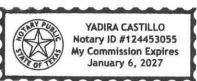
CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Rick NAME Date Received LAST SUFFIX NICKNAME Garcia ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 4 CANDIDATE / **OFFICEHOLDER** 9700 Mason Rd. Ste 125-287 MAILING Richmond, TX 77407 **ADDRESS** Change of Address EXTENSION PHONE NUMBER 5 CANDIDATE/ AREA CODE **OFFICEHOLDER** (281 721-9275 PHONE Amount \$ Receipt # MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** Jesse Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Rodriguez STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY; CAMPAIGN TREASURER 9700 Mason Rd. Ste 125-287 **ADDRESS** Richmond, TX 77407 (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** 721-9275 PHONE (281 9 REPORT TYPE 15th day after campaign Runoff January 15 30th day before election treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Month COVERED 15 24 15 24 THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Other Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Fort Bend ISD Position 3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MED WITHOUT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

	TE / OFFICEHOLDER ON FINANCE REPORT	cov	FORM C/OH ER SHEET PG 2			
15 C/OH NAME		16 Filer ID	(Ethics Commission Filers)			
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES		\$ 154.25			
CONTRIBUTION BALANCE	T DAY	\$ 0.00				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 0.00			
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code: Signature of Candidate or Officeholder						
Please complete either option below:						
(1) Affidavit	YADIRA CASTILLO Notary ID #124453055 My Commission Expires January 6, 2027					



NOTARY STAMP/SEAL

Swom to and subscribed before me b	Rick Garcia		this the	15th day of	January.
20 25 to certify which, witness	s my hand and seal of office. Vadire	Castille		No	otang
Signature of officer administering oath	Printed name of office	er administering o	ath	Title of off	ficer administering oath
		OR	10000000000000000000000000000000000000	。这一张自己的 第	经验证据
(2) Unsworn Declaration					
My name is		, and m	y date of birth is		
My address is					.,
	(street)	1	(city) (s	tate) (zip code)	(country)
Executed in Co	unty, State of	, on the	day of	, 20	
			(month	(yea	ir)
		Signature of Candidate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con		
Garcia		
HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
SCHEDULE E: LOANS	\$	
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 154.25	
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$	
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	\$	
	EDULE SUBTOTALS ME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU	DEDULE SUBTOTALS HE DULE SUBTOTALS HE OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

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

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Rick Garcia 5 Payee name 4 Date 02/09/2024 Big Ben Tavern Zip Code State; 6 Amount (\$) 7 Payee address; TX 77479 Sugar Land 42.49 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Candidate Meet and Greet Food Beverage Expense PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name Trustee, Position 3 expenditure to benefit C/OH Rick Garcia Payee name Date Marriott Sugar Land 03/04/2024 Zip Code State; City; Amount (\$) Payee address; Sugar Land 77479 TX 11.00 Description Category (See Categories listed at the top of this schedule) Education Foundation Expense **Event Expense PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/08/2024 Pecan Grove Country Club Zip Code State: Amount (\$) Payee address; 77407 Richmond TX 19.13 Description Category (See Categories listed at the top of this schedule) Travis Bingo Bash Fundraiser for Booster **Event** PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	omplete this form.			
Total pages Schedule F1:	2 FILER NAME Rick Garcia	3 Filer ID (Ethics Commission Filers)			
Date 04/18/2024	5 Payee name DNH Domain Hosting				
Amount (\$) 29.16	7 Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Domain Renewal Fee			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ing expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Rick Garcia	Office sought Office held Trustee, Position			
Date	Payee name				
03/04/2024	Black Rock Coffee				
2.17	Payee address;	city; Richmor	state; nd TX	Zip Code 77407	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
04/08/2024	Monte's				
Amount (\$) 20.30	Payee address;	city; Richmor	State; nd TX	Zip Code 77407	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Lunch with constituent			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	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 CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	kpense /ages/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 name Call III	2 50 50 1			proto tino totilit.	3 Filer ID (Ethics	s Commission Filers)
1 Total pages Schedule F1:	Rick Gard	ia			- no re truite	
4 Date 02/29/2024	5 Payee name Wells Fargo					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
10.00						
8	100	ry (See Categories listed at the top of this		(b) Description		
PURPOSE OF EXPENDITURE	Accour	nting Banking Expense	e 	Monthly Account Fee (Low Balance F		
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name arcia		Office sought	Trust	Office held tee, Position 3
Date	Payee n	ame		All Control of the Co		
03/29/2024	Wells F	argo				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
10.00			El Company			
=		y (See Categories listed at the top of this		Description	unt Co = //	Polonos Fact
PURPOSE OF EXPENDITURE	Accou	nting Banking Expens	e	Monthly Account Fee (Low Balance Fee)		
		Check if travel outside of Texas. Complete	Schedule T.	ule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held
Date	Payee r	name				
04/30/2024	Wells F	argo	W.			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
10.00				444,000		
	Categor	y (See Categories listed at the top of this	schedule)	Description	20 05-40	
PURPOSE OF EXPENDITURE	Accour	nting Banking Expense	Э	Monthly Account Fee (Low Balance F		
Check if travel outside of Texas. Comple			Schedule T.	Check if Aus	tin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/Ol		date / Officeholder name		Office sought		Office held
	A	ITACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	