description <b>Printing, mailing, and data services</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>Jim Rice FBISD Trustee Position 3</b> Office sought: Office held:					
Date: <b>4/25, 26/22</b>		Payee name: <b>Pay Pal</b>			
Amount (\$): <b>\$17.60</b>		Payee address: <b>On. line</b>		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fee</b>		Description <b>Pay Pal charges.</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>Jim Rice FBISD Trustee Position 3</b> Office sought: Office held:					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

p. 13 of 14

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

Date <del>4/25/22</del>	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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name 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	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**\$1,000.00**



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: p. 1 of 1
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/21	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$ 0.39
	6 Address of person from whom amount is received; City; State; Zip Code 620 Hwy. 6 Sugar Land, Tx. 77478	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest paid on funds in bank account	
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)

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: <b>7</b>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MRS</b></div> <div>FIRST <b>JUDY</b></div> <div>MI <b></b></div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b></b></div> <div>LAST <b>DAE</b></div> <div>SUFFIX <b></b></div> </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b>  <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">RECEIVED</div> <div style="font-size: 1.2em; margin: 5px 0;">JAN 06 REC'D</div> <div style="font-size: 0.8em; margin: 5px 0;">Superintendent's Office</div> <div style="font-size: 0.8em; margin: 5px 0;">Fort Bend ISD</div> </div> <div style="font-size: 0.8em; margin-top: 10px;"> Date Hand-delivered or Date Postmarked </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <b>34 HESSENFORD ST</b></div> <div>APT / SUITE #; <b></b></div> <div>CITY; <b>SUGAR LAND TX</b></div> <div>STATE; <b>TX</b></div> <div>ZIP CODE <b>77479</b></div> </div>		<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border-top: 1px solid black; padding-top: 5px;">Date Processed</div> <div style="border-top: 1px solid black; padding-top: 5px;">Date Imaged</div> </div>								
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>(609 )</b></div> <div>PHONE NUMBER <b>216-4016</b></div> <div>EXTENSION <b></b></div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b></b></div> <div>FIRST <b></b></div> <div>MI <b></b></div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b></b></div> <div>LAST <b></b></div> <div>SUFFIX <b></b></div> </div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <b></b></div> <div>APT / SUITE #; <b></b></div> <div>CITY; <b></b></div> <div>STATE; <b></b></div> <div>ZIP CODE <b></b></div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>( )</b></div> <div>PHONE NUMBER <b></b></div> <div>EXTENSION <b></b></div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  <b>7    /    16    /    21</b> </div> <div>THROUGH</div> <div> Month    Day    Year  <b>11    /    19    /    22</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  <b>5    /    1    /    21</b> </div> <div> ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <div>Primary <input checked="" type="checkbox"/> General</div> <div>Runoff <input type="checkbox"/> Special</div> <div>Other Description <b></b></div> </div> </div> </div>										
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)	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%; font-size: 0.8em;">COMMITTEE TYPE</td> <td style="font-size: 0.8em;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: 0.8em;">GENERAL</td> <td style="font-size: 0.8em;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: 0.8em;">SPECIFIC</td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
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)

\$ 0.00

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

\$ 0.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 714.26

4. TOTAL POLITICAL EXPENDITURES

\$ 958.38

CONTRIBUTION  
BALANCE

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

\$ 3,342.34

OUTSTANDING  
LOAN TOTALS

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****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. ■ 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. 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

\$



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME JUDY DAE	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/08/2021	<b>5</b> Payee name Fort Bend Independent	
<b>6</b> Amount (\$) 150.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation Made By Officeholder	<b>(b)</b> Description
	<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 Office sought Office held		

Date 04/11/2022	Payee name Clements Athletic	
Amount (\$) 40.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Made By Officeholder	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 09/12/2022	Payee name FBISD Gala - Support A Teacher	
Amount (\$) 54.12	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Made by Officeholder	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      FIRST      MI <b>Mr</b> <b>Richard</b>		<b>OFFICE USE ONLY</b>  Date Received <b>RECEIVED</b>  <b>JUL 25 REC'D</b>  <b>Superintendent's Office</b> <b>Ft. Bend I.S.D.</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged <b>4:55pm</b>
	NICKNAME      LAST      SUFFIX <b>Garcia</b> <b>Jr</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>9711 Mason Rd Ste 125-287      Richmond, TX 77407</b> <input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE      PHONE NUMBER      EXTENSION <b>( 281 ) 721-9275</b>			
6 CAMPAIGN TREASURER NAME MS / MRS / MR      FIRST      MI <b>Jesse</b>			
NICKNAME      LAST      SUFFIX <b>Rodriguez</b>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>9711 Mason Rd Ste 125-287      Richmond, TX 77407</b>			
8 CAMPAIGN TREASURER PHONE AREA CODE      PHONE NUMBER      EXTENSION <b>( 281 ) 721-9275</b>			
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      THROUGH      Month      Day      Year <b>4 / 28 / 2022</b> <b>7 / 20 / 2022</b>			
11 ELECTION ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <b>5 / 7 / 2022</b> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>FBI SD Board of Trustees Position 3</u>			
12 OFFICE OFFICE HELD (if any) <b>Fort Bend ISD Trustee, Position 3</b>		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <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)

17 CONTRIBUTION  
TOTALS

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

\$

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

\$

1,794.85

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,912.08

CONTRIBUTION  
BALANCE

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

\$

1,794.85

OUTSTANDING  
LOAN TOTALS

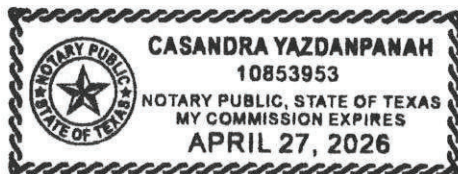
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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.



*R. Garcia*

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

*Casandra Yazdanpanah*

Casandra 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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	■ 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.	■ 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:
2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Mendoza 6 Contributor address; City; State; Zip Code 20735 Bandrock Terrace Richmond, TX 77407	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) GRS Services
Date 5/2/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janie Ramos Contributor address; City; State; Zip Code 20602 Bandrock Terrace Richmond, TX 77407	Amount of contribution (\$) \$94.85
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6/3/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Rosenthal Contributor address; City; State; Zip Code 6910 Oak Bay CIR, Missouri City, TX 77459	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self Employed
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.		

# 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 Rick Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 7/5/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue Brandon, Filder, Collins and Mott 6 Contributor address; City; State; Zip Code 1235 North Loop W. Suite 600 Houston, TX 77098	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) Law Firm		9 Employer (See Instructions) Perdue Brandon, Filder, Collins and Mott
Date 7/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Siwierka Contributor address; City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Perdue, Brandon, Filder, Collins and Mott
Date 7/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Humphrey Contributor address; City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Perdue, Brandon, Filder, Collins and Mott
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	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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/30/2022		<b>5</b> Payee name Starbucks			
<b>6</b> Amount (\$) 9.42		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description Meeting with Consultant		
	<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 Office sought Office held					
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 Office held					
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 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		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					
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					
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					

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		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/09/2022	<b>5</b> Payee name Fort Bend County		
<b>6</b> Amount (\$) 90.00	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense		<b>(b)</b> Description Data Services
	<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			
Date 05/03/2022	Candidate / Officeholder name Brammers		
Amount (\$) 117.88	Office sought Office held		
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			
Date 05/02/2022	Candidate / Officeholder name Shipleys Donuts		
Amount (\$) 90.92	Office sought Office held		
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 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	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.

<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 07/07/2022	<b>5</b> Payee name Rick Garcia	
<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City; State; Zip Code 9711 Mason Rd Ste 125-287 Richmond, TX 77407	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment	<b>(b)</b> Description Loan Repayment
	<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		
Date 07/05/2022	Candidate / Officeholder name Inmode Interactive	
Amount (\$) 550.00	Office sought Office held	
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		
Date 06/30/2022	Candidate / Officeholder name Bank - Wells Fargo	
Amount (\$) 10.00	Office sought Office held	
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 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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2022	<b>5</b> Payee name CME Printing	
<b>6</b> Amount (\$) 241.46	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Advertisement
	<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	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	
	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		
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	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	
	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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/23/2022	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) 125.65	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 Preceinct 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 Office held	

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 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)

angie.hanan@gmail.com

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 903 Goldfinch Ave Sugar Land TX 77478 <input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received <b>RECEIVED</b> <b>JAN 11 2023</b> BY: <u>Lyraquez</u> @ 8:39 PM Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR	FIRST	MI	Receipt #
	NICKNAME	LAST	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2203 Madewood Dr. Missouri City TX 77459 (Residence or Business)			
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 Day Year    Month Day Year 1 / 16 / 2022 THROUGH 7 / 16 / 2022			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<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)	
	FBISD Trustee, Position 1			
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

Angela "Angie" Hanan

16 Filer ID (Ethics Commission Filers)

angie.hanan@gmail.com

17 CONTRIBUTION  
TOTALS1. 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

4. TOTAL POLITICAL EXPENDITURES

\$ 12.00

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 634.35

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 2300.00

18 SIGNATURE

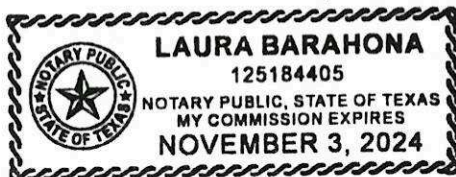
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code



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 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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
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 type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12.00
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	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME <i>Angi Hanan</i>		<b>3</b> Filer ID (Ethics Commission Filers) <i>angihanan@gmail.com</i>	
<b>4</b> Date <i>1.31.22 - 7.15.22</i>		<b>5</b> Payee name <i>PNC Bank</i>			
<b>6</b> Amount (\$) <i>\$12.00</i>		<b>7</b> Payee address; <i>2520 Highway 6</i>		<b>City;</b> <i>Sugar Land</i>	<b>State;</b> <i>TX</i>
				<b>Zip Code</b> <i>77478</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>		<b>(b)</b> Description <i>monthly fees</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				
<b>9</b> 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					
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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



p. 1 of 13

# 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

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☒ Other  
Description

☒ General

☐ Special

Final Report

12 OFFICE

OFFICE HELD (if any)

FBISD Trustee  
Position 3

13 OFFICE SOUGHT (if known)

FBISD Trustee  
Position 3

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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)

\$ 850.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES  
includes Schedules F & G

\$ 26,000.59

CONTRIBUTION  
BALANCE

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

\$ 0.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD  
includes Schedules E & G

\$ 60,217.79

18 SIGNATURE

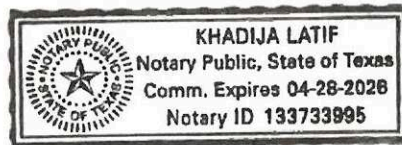
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information  
required to be reported by me under Title 15, Election Code.

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 08 day of July,  
20 22, 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**

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	\$ 850.00
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	\$ 12,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,710.72
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	\$ 1,297.87
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	\$ 0.38

**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" ••

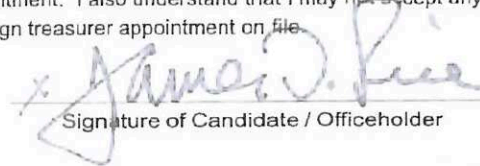
1 C/OH NAME

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**

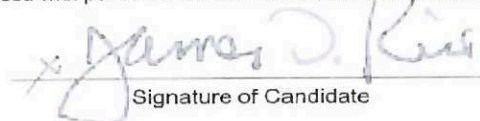
Check only one:

- ☒ 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



p. 5 of 13

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

p. 1 of 1

2 FILER NAME

James (Jim) Rice

3 Filer ID (Ethics Commission Filers)

4 Date

04/30/22

5 Full name of contributor

Jim Crow

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

4120 Creek Lake  
Austin, Texas 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/07/22

Full name of contributor

Robert + Robin Broxson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

810 Old Oyster Trail  
Sugar Land, Texas 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/21/22

Full name of contributor

Chris + Billie Breauux

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

3815 East Valley Dr.  
Missouri City, Tx. 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

\$850.00

# 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: p. 1 of 1
2 FILER NAME Jim Rice (James D. Rice)		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/03/22	7 Name of lender Jim Rice <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 5402 Oban Terrace Lane Sugar Land, Tx. 77479	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Project Manager, President Rice & Gardner Consultants		13 Employer (See Instructions) Rice & Gardner Consultants
14 Description of Collateral <input checked="" 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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 05/10/22	Name of lender Jim Rice <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$2,500.00
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 5402 Oban Terrace Lane Sugar Land, Tx. 77479	Interest rate 0.00
		Maturity date
Principal occupation / Job title (See Instructions) Project Manager, President Rice & Gardner Consultants		Employer (See Instructions) Rice & Gardner Consultants
Description of Collateral <input checked="" 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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# **POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

## **SCHEDULE F1**

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 7 of 5		2 FILER NAME James (Jim) Rice		3 Filer ID (Ethics Commission Filers)	
4 Date 5.3.22		5 Payee name Pay Pal			
6 Amount (\$) \$14.94		7 Payee address; City; State; Zip Code On. line			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fee		(b) Description Pay Pal Charges.		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Jim Rice FBISD Trustee Position 3 Office sought: Office held:					
Date 4.29.22		Payee name Burt J. Lerine dba Texas Campaigns			
Amount (\$) \$400.00		Payee address; City; State; Zip Code 9600 Glenfield Court Suite 140 Houston, Texas 77096			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Jim Rice FBISD Trustee Position 3 Office sought: Office held:					
Date 4.29.22		Payee name Print NW			
Amount (\$) \$7,675.14		Payee address; City; State; Zip Code 9914 32nd Ave. S. Lakewood, WA 98499			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Marketing		Description Printing, mailing, and data services.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Jim Rice FBISD Trustee Position 3 Office sought: Office held:					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 12 of 13	2 FILER NAME James (Jim) Rice	3 Filer ID (Ethics Commission Filers)
4 Date 05/01/22	5 Payee name Teehower Consulting LLC	
6 Amount (\$) \$910.00	7 Payee address; 3019 Arrowhead Sugar Land, Tx. 77479	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice FBISD Trustee Position 3	Office sought Office held
Date 05/03/22	Payee name Southern Daily News	
Amount (\$) \$180.00	Payee address; 11122 Bellaire Blvd. Houston, Tx. 77072	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper Ad.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice FBISD Trustee Position 3	Office sought Office held
Date 05/03/22	Payee name Sermo Digital	
Amount (\$) \$8,000.00	Payee address; P.O. Box 956 Cle Elum, WA 98922	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Printing, mailing and data services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice FBISD Trustee Position 3	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

\$9,090.00



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 3 of 5	2 FILER NAME James (Jim) Rice	3 Filer ID (Ethics Commission Filers)
4 Date 5.4.22	5 Payee name Burt J. Levine dba Texas Campaigns	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code 9600 Glenfield Court Suite 148 Houston, Texas 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice FBISD Trustee Position 3	
Date 5.6.22	Payee name World Journal Inc. of Texas	
Amount (\$) \$475.00	Payee address; City; State; Zip Code 5855 Sovereign Dr., #C Houston, TX 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ad.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice FBISD Trustee Position 3	
Date 5.10.22	Payee name Burt J. Levine dba Texas Campaigns	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 9600 Glenfield Court Suite 148 Houston, Tx. 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice FBISD Trustee Position 3	

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: <u>p. 4 of 5</u>		2 FILER NAME <u>James (Jim) Rice</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-19-22</u>		5 Payee name <u>Freemere Political Communications</u>			
6 Amount (\$) <u>\$544.74</u>		7 Payee address; <u>4805 Woodview Ave</u> <u>Austin, Tx. 78756</u>		City;	State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Roto-calls</u>		
	(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 <u>Jim Rice FBISD Trustee Position 3</u>		Office sought	Office held
Date <u>5/17/22</u>		Payee name <u>Southern Daily News</u>			
Amount (\$) <u>\$180.00</u>		Payee address; <u>11222 Bellaire Blvd.</u> <u>Houston, Tx. 77072</u>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Newspaper Ad.</u>		
	<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 <u>Jim Rice FBISD Trustee Position 3</u>		Office sought	Office held
Date <u>6/1/22</u>		Payee name <u>Icenhower Consulting LLC</u>			
Amount (\$) <u>\$829.33</u>		Payee address; <u>3019 Arrowhead</u> <u>Sugar Land, Tx. 77479</u>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>		Description <u>Campaign Consulting</u>		
	<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 <u>Jim Rice FBISD Trustee Position 3</u>		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salary/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: <i>p. 5 of 5</i>	2 FILER NAME <i>James (Jim) Rice</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/30/22</i>	5 Payee name <i>James Rice</i>	
6 Amount (\$) <i>\$4,911.57</i>	7 Payee address; City; State; Zip Code <i>5402 Otan Terrace Lane Sugar Land, Tx. 77479</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Loan Repayment</i>	(b) Description <i>Partial loan payment</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 <i>Position 3</i>
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 ONLY 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
	<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
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

*\$4911.57*

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

*\$1,297.87*



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

p. 1 of 1

2 FILER NAME

James (Jim) Rice

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

5/19/22

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

620 Hwy. 6  
Sugar Land, Tx. 77478

\$0.27

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Interest paid on funds in bank

Date

Name of person from whom amount is received

Frost Bank

Amount (\$)

6/21/22

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

620 Hwy. 6  
Sugar Land, Tx. 77478

\$0.11

Purpose for which amount is received

☐ Check if political contribution returned to filer

Interest paid on funds in bank

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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

MI

NICKNAME

LAST

SUFFIX

Shirley A  
Rose-Gilliam

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3011 Bonney Brar Dr  
Missouri City TX 77459

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 799-5065

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Rosa  
Gilliam

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

16115 Beckridge Houston TX 77053

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 870-3023

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

01/16/2022

THROUGH

Month

Day

Year

07/16/2022

11 ELECTION

ELECTION DATE

Month

Day

Year

11/30/2020

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

FBISD Trustee, Position 4

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED

9:12am

JAN 18 REC'D

Superintendent's Office

Et. Bend ISD

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

jma 01/18/2023

Date Imaged

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

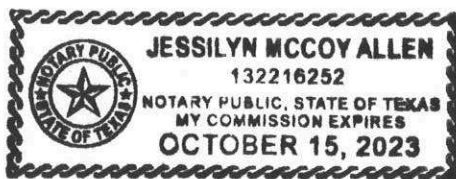
15 C/OH NAME <u>Shirley Rose-GILLIAM</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES,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

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

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 13<sup>th</sup> day of January, 2023, 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-Gilman*

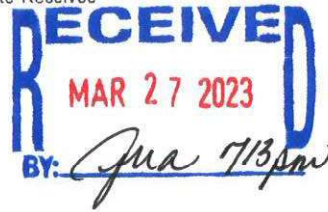
20 Filer ID (Ethics Commission Filers)

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



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Filer ID (Ethics Commission Filers)</p>	<p><b>2</b> Total pages filed:</p>
<p><b>3</b> CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST <i>Benetta</i> MI <i>R</i>  NICKNAME LAST SUFFIX  <i>Williams</i></p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received    Date Hand-delivered or Date Postmarked  <i>03/27/23</i>  Receipt # Amount \$  Date Processed  <i>03/27/23</i>  Date Imaged</p>
<p><b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS   <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <i>3309 Primrose Canyon LN</i>  <i>Pearland, TX 77584</i></p>		
<p><b>5</b> CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <i>(713) 657-9371</i></p>		
<p><b>6</b> CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST <i>Benetta</i> MI <i>R</i>  NICKNAME LAST SUFFIX  <i>Williams</i></p>		
<p><b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <i>3309 Primrose Canyon LN</i>  <i>Pearland, TX 77584</i></p>		
<p><b>8</b> CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <i>(713) 657-9371</i></p>		
<p><b>9</b> REPORT TYPE</p>	<p> <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) </p>		
<p><b>10</b> PERIOD COVERED</p>	<p>Month Day Year    Month Day Year  <i>1 / 16 / 2022</i> THROUGH <i>7 / 16 / 2022</i> </p>		
<p><b>11</b> ELECTION</p>	<p> ELECTION DATE: Month Day Year <i>11 / 3 / 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 </p>		
<p><b>12</b> OFFICE</p>	<p>OFFICE HELD (if any)    <b>13</b> OFFICE SOUGHT (if known)</p> <p><i>Trustee Positions</i></p>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

*Denette R. Williams*

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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

\$

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

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

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

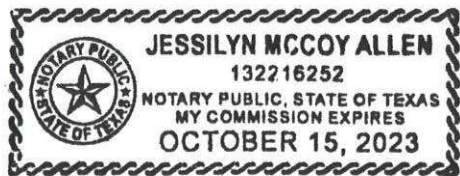
\$

OUTSTANDING  
LOAN TOTALS

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

\$

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.

*Denette R. Williams*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Denette R. Williams*, this the *27th* day of *March*, 20*23*, 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

*Exec. Asst to Supt & Bot*

Title of officer administering oath