

# 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 Rick <hr/> NICKNAME LAST SUFFIX Garcia	<b>OFFICE USE ONLY</b> Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">APR 03 2025</div> BY: <i>[Signature]</i> <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9700 Mason Rd. Ste 125-287 Richmond, TX 77407										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 281 ) 721-9275										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Rick <hr/> NICKNAME LAST SUFFIX Garcia										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9700 Mason Rd. Ste 125-287 Richmond, TX 77407										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 281 ) 721-9275										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">1 / 16 / 2025</td> <td></td> <td style="text-align: center;">4 / 3 / 2025</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 / 16 / 2025		4 / 3 / 2025		
Month Day Year	THROUGH	Month Day Year									
1 / 16 / 2025		4 / 3 / 2025									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;">                     ELECTION DATE                      Month Day Year                      5 / 3 /                 </td> <td style="width: 70%;">                     ELECTION TYPE  <input type="checkbox"/> Primary   <input type="checkbox"/> Runoff   <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General   <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month Day Year 5 / 3 /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 5 / 3 /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) Fort Bend ISD Board of Trustees Position 3	13 OFFICE SOUGHT (if known) Fort Bend ISD Board of Trustees Position 3									
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.										
<table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: none;">COMMITTEE TYPE</td> <td style="border: none;">COMMITTEE NAME</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> GENERAL</td> <td style="border: none;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> SPECIFIC</td> <td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
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

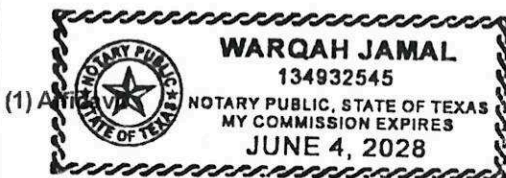
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 210.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,675.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,372.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,561.57
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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Warqah Jamal this the 3 day of April, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,675.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,372.00
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>Rick Garcia</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>1/16/25</i>		<b>5</b> Payee name <i>NBD Graphics</i>			
<b>6</b> Amount (\$) <i>866<sup>00</sup></i>		<b>7</b> Payee address; <i>917 S Mason</i>		City; <i>Katy</i>	State; <i>TX</i>
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		<b>(b)</b> Description <i>Push cards Yard signs</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 <i>1/22/25</i>		Payee name <i>DNH Domain</i>			
Amount (\$) <i>\$845</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		Description <i>Domain Renewal</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>1/23/25</i>		Payee name <i>Texas Hop Store</i>			
Amount (\$) <i>\$983<sup>07</sup></i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		Description <i>Yard signs</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Rick Barcia	3 Filer ID (Ethics Commission Filers)
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4 Date 1/24/2025	5 Payee name Aviva Wholesale
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6 Amount (\$) \$90.27	7 Payee address; Aviva 10355 Harwin	City; Houston	State; TX	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Ad Expense	(b) Description Ad t-shirts
	(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 1/31/25	Payee name FB Republic Women
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Amount (\$) \$3500	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Monthly Meeting
	<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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Date 2/3/25	Payee name EFBH Ministries
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Amount (\$) \$4150	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Donation
	<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 POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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>Rick Harris</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>3/5/25</i>		<b>5</b> Payee name <i>RBD Graphics</i>			
<b>6</b> Amount (\$) <i>\$325.75</i>		<b>7</b> Payee address;		City;	State; Zip Code
		<i>917 S Mason</i>		<i>Katy</i>	<i>TX</i>
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>		<b>(b)</b> Description <i>Palm Gards</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
<b>Date</b> <i>2/18/25</i>		<b>Payee name</b> <i>Good Party</i>			
<b>Amount (\$)</b> <i>\$1000</i>		<b>Payee address;</b>		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Consulting Exp</i>		<b>Description</b> <i>Data Services</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> <i>2/3/2025</i>		<b>Payee name</b> <i>RBD Graphics</i>			
<b>Amount (\$)</b> <i>\$887.92</i>		<b>Payee address;</b>		City;	State; Zip Code
		<i>917 S Mason</i>		<i>Katy</i>	<i>TX</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Printing Exp</i>		<b>Description</b> <i>Yard Signs</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

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 <b>Rick Garcia</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/3/25</b>		5 Payee name <b>MR J. Connections</b>			
6 Amount (\$) <b>\$ 784.81</b>		7 Payee address; <b>PO Box 2082</b>		City; <b>Missouri City</b>	State; <b>TX</b>
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Consulting exp</b>		(b) Description <b>Consulting services</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			
Date <b>2/18/25</b>		Payee name <b>Texas ROPS Store</b>			
Amount (\$) <b>\$1,067.34</b>		Payee address; <b>1810 Afton</b>		City; <b>Houston TX</b>	State; <b>TX</b>
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing EXP</b>		Description <b>Large 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			
Date <b>2/19/25</b>		Payee name <b>face book</b>			
Amount (\$) <b>27.08</b>		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Ad EXP</b>		Description <b>2/19, 2/20, 2/24, &amp; facebook Ads 2/24</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			
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			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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>Rick Garcia</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>2/21/25</i>		<b>5</b> Payee name <i>Double Tree Hotel</i>			
<b>6</b> Amount (\$) <i>\$17<sup>14</sup></i>		<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) <i>event exp</i>		<b>(b)</b> Description <i>Parking</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 <i>2/24/25</i>		Payee name <i>DNH Hosting</i>			
Amount (\$) <i>\$10<sup>57</sup></i>		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>other</i>		Description <i>Email Service</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>2/25/25</i>		Payee name <i>Exchange Club</i>			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Event Exp</i>		Description <i>Donation</i> <i>Spaghetti Dinner Event</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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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		2 FILER NAME <i>Rick Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/28/25</i>		5 Payee name <i>Texas Campaigns</i>			
6 Amount (\$) <i>\$1,000.00</i>		7 Payee address; <i>9600 Glenfield Ct</i>		City; <i>Houston TX</i>	State; <i>TX</i> Zip Code <i>77096</i>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting exp</i>		(b) Description <i>for 1/29 to 2/28 Consulting Services</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>2/28/25</i>		Payee name <i>MR Ji Connections</i>			
Amount (\$) <i>\$784.81</i>		Payee address; <i>PO Box 2082</i>		City; <i>Missouri City TX</i>	State; <i>TX</i> Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting services</i>		Description <i>Consulting</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>2/28/25</i>		Payee name <i>Wells Fargo</i>			
Amount (\$) <i>\$10.00</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking</i>		Description <i>Bank monthly fee</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

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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 <u>Rick Garcia</u>		<b>3</b> Filer ID (Ethics Commission Filers) _____	
<b>4</b> Date <u>3/3/25</u>		<b>5</b> Payee name <u>In mode Interactive</u>			
<b>6</b> Amount (\$) <u>390<sup>00</sup></u>		<b>7</b> Payee address; <u>11569 Hwy 6 #61</u>		<b>City;</b> <u>Sugar Land TX</u>	<b>State;</b> <u>TX</u>
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Ad Exp</u>		<b>(b)</b> Description <u>website &amp; logo design</u>		
	<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 _____				
<b>Date</b> <u>3/3/25</u>		<b>Payee name</b> <u>Home Depot</u>			
<b>Amount (\$)</b> <u>\$150<sup>66</sup></u>		<b>Payee address;</b> <u>Fry Road</u>		<b>City;</b> <u>Katy TX</u>	<b>State;</b> <u>TX</u>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Other</u>		<b>Description</b> <u>Supplies for signage</u>		
	<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> <u>3/3/25</u>		<b>Payee name</b> <u>NBD Graphics</u>			
<b>Amount (\$)</b> <u>\$835<sup>14</sup></u>		<b>Payee address;</b> <u>917 S Mason</u>		<b>City;</b> <u>Katy TX</u>	<b>State;</b> <u>TX</u>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Printing Exp</u>		<b>Description</b> <u>Door Hangers</u>		
	<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 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 <b>Rick Garcia</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/10/25</b>	5 Payee name <b>Spectators</b>
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6 Amount (\$) <b>\$82.42</b>	7 Payee address; City; State; Zip Code <b>Sugar Land TX</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Event Gathering</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
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Date <b>3/11/25</b>	Payee name <b>NBD Graphics</b>
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Amount (\$) <b>\$40.05</b>	Payee address; City; State; Zip Code <b>917 S mason Katy TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>	Description <b>Badges</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
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Date <b>3/11/25</b>	Payee name <b>Uista Print. Com</b>
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Amount (\$) <b>\$36.10</b>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>	Description <b>Business Cards</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
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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:		2 FILER NAME <i>Rick Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/12/25</i>		5 Payee name <i>face book</i>			
6 Amount (\$) <i>3279</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		(b) Description <i>3/14, 3/17, 3/17, 3/18, &amp; 3/24</i> <i>Ads</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		Office sought Office held	
Date <i>3/19/25</i>		Payee name <i>Millie Reed</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Exp</i>		Description <i>Sponsor Principal Retirement</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/17/25</i>		Payee name <i>Good Party</i>			
Amount (\$) <i>\$10.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Exp</i>		Description <i>Data Services</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Rick Garcia</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/20/25</b>	5 Payee name <b>Texas Go Stone</b>
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6 Amount (\$) <b>\$235.94</b>	7 Payee address; <b>1810 Afton</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>	(b) Description <b>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
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Date <b>3/21/25</b>	Payee name <b>Kroger</b>
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Amount (\$) <b>\$175.7</b>	Payee address; <b>Richmond TX 77407</b>	City; <b>Richmond</b>	State; <b>TX</b>	Zip Code <b>77407</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Exp</b>	Description <b>water food for volunteers</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
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Date <b>3/24/25</b>	Payee name <b>DNH Hosting</b>
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Amount (\$) <b>\$105.7</b>	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>other</b>	Description <b>email / 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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Rick Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/24/25</i>		5 Payee name <i>Brandani's</i>			
6 Amount (\$) <i>\$55 47</i>		7 Payee address; City; State; Zip Code <i>Missouri City, TX</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>food exp</i>		(b) Description <i>meeting w/ constituent</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>40A</i>		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/24/25</i>		Payee name <i>Shipley's Donuts</i>			
Amount (\$) <i>\$46 98</i>		Payee address; City; State; Zip Code <i>Richmond TX 77407</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food exp</i>		Description <i>Food for volunteers</i>		
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/25/25</i>		Payee name <i>Texas GOP Printing</i>			
Amount (\$) <i>\$674 11</i>		Payee address; City; State; Zip Code <i>1810 Alton Houston TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing exp</i>		Description <i>signs</i>		
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Rick Garcia</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/26/25</b>		5 Payee name <b>East Bend Chamber</b>			
6 Amount (\$) <b>\$5500</b>		7 Payee address; City; State; Zip Code <b>445 Commerce Street Sugar Land TX</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Exp</b>		(b) Description <b>Mayor forum</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					
Date <b>3/31/25</b>		Payee name <b>Texas Campaigns</b>			
Amount (\$) <b>\$5000</b>		Payee address; City; State; Zip Code <b>9400 Glenfield Ct Houston, TX 77096</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Exp</b>		Description <b>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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>3/31/25</b>		Payee name <b>Mr Ji Connections</b>			
Amount (\$) <b>\$78481</b>		Payee address; City; State; Zip Code <b>PO Box 2082 Missouri City, TX</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Exp</b>		Description <b>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 <u>ONLY</u> if direct expenditure to benefit C/OH					
<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 <b>Rick Garcia</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/31/25</b>	5 Payee name <b>Millie Reed</b>
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6 Amount (\$) <b>\$150.00</b>	7 Payee address; City; State; Zip Code <b>503 Sumner Ave Richmond TX</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Expense Reimbursement</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
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Date <b>3/31/25</b>	Payee name <b>Raise the Money.com</b>
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Amount (\$) <b>\$112.26</b>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>fee for Processing</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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<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
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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:
2 FILER NAME <b>Rick Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/16/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael Siwierka</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>5711 Silver Bay Sugar Land TX</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions)
Date <b>1/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mourat Sebouni</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>23 Palm Rd Missouri city TX</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Auto Arch</b>
Date <b>1/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Evelyn Montalvo</b>	Amount of contribution (\$) <b>\$200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1900 Wildwood Richmond TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Retired</b>
Date <b>1/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Judy Schmidt</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>502 East Shadow Richmond TX 77406</b>		
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:	
2 FILER NAME <b>Rick Garcia</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/16/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Patterson</b>			7 Amount of contribution (\$) <b>\$ 40<sup>00</sup></b>	
	6 Contributor address; City; State; Zip Code <b>314 Belknap Sugar Land, TX 77478</b>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <b>1/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Willie Rainwater</b>			Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>	
	Contributor address; City; State; Zip Code <b>16410 Quail Park missouri city 77489</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions) <b>Retired</b>		
Date <b>1/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leslie Marsh</b>			Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>	
	Contributor address; City; State; Zip Code <b>146 2nd st Sugar Land TX 77498</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions) <b>Retired</b>		
Date <b>1/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Deming</b>			Amount of contribution (\$) <b>\$ 60<sup>00</sup></b>	
	Contributor address; City; State; Zip Code <b>4911 Quarte Cove Richmond TX 77407</b>				
Principal occupation / Job title (See Instructions) <b>Hospital Tech</b>			Employer (See Instructions) <b>Hospital UT Health</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:
2 FILER NAME <b>Rick Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/16/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matt Lyons</b> 6 Contributor address; City; State; Zip Code <b>1222 Plantation Richmond TX 77406</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Teacher</b>		9 Employer (See Instructions) <b>FBISD</b>
Date <b>1/21/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leah Hagan</b> Contributor address; City; State; Zip Code <b>211 Canyon Crest Sugarland TX</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>Self</b>
Date <b>1/23/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Fawcett</b> Contributor address; City; State; Zip Code <b>1110 Battery Ln Sugarland TX 77478</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>Photographer</b>		Employer (See Instructions) <b>Self</b>
Date <b>1/24/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Regina Gardner</b> Contributor address; City; State; Zip Code <b>6703 Briargate Dr. Missouri City TX 77489</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <b>Rick Garcia</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/26/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cassandra Garcia</b>			7 Amount of contribution (\$) <b>\$ 2,000.00</b>	
6 Contributor address; City; State; Zip Code <b>222 Anguine Victoria TX 77904</b>					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <b>2/12/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Trey Stone</b>			Amount of contribution (\$) <b>\$ 250.00</b>	
Contributor address; City; State; Zip Code <b>Po Box 3212 Houston TX 77253</b>					
Principal occupation / Job title (See Instructions) <b>Attorney</b>			Employer (See Instructions) <b>Lineberger</b>		
Date <b>2/17/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ray Aguilar</b>			Amount of contribution (\$) <b>\$ 250.00</b>	
Contributor address; City; State; Zip Code <b>2011 Martinct Richmond TX 77406</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions) <b>Self</b>		
Date <b>2/18/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amaro Law firm</b>			Amount of contribution (\$) <b>\$ 100.00</b>	
Contributor address; City; State; Zip Code <b>448 W. 19th #335 Houston TX 77008</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions) <b>Amaro Law Firm</b>		
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>Rick Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/25/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gilbert Garcia</b>	7 Amount of contribution (\$) <b>\$200<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2019 Cypress Bend Sugar Land, TX 77478</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <b>Retired</b>
Date <b>2/27/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sheena Navarro</b>	Amount of contribution (\$) <b>\$700<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1709 Frost St Rosenberg TX 77471</b>		
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>Self</b>
Date <b>2/27/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allen Owen</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2022 Masters Ln Missoula city TX 74459</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Retired</b>
Date <b>2/27/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ashish Agrawal</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6714 Apsley Creek Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>IT Professional</b>		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

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1 Total pages Schedule A1:

2 FILER NAME

Rick Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/25

5 Full name of contributor

Fred Dally

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

55 Old Woods Passage missouri city TX 77459

8 Principal occupation / Job title (See Instructions)

Owner + Principal

9 Employer (See Instructions)

Dally + Assoc

Date

3/18/25

Full name of contributor

Monica Storm-Allen

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

2911 Bright Tr Sugarland TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

stay at home mom

Date

3/26/25

Full name of contributor

Tuget Storm

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

5711 Silver Bay Sugarland TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

stay at home

Date

3/26/25

Full name of contributor

Sida Services LLC

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

5522 Gibraltar Richmond TX 77407

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Sida Services

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Rick Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

4/2/15

5 Full name of contributor

Church's Children

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City;

State;

Zip Code

Houston TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/27/15

Full name of contributor

Gary Gates

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 2500.00

Contributor address;

City;

State;

Zip Code

Rosenberg TX

Principal occupation / Job title (See Instructions)

State Rep

Employer (See Instructions)

State Rep. Gary Gates Campaign

Date

1/27/15

Full name of contributor

Ron Reynolds

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

6140 Hwy 6 S 233 missouri city, TX

Principal occupation / Job title (See Instructions)

State Rep

Employer (See Instructions)

Ron Reynolds Campaign

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)

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