CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Rick	MI	OFFICE USE ONLY	
NAME	NICKNAME Batman	Garcia	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 9711 Mason F Richmond, TX	Rd Ste 125-287	CITY; STATE; ZIP CODE	JUL 1 5 2025	
Change of Address				Br: 1/102 103 1:31 pr	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281) 721	-9275	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Rick	MI	Date Processed	
NAME	NICKNAME	LAST	SUFFIX		
	Batman	Garcia		Date Imaged	
7 CAMPAIGN		NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS (Residence or Business)	9711 Mas	on Rd Ste 125-287 I, TX 77407			
	AREA CODE	PHONE NUMBER	EXTENSION		
8 CAMPAIGN TREASURER PHONE	(281) 721		EXTENSION		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	5 /	/ 1 / 2025	THROUGH 7	/ 14 / 2025	
11 ELECTION	ELECTION DA	TE			
	Month Day	Year Primary	Runoff Other Description		
	5 / 3 /	2025 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)	
	Fort Bend ISD Board	of Trustees Position 3			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMFAIO		
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)	\$ 725.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	^{\$} 750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	^{\$} 18,900.94
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	\$1,537.33
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	5 THE \$ 0.00
	quired to be reported by me under Title 15, Election Code.	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit	YADIRA CASTILLO Notary ID #124453055 My Commission Expires January 6, 2027	
NOTARY STAMP/SEA	I before me by <u>Rick Garcig</u> this the	15_ day of July,
20 25, to certify Signature of officer administ	ering oath Printed name of officer administering oath	Notany Title of officer administering oath
(2) Unsworn Declarat	ion	
My address is	(50001)	(state) (zip code) (country)
Executed in	County, State of, on the day of(moni (moni	th) (year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	s Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$750.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,100.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,900.94
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/	юн \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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	Committee Legal Services	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			
1 Total pages Schedule F1:	-		3 Filer ID (Ethics Commission Filers)		
4 Date 4/25/2025	5 Payee name Mr Ji Connections				
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code PO Box 2082 Missouri City, TX 77459				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Consulting Expense	nagement			
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Au	stin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought	Office held		
Date 4/28/2025	Payee name HEB #110				
Amount (\$) 32.12	Payee address; City; State; Zip Code Missouri City, TX 77459				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se Food Expense	chedule) Description Food for volu	inteers		
	Check if travel outside of Texas. Complete So	chedule T. Check if Au	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/28/2025	Schlotzsky's				
Amount (\$) 23.14	Payee address;	City;	State; Zip Code		
	15287 Soutwest Fwy	Sugar	Land, TX 77478		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Food Expense		e with constituent		
	Check if travel outside of Texas. Complete Sc	chedule T. Check if Au	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8	EXPENDIT	URE	CATEGO	RIES F	ORI	BOX 8	3(2
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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	
	· · ·	is now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4/28/2025	State Fare		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
27.14	15930 City Walk Blvd.	Sugar Land	, TX 77479
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Food Expense		ing with Volunteer
	(c) Check if travel outside of Texas, Complete S	chedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/29/2025	Payee name HEB #627		
Amount (\$) 4.88	Payee address;	c _{ity;} Sugar La	State; Zip Code nd City, TX 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Food Expense	cchedule) Description Coffee	
	Check if travel outside of Texas, Complete S	chedule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/30/2025	Whataburger		
Amount (\$) 12.55	Payee address;	City;	State; Zip Code
	Hwy 6	Sugar La	and, TX 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this a Food Expense		e with constituent
	Check if travel outside of Texas. Complete S	ichedule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	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 By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repay Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense bense pense lages/Contract Labor	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 N Rick Gar				3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2025	5 Payee na The G	ame			1
6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code Sugar Land, TX 77479				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Food Expense Meeting with cons				onstituent
	(c)	Check if travel outside of Texas, Complete S	chedule T.	Check if Aust	lin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought	Office held
Date 5/5/2025	Payee na Texas	ame s Campaigns			
Amount (\$) 300.00	Payee a 9600	^{ddress;}) Glenfield Ct.		city; Houston,	State; Zip Code TX 77096
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s ing Expense	schedule)	Description Consulting Ex	pense
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought	Office held
Date	Payee n	ame			
5/5/2025	HEB #6	27			
Amount (\$) 22.22	Payee a	ddress;		City;	State; Zip Code
	Univers	ity Blvd		Su	gar Land, TX 77478
PURPOSE OF EXPENDITURE	Category Food Ex	y (See Categories listed at the top of this e PENSE	schedule)	Description Food for volunte	eers
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Aust	lin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name	-	Office sought	Office held
	ΓA	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT inc	ude this page in the report.
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	an Repayment/Reimbursement Solicitation/Fundraising Expense ffice Overhead/Rental Expense Transportation Equipment & Related Expense billing Expense Travel In District inting Expense Travel Out Of District alaries/Wages/Contract Labor 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 5/5/2025	5 Payee name Millie Reed	
6 Amount (\$) 125.00	7 Payee address; 503 Summer Arbor	City; State; Zip Code Richmond, TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Transportation	(b) Description Transportation Expense Reimbursement
	(c) Check if travel outside of Texas. Complete Scher	ule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct Candidate / Officeholder name		Office sought Office held
Date 5/8/2025	Payee name Lazy Dog Restaurant	
Amount (\$) 36.26	Payee address;	City; State; Zip Code Richmond, TX 77407
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Food Expense	Volunteer Appreciation expense
	Check if travel outside of Texas, Complete Sched	ule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/12/2025	Bill Rickert Campaign	
Amount (\$) 200.00	Payee address;	City; State; Zip Code Sugar Land, TX 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Other	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDI	RIRE	CATE	GORIES	FOR	BOX 8	6
has / 1 has 1 W had 1	A PROPERTY AND	ALF FAR Store	COLUMN CO	1	2010	e

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Iling Expense nting Expense Iaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)	
4 Date 5/15/2025	5 Payee name Bowie PTO			
6 Amount (\$) 100.00	7 Payee address;	city; Richm	State; Zip Code ond, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schere Food Expense		nd of year party	
	(C) Check if travel outside of Texas, Complete Schedu	lle T. Check if Aus	tin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date 5/19/2025	Payee name 7-Eleven			
Amount (\$) 5.23	Payee address;	city; Sugar Land ⁻	State; Zip Code TX 77479 [,]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Food Expense	ule) Description Coffee		
	Check if travel outside of Texas, Complete Schedu	le T, Check if Aus	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	e verieten til sette her stadio		
5/12/2025	InMode Interactive			
Amount (\$) 200.00	Payee address;	City;	State; Zip Code	
	11569 Hwy 6 #61		Sugar Land, TX 77498	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Advertising Expense			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE	CATEGORIES	FOR BOX 8(a
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		EXPENDITURE CATE	GORIES	-OK 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 The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)	
		- particular and the state of the			2 Eiler ID (Ethio	Commission Filers)
1 Total pages Schedule F1:	2 FILER N Rick Gar				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n					
5/22/2025	TASB					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
75.00				Austin	ТХ	
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE	Event Ex	kpense		Ticket for Leade	ership TASB C	Graduation
OF						
EXPENDITURE						
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
5/22/2025	5 C	ebook				
Amount (\$) 12.71	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor Ad Expe	y (See Categories listed at the top of this ENSE	schedule)	Description Facebook ads		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee r	name				
5/22/2025	DNH H	ostina				
Amount (\$)	Payee a	and the second		City;	State;	Zip Code
10.57	Fayee a	uuress,		ony,	ciato,	
	Categor	Y (See Categories listed at the top of this	s schedule)	Description	2 - 16	
DUDDOODE		ing Expense		Website Expe	ense	
PURPOSE				TODORC LAP	01100	
EXPENDITURE						
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct	Candi	date / Officeholder name		Office sought		Office held
expenditure to benefit C/O	н					
	A	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEI	EDED	
		and the second	and the second se	the second s	the state of the s	

SCHEDULE F1

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

I the requested int	Simulation to not approact of a	
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Print	
1 Total pages Schedule F1:	2 FILER NAME Rick Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2025	5 Payee name Cooking Girl	
6 Amount (\$) 24.19	7 Payee address; 636 Hwy 6, #100	City; State; Zip Code Sugar Land, TX 77478
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Food Expense	(b) Description Volunteer Appreciation expense
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 6/18/2025	Payee name Exxon Jak's Business	
Amount (\$) 10.03	Payee address;	City; State; Zip Code Richmond, TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Transporation Expense	Food for LTASB Trip
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/22/2025	Exxon Jak's Business	Di tu Zin Coda
Amount (\$) 30.80	Payee address;	City; State; Zip Code Richmond, TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Transportation Expense	Gas Expense for LTASB Trip
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Office sought

Complete ONLY if direct expenditure to benefit C/OH Office held

SCHEDULE F1

EVDENDITURE	CATEGORIES	FOR BOX 8(a)	
EXPENDITURE	And a sea and the till have been		

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense ling Expense alaries/Wages/Contract Labor ow 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)
Total pages Schedule F1:	2 FILER NAME Rick Garcia		3 Filer ID (Ethics Commission Filers)
Date 5/23/2025	5 Payee name Sheraton Hotel		7.0.4
5 Amount (\$) 27.82	7 Payee address;	City; Fort Wo	rth, TX
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Food Expense	edule) (b) Description LTASB Event	
	(C) Check if travel outside of Texas, Complete Sched	dule T. Check if Aus	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 6/23/2025	Payee name Sheraton Hotel		
Amount (\$) 20.00	Payee address;	city; Fort V	State; Zip Code Vorth, TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Food Expense	Description LTASB Even	t
	Check if travel outside of Texas. Complete Sche	edule T. Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/23/2025	Sheraton Hotel		State; Zip Code
Amount (\$) 26.00	Payee address;	city; For	t Worth, TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho Food Expense	edule) Description LTASB Eve	ent
	Check if travel outside of Texas. Complete Sche	edule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	
Forms provided by Texas I	Ethics Commission www.ethics.	.state.tx.us	Revised 8/17/2

SCHEDULE F1

EXPENDITURE	CATEGORIES	FOR BOX 8(a)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	3y al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t rry not listed above)
1 Total pages Schedule F1	2 FILER N Rick Ga	IAME			3 Filer ID (Ethic	Gommission Filers)
4 Date 6/23/2025	5 Payee n DNH	^{ame} Hosting				
6 Amount (\$) 10.57	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	[1] S. R. L. LEWIS 11, 1976.	Category (See Categories listed at the top of this schedule) d Expense (b) Description Website Hosting				
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		idate / Officeholder name		Office sought		Office held
Date 6/23/2025	Payee Buc	name Gees				
Amount (\$) 62.90	Payee	address;		city; Hillsbo	State; Dro, TX	Zip Code
PURPOSE OF EXPENDITURE		ory (See Categories listed at the top of this or ortation Expense	schedule)	Description LTASB Even \$36.96 for ga	t - Gas and F as and \$25.94	ood for Food
	Г	Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	stin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		lidate / Officeholder name		Office sought		Office held
Date	Payee	name				
6/23/2025	Rick G	arcia				
Amount (\$)	Payee	address;		City;	State;	Zip Code
15,000.00	9700	Mason Rd. Ste 125-28	87	Richmond, TX 77407		
PURPOSE OF EXPENDITURE		ory (See Categories listed at the top of this Repayment	schedule)	Description Repayment	of personal lo	an
	Γ	Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder liv	
Complete <u>ONLY</u> if direc expenditure to benefit C		didate / Officeholder name		Office sought		Office held
		ATTACH ADDITIONAL COPIE	S OF THI	S SCHEDULE AS N	IEEDED	
			·			Revised 8/17/2

SCHEDULE F1

EXPENDITURE	CATEGORIES	FOR BOX 8	a
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	EXPENDITURE CATEO	BORIES 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 s 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)
Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Date 5/28/2025	5 Payee name Raise the Money		
	7 Payee address; Type text here	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	OF 4/28: \$5.15		on Site.
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Aus	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description	
Res 2 VE Base Control Control	Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED
Forms provided by Texas Ef	thics Commission www.eth	ics.state.tx.us	Revised 8/17/20

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
² FILER NAME Rick Garcia	E	3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 _{Date} 4/25/2025	 6 Full name of contributor □ out-of-state PAC (ID#:) Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description \$2,100 Virtual Assistant for phone banking		
	10601 Clarence Dr. #250 Missouri City,	FX 75033	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ Educator	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas, Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)		
i initipat coo		Employe			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	-			3 Filer ID (Ethics Commission Filers)	
Rick Garcia					
4 Date 4/25/2025	5 Full name of contributor		: (ID#:)	7 Amount of contribution (\$)	
4/20/2020	Lina & Michael Sabou	ni		500.00	
	Contributor address	City;	State; Zip Code		
	6 Contributor address;	City,	State, Zip Code		
	23 Palm Road	Missouri Ci	ty, TX 77459		
8 Principal occu	pation / Job title (See Instructions)	Missouri ol	9 Employer (See Instruc	tions)	
o Principal occu	pation / Job tile (See Instructions)		g Employer (See Instruc	lionsy	
	= 11				
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
4/25/2025	Matthew Stewart			250.00	
	····	Cibu	Ctata: 7in Cada		
	Contributor address;	City;	State; Zip Code		
	E24 Contionate St	Houston	TX 77007		
	534 Cortlandt St.	Houston,			
Principal occup	oation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
1					
Date	Full name of contributor	out-of-state PAC) (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)	
	<u></u>				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	If contributor is out-of-state PAC				