# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

							1000	
The C/OH Instruction G	duide explains how t	o complete this form.	1 Fil	ler ID (Ethics Commiss	sion Filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Rick	8	MI		OFFICE USE ONLY		
NAME	NICKNAME	LAST <b>Garcia</b>		SUF	FIX	Date Received	EIVE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 9700 Mason Richmond, T	APT / SUITE #; Rd. Ste 125-287 X 77407	CITY;	STATE; ZIP	CODE	JAN 15 2025		
Change of Address		DUONE MUNICED		EVTENSION			12	
5 CANDIDATE/ OFFICEHOLDER PHONE	(281 )	721-9275		EXTENSION			or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST <b>Jesse</b>		МІ		Receipt #	Amount \$	
NAME	NICKNAME	LAST			FIX			
	NICKNAME	Rodriguez		.501	110	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	a service full— v 15	NO PO BOX PLEASE); АРТ / Rd. Ste 125-287 X 77407		CITY;		STATE;	ZIP CODE	
		DUALE MUNICE		EVIENCION				
8 CAMPAIGN TREASURER PHONE	( 281 )	721-9275		EXTENSION				
9 REPORT TYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)							
	July 15	8th day before	election	Exceeded Reporting		Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month 2	Day Year / 1 / 23	1	THROUGH	Month 7	Day Yea  / 15 / 23	), ,	
11 ELECTION	ELECTION DAY	Year Primai		Runoff C	CTION TYPE Other Description		· · · · · · · · · · · · · · · · · · ·	
12 OFFICE	Fort Bend IS			13 OFFICE SOUGH	HT (if knowr	1)		
14 NOTICE FROM POLITICAL	THE CANDIDATE / DEELC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REC	DEC MAY HA	WE REEN MADE WITHO	UT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME							
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN	FREASURE	ER ADDRESS		F		
		GO TO	D PAG	E 2				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMPAIGN	I FINANCE REPORT	COV	ER SHEET PG 2
15 C/OH NAME		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	,	0.00
	4. TOTAL POLITICAL EXPENDITURES		376.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLAST DAY OF THE REPORTING PERIOD	F THE ;	\$ 0.00
	Signature of Ca		Officeholder
20 <b>25</b> , to certify	before me by Rick Grancia this the which, witness my hand and seal of office.  Astill D Valina Cashilo ering oath  Printed name of officer administering oath  OR		day of January,  Notary  Title of officer administering oath
My name is	, and my date of birth is	s	
My address is	4		

(street)

\_\_\_\_\_ County, State of \_

\_\_\_\_\_, on the \_

(city)

(month)

Signature of Candidate/Officeholder (Declarant)

(country)

(zip code)

(year)

### SUBTOTALS - C/OH

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

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/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 03/02/2023	5 Payee name Justin Schiro				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
150.00	TX 77406		Richmon	d	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description Lincoln Reaga	gan Dinner Contribution		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Rick Garcia	Office sought	Office held Trustee, Position 3		
Date	Payee name				
03/06/2023	Marriott/FBEF				
Amount (\$)	Payee address;	City;	State;	Zip Code	
4500		Sugar Land	TX	77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donation	Fort Bend Education Foundation Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	(	Office held	
Date	Payee name				
0.2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Fort Bend Education Foundation				
Amount (\$)	Payee address;	City;	State;	Zip Code	
100.00	16431 Lexington	Sugar Lar	nd TX	77479	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donation	Fort Bend Edu	cation Founda	ation Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED		

# 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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category	not lated above)	
1 Total pages Schedule F1:	2 FILER NAME Rick Garcia	3 Filer ID (Ethics Commission Filers)			
4 Date 05/01/2023	5 Payee name Safari				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
32.00	11627 FM 1464	Richmond	TX	77407	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense	Education Eve	ent		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH Rick Garcia  Candidate / Officeholder name Office sources		Office sought		office held e, Position 3	
Date	Payee name				
03/06/2023	Safari				
Amount (\$)	Payee address;	City;	State;	Zip Code	
21.00	11627 FM 1464	Richmond	TX	77407	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donation	Fort Bend Education Foundation Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date 4/8/23	Payee name  DNH Domain Hosting				
Amount (\$)	Payee address;	City;	State;	Zip Code	
28.16	8				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Domain Rene	wal for Campa	ign Website	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		