# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Buide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	МІ	OFFICE USE ONLY
	NICKNAME	GARCIA	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 9711 Mason Richmond, 7	Rd Ste 125-287	CITY; STATE; ZIP CODE	APR 0 7 2022 BY: WOLL VALANO2
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST Jesse LAST Rodriguez	MI J SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	NAMES OF A STATE	(NO PO BOX PLEASE); APT / SU Rd Ste 125-287 K 77407	JITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	ction Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	THROUGH 3	Day Year / 31 / 22
11 ELECTION	ELECTION DA	Year Primary	ELECTION TYPE Runoff Other Description Special <u>FBISD Board</u>	of Trustees Pos 3
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known FBISD Board of	Trustees Pos 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANI	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS	SURER NAME	
	commune and Adv. 5079	COMMITTEE CAMPAIGN TRE	ASURER 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)	\$ 5,627.16				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
1	4. TOTAL POLITICAL EXPENDITURES	\$ 5,055.12				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	<sup>AY</sup> \$ 572.04				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	<sup>HE</sup> \$ 600.00				
Signature of Candidate or Officeholder						
Notar Notar Sworn to and subscribed 20 22, to certify Updura Cor Signature of officer administ (2) Unsworn Declarat My name is	Printed name of office. Printed name of officer administering oath OR ion , and my date of birth is	Notarcy Title of officer administering oath				
Executed in	(street) (city) (stat County, State of , on the day of (month)	e) (zip code) (country) , 20 (year)				
	Signature of Candidate	e/Officeholder (Declarant)				

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	: Commis	sion Filers)
21	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	\$	2
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	он \$	
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

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender 🗌 out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
01/13/2022	Rick Garcia		600.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	<b>10</b> Interest rate 0.00
Y N	9711 Mason Rd Ste 125-287 Richmond, TX 77407		11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	l
Proje	A Manager	UAL	
14 Description of Coll		15	
		account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
	To Guarantor address, City,	Gale, Zip Gode	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	2		
Principal Occupat	I ion (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NE	

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	1 Total pages Schedule A1:			
2 FILER NAME	Rick Garcia	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PA	7 Amount of contribution (\$)			
01/13/2022	6 Contributor address; City;	State; Zip Code	332.60		
	5123 Travertine Point Richmor	nd,TX 77407			
8 Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instruct SMM Enterprises O			
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
01/14/2022	Contributor address; City;	State; Zip Code	475.25		
	20511 Pink granite Valley Richmond		770.20		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct Integrity Therapy	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
01/22/2022			94.85		
	Contributor address; City; 20210 weeping pine way Richr	state; Zip Code nond,TX 77407	94.05		
Principal occup Constable	pation / Job title (See Instructions)	Employer (See Instruct Fort bend county	ions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
01/22/2022	Steven White		175 05		
Under a Landon proving contrary in the second se	Contributor address; City;	State; Zip Code	475.25		
Principal acourt	6011 Skylar Meadows Ct Rich	Employer (See Instruct	ione)		
Principal occupation / Job title (See Instructions) Employer (S Self employed SLW Distrib			a Change a Marande San		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

The	Instruction Guide explains how t	o complete thi	s form.	1 Total pages Schedule A1:		
2 FILER NAME	Rick Gares	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor Horacio Barrera		C (ID#:)	7 Amount of contribution (\$)		
01/25/2022		City;	State; Zip Code	100.00		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)		
Date	Full name of contributor David Hamilton	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
01/24/2022		City;	State; Zip Code	25.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
01/24/2022	Steven Saul			100 00		
P	Contributor address;	City;	State; Zip Code	100.00		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
01/12/2022	Justin Macri					
01/13/2022	Contributor address;	City;	State; Zip Code	200.00		
Principal occup	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 A1

The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:		
2 FILER NAME	Rick barcia	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA Lawrence King	7 Amount of contribution (\$)		
01/22/2022	6 Contributor address;City;2606 Thompson Crossing Drive Ric	State; Zip Code hmond,TX 77406	71.08	
8 Principal occu N/A	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
01/24/2022		State; Zip Code d,TX 77407	94.85	
Principal occup Director of Se	ation / Job title (See Instructions) Prvices	Employer (See Instruction Black Stone Technology)	and the second	
Date 01/26/2022	Full name of contributor       out-of-state PA         Amber Williams       City;         Contributor address;       City;         1911 Huntington Ln Richmond	C (ID#:) State; Zip Code ,TX 77406	Amount of contribution (\$) 94.85	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PA Chialun Foster	C (ID#:)	Amount of contribution (\$)	
01/26/2022	01/26/2022 Contributor address; City; State; Zip Code 106 drake elm ct sugar land,TX 77479 47.30			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi N/A	ons)	
2				
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr			

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Rick Garcia	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
02/03/2022	6 Contributor address; City; 3414 Stepping Stone Ln Missouri Ci	State; Zip Code ty,TX 77459	94.85	
8 Principal occu Substitute	oation / Job title (See Instructions)	9 Employer (See Instruct FBISD	ions)	
Date		C (ID#:)	Amount of contribution (\$)	
02/03/2022	Monica Storm-Olsen Contributor address; City; 2911 Bright Trail Sugar Land ,	State; Zip Code TX 77479	94.85	
Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See Instruct Homemaker	ions)	
Date 02/06/2022	Full name of contributor       out-of-state PAC         Cassandra Garcia       City;         2303 E. Anaqua Avenue Victor	State; Zip Code	Amount of contribution (\$) 94.85	
Principal occup	ation / Job title (See Instructions) Selor	Employer (See Instruct C2 Global	ions)	
Date	Full name of contributor out-of-state PAC Xuemei Yang	C (ID#:)	Amount of contribution (\$)	
02/07/2022	Contributor address; City; State; Zip Code 5511 Tyler Park Ln Katy,TX 77494		94.85	
Principal occup Accountant	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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 Aarcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-stat	7 Amount of contribution (\$)	
02/07/2022	6 Contributor address; City; 8433 fm 1464 rd, #82 Ruchn	State; Zip Code nond,TX 77478	47.30
8 Principal occu N/A	Ipation / Job title (See Instructions)	9 Employer (See Instruct N/A	l stions)
Date		e PAC (ID#:)	Amount of contribution (\$)
02/07/2022	Kehinde Ajayi <sup>Contributor address; City;</sup> 20218 Granophyre Ln Richm	State; Zip Code 10nd,TX 77407	189.95
Principal occu IT consultant	bation / Job title (See Instructions)	Employer (See Instruction Impeccable Consul	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
02/07/2022	Contributor address; City; 24538 Via Salerno Ct Richm	State; Zip Code ond ,TX 77406	94.85
Principal occup Business Tra	bation / Job title (See Instructions)	Employer (See Instruc Morgan Business &	
Date	Full name of contributor out-of-state	9 PAC (ID#:)	Amount of contribution (\$)
02/10/2022	Contributor address; City; 5532 Gemstone Park Rd Ric	State; Zip Code Chmond,TX 77407	237.50
Principal occup HRIS Data A	pation / Job title (See Instructions) nalyst	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPI If contributor is out-of-state PAC, please see In	ES OF THIS SCHEDULE AS N Instruction guide for additional r	

SCHEDULE A1

The	Instruction Guide explains how to c	complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME	Rick Gardo	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Johnny Lopez			7 Amount of contribution (\$)		
03/18/2022		City;	State; Zip Code	600.00		
8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)						
Date	Full name of contributor Shyam Ananthaswamy		: (ID#:)	Amount of contribution (\$)		
03/14/2022			State; Zip Code	100.00		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date 02/15/2022	RIchard Garcia Jr	out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
02/11/2022		City;	State; Zip Code	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ons)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

#### SCHEDULE A1

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:	
2 FILER NAME	Rick Garcia		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state F Denise Totah	7 Amount of contribution (\$)		
03/11/2022	6 Contributor address; City; 304 Charleston Dr Victoria,TX	State; Zip Code 77904	47.30	
8 Principal occu N/A	pation / Job title (See Instructions)	9 Employer (See Instruc N/A	tions)	
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)	
03/11/2022	Evelyn Montalvo Contributor address; City; 1906 Wildwood Lane Richmon	State; Zip Code nd,TX 77406	94.85	
Principal occup retired	ation / Job title (See Instructions)	Employer (See Instruct retired	ions)	
Date 03/14/2022	Full name of contributor       out-of-state F         Russell Sample         Contributor address;       City;         20527 Copper Cave Ln Richm	AC (ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occup Owner/Presic	ation / Job title (See Instructions)	Employer (See Instruct Reliant Equipment F	Manual Works	
Date	Full name of contributor out-of-state P	YAC (ID#:)	Amount of contribution (\$)	
03/14/2022				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES			
	If contributor is out-of-state PAC, please see Ins	truction guide for additional re	eporting requirements.	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Rick Gareia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Veronica Gaston	(ID#:)	7 Amount of contribution (\$)
03/14/2022	6 Contributor address; City; 5518 Marble Ravine Dr Richmon	State; Zip Code nd ,TX 77407	23.53
8 Principal occu RN		9 Employer (See Instructi N/A	ons)
Date		(ID#:)	Amount of contribution (\$)
03/15/2022	Virginia Salao <sup>Contributor address;</sup> City; 20101 Stoneview Dr Richmond,	State; Zip Code TX 77407	47.30
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/15/2022	Full name of contributor       out-of-state PAC (         Sam Schultze       City;         20427 Autumn Terrace Ln Katy,	State; Zip Code	Amount of contribution (\$) 94.85
Principal occup Operations D	ation / Job title (See Instructions)	Employer (See Instruction Bittings	ons)
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)
03/17/2022			94.85
Principal occup retired	ation / Job title (See Instructions)	Employer (See Instruction etired	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

#### SCHEDULE A1

The	Instruction Guide explains how to complet	te this form.	1 Total pages Schedule A1:
2 FILER NAME	Rich Garean		3 Filer ID (Ethics Commission Filers)
4 Date	David Quintana		7 Amount of contribution (\$)
03/19/2022			94.85
8 Principal occu Manager	pation / Job title (See Instructions)	tions)	
Date	NUMBER VIE TO AN ANT	ate PAC (ID#:)	Amount of contribution (\$)
03/29/2022	Gertrude Mosher Contributor address; City; State; Zip Code 3931 Felicia Dr. Sugar Land,TX 77479		47.30
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc N/A	tions)
Date	Full name of contributor     out-of-state PAC (ID#:)       Sarabeth Smith		Amount of contribution (\$)
03/31/2022	Contributor address; City;	State; Zip Code	100.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
03/24/2022	Contributor address; City;	State; Zip Code	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COF If contributor is out-of-state PAC, please see	PIES OF THIS SCHEDULE AS N Instruction guide for additional r	

### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sici 4 Date 6 Payee name -200 -13 Scammers 7 Payee address; City; 6 Amount (\$) State: Zip Code Katy (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE T- shirts OF EXPENDITURE (C) Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH 5 CCK 6 3 arcie Iryst Payee name Date 1-14-2022 Pavee address: City; Amount (\$) State: Zip Code 1035 yston 77036 Category (See Categories listed at the top of this schedule) Description PURPOSE T-Shir OF ISIN EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH JD1 Payee name Date 1-14-2022 NBC Amount (\$) Payee address; City; State; Zip Code Mason 917 7450 Description Category (See Categories listed at the top of this schedule) PURPOSE Yard OF SINS 15 EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 5 -C ja ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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 Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
01/18/2022	NBD Graphics			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
54.13	917 S. Mason Katy, TX 77450			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Car Magnet Sig	gns	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	Rick Garcia	FBISD Board Trus	tee Position #3	
Data	Payee name			
Date				
01/20/2022	La Cocina Restaurant		7	
Amount (\$)	Payee address;	City;	State; Zip Code	
17.05	515 FM-359 Richmond, TX 7740	5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Meeting with V	Ve the People group	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	Rick Garcia	FBISD Board Tru	istee Position #3	
	Paves name			
Date	Payee name			
01/20/2022	NBD Graphics			
Amount (\$)	Payee address;	City;	State; Zip Code	
129.90	917 S. Mason Katy, TX 77450			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Push Cards		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	<sup>H</sup> Rick Garcia	FBISD Board Tru	stee Position #3	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## 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 Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	kpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2022	5 Payee name Wal-Mart		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
9.55	5660 W. Grand Parkway Richmond	, TX 77406	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expenses	Coffee for Mee	et & Greet
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Trus	Office held stee Position #3
Date	Payee name		August -
01/21/2022	Kroger		
Amount (\$)	Payee address;	City;	State; Zip Code
42.84	8011 W Grand Parkway Richmond	TX 77407	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expenses	Refreshments	for Meet & Greet
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>H</sup> Rick Garcia	FBISD Board Tru	ustee Position #3
Date	Payee name		
01/24/2022	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
6.89	1 Hacker Way Menlo Park, CA 94025		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ads	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH Rick Garcia FBISD Board Trustee			stee Position #3
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEI	EDED

## 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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	epayment/Reimbursement werhead/Rental Expense Expense Expense Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/24/2022	Shipley's Donuts		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
48.00	9825 S Mason Road #290 Richmo	ond, TX 77407	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Donuts for Me	et & Greet
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> Rick Garcia	FBISD Board Trus	stee Position #3
Date	Payee name		
01/25/2022	Starbucks		
Amount (\$)	Payee address;	City;	State; Zip Code
11.26	8011 W Grand Parkway S Richmo	nd, TX 77407	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense	Meeting with 0	Consultant
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Rick Garcia	FBISD Board Tru	ustee Position #3
Date	Payee name		
01/25/2022	NBD Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
523.50	917 S. Mason Rd. Katy, TX 77450		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Push Cards	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Rick Garcia	FBISD Board Tru	stee Position #3
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### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Palaries/Wages/Contract Labor Now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date 01/27/2022	B Payee name FedEx Kinkos		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
13.53	23701 Cinco Ranch Blvd #130	Katy, TX 77494	
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Business Card	łs
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> Rick Garcia	FBISD Board Trus	stee Position #3
Date	Payee name		
02/04/2022	Aviva Wholesale		
Amount (\$)	Payee address;	City;	State; Zip Code
77.06	10355 Harwin Houston, TX 77	7036	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Advertising Expenses	T-Shirts	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oł	<sup>1</sup> Rick Garcia	FBISD Board Tri	ustee Position #3
Date	Payee name		
02/07/2022	La Madeleine		
Amount (\$)	Payee address;	City;	State; Zip Code
36.92	2675 Town Center Blvd Sugar	r Land, TX 77479	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense	Meeting with C	Consultant
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Rick Garcia	FBISD Board Tru	stee Position #3
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## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office C           Food/Beverage Expense         Polling I           y         Gift/Awards/Memorials Expense         Printing	payment/Reimbursement werhead/Rental Expense Expense Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date 02/07/2022	6 Payee name Kroger		
6 Amount (\$) 23.25	7 Payee address; 8011 W. Grand Parkway S Richmo	<sup>City;</sup> ond, TX 77407	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expenses	Meet & Greet	Expenses
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Trus	Office held stee Position #3
Date	Payee name		
02/14/2022	Brammers Athletic		
Amount (\$)	Payee address;	City;	State; Zip Code
183.65	5017 E. 5th St. Katy, TX 77493		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	T-Shirt Printin	g
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> Rick Garcia	FBISD Board Tri	ustee Position #3
Date	Payee name		
02/14/2022	Behind the Badge Charity		8
Amount (\$)	Payee address;	City;	State; Zip Code
48.00	202 Century Square Blvd. Sugar L	and, TX 77478	2
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Charity Event	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>+</sup> Rick Garcia	FBISD Board Tru	stee Position #3
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## 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 Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	and a superior of the family o		
02/14/2022	Behind the Badge Charity			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
40.00	202 Century Square Blvd. Sugar L	and, TX 77478		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Charity Event		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	<sup>+</sup> Rick Garcia	FBISD Board Trust	tee Position #3	
Date	Payee name			
02/18/2022	NBD Graphics			
Amount (\$)	Payee address;	City;	State; Zip Code	
988.10	917 S. Mason Rd. Katy, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs and	d Push Cards	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	Rick Garcia	FBISD Board True	stee Position #3	
Date	Payee name			
02/22/2022	Facebook			
Amount (\$)	Payee address;	City;	State; Zip Code	
8.01	1 Hacker Way Menlo Park, CA 94	025		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Facebook Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O		FBISD Board Trus	stee Position #3	
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## 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 Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Rick Garcia		
4 Date	6 Payee name		
02/24/2022	Fort Bend Chamber of Comme		
6 Amount (\$)	7 Payee address; 445 Commerce Green Blvd.	city; Sugar Land, TX 7747	State; Zip Code
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Fees	Membership	Dues
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Au	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Tr	Office held ustee Position #3
Date	Payee name		
03/07/2022	Fort Bend Education Foundati	on	
Amount (\$)	Payee address;	City;	State; Zip Code
175.00	16431 Lexington Blvd. Sugar	Land, TX 77479	
	Category (See Categories listed at the top of this se	hedule) Description	
PURPOSE OF EXPENDITURE	Event Expense	FBEF Gala	
	Check if travel outside of Texas. Complete So	hedule T. Check if Au	istin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> Rick Garcia	FBISD Board T	rustee Position #3
Date	Payee name		
03/07/2022	Fort Bend Education Foundati	on	
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	16431 Lexington Blvd. Sugar	Land, TX 77479	
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Sponsor a Te	eacher
	Check if travel outside of Texas. Complete S	chedule T. Check if Au	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Rick Garcia	FBISD Board T	rustee Position #3
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# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense J Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME Rick Garcia		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/10/2022	NBD Graphics		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
59.54	917 S. Mason Rd. Katy, TX 7745	50	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Business Card	ds
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Rick Garcia	FBISD Board True	stee Position #3
Date	Payee name		
03/14/2022	Lowes		
Amount (\$)	Payee address;	City;	State; Zip Code
51.92	9505 Spring Green Blvd. Katy, T	X 77494	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Holders	
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> Rick Garcia	FBISD Board Tr	ustee Position #3
Date	Payee name		
03/14/2022	Starbucks		
Amount (\$)	Payee address;	City;	State; Zip Code
5.68	8011 W Grand Parkway S Richmo	ond, 1X 77407	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense	Meeting w/ Co	nsultant
	Check if travel outside of Texas, Complete Schedule T	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>1</sup> Rick Garcia	FBISD Board Tru	stee Position #3
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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office C           Food/Beverage Expense         Polling           y         Gift/Awards/Memorials Expense         Printing	werhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME Rick Garcia	3	<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/17/2022	City of Meadows Place		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
59.65	11975 Brook Meadows Ln Meadow	ws Place, TX 7747	7
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ad Expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Rick Garcia	FBISD Board Trust	ee Position #3
Date	Payee name		
	NBD Graphics		
03/17/2022	IND Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
903.89	917 S. Mason Rd. Katy, TX 7745	60	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs	
	Check if travel outside of Texas. Complete Schedule T.	, Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>1</sup> Rick Garcia	FBISD Board Trus	stee Position #3
Date	Payee name		
03/22/2022	Facebook		ý
Amount (\$)	Payee address;	City;	State; Zip Code
2.98	1 Hacker Way Menlo Park, CA 94	025	2
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ads	
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Rick Garcia	FBISD Board Trus	tee Position #3
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## 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 Credit Card Payment	Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/30/2022	Shipley's Donuts	a trian	
6 Amount (\$) 19.00	7 Payee address; 9825 S Mason Rd. Richmond, T	City; X 77407	State; Zip Code
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Donuts for Me	eet & Greet
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Aus	tin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Rick Garcia	Office sought FBISD Board Tru	Office held Istee Position #3
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description	
	Check if travel outside of Texas. Complete Schedul	e T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> Rick Garcia	FBISD Board Tr	rustee Position #3
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description	
	Check if travel outside of Texas. Complete Schedu	e T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> Rick Garcia	FBISD Board Tr	ustee Position #3
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED