

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: **18**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **(M)**

FIRST **James**

MI **D.**

NICKNAME **Jim**

LAST **Rice**

SUFFIX



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**5402 Oban Terrace Lane
Sugar Land, Tx. 77479**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(832) 563-2942

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **(M)**

FIRST **Dorothy**

MI **S.**

NICKNAME **Suzanne**

LAST **Ramos**

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

**3907 Senna Place
Sugar Land, Tx. 77479**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 980-9051

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 Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 01 / 2022 THROUGH 03 / 28 / 2022

11 ELECTION

ELECTION DATE

Month Day Year
05 / 07 / 22

ELECTION TYPE

- Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any) **FBISD Trustee Position 3**

13 OFFICE SOUGHT (if known) **FBISD Trustee Position 3**

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

COMMITTEE TYPE

- GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jim Rice (James D. Rice) 16 Filer ID (Ethics Commission Filers)

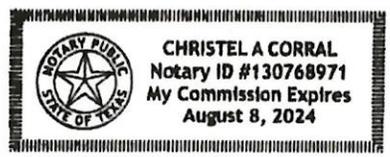
Table with 6 rows and 3 columns: Category (Contribution Totals, Expenditure Totals, Contribution Balance, Outstanding Loan Totals), Description (1-6), and Amount (\$). Values include 0.00, 13,500.00, 9,057.66, 21,140.39, and 35,331.69.

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 of James D. Rice and printed name below it.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by James D. Rice this the 5 day of April

20 22 to certify which, witness my hand and seal of office.

Signature of officer administering oath: Christel A. Corral, Administrative Assistant

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 *Jim Rice (James D. Rice)* 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,500.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,057.66
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.33

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: p. 1 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim and S. Russ	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 10011 Meadowglen Lane Houston, Texas 77042		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony + Kerry Lacsamana	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3107 Winchester Way Sugar Land, Texas 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James A. Thompson Campaign Acct.	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridget R. Yeung	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 538 Lombardy Dr. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: <i>p. 2 of 8</i>
2 FILER NAME <i>James D. Rice (Jim Rice)</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Derrick Mitchell</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>3346 Parkwood Dr. Houston, Texas 77021-1139</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dean Arbacek</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>130 Industrial Blvd. Ste 110 Sugar Land, Tx 77478</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rolinda Schmidt</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>3513 Trail Head Dr. Kerrville, Tx. 78028</i>		<i>pp</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robin Elder</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>2033 Spinnaker Dr. League City, Tx 77573</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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:
p. 3 of 8

2 FILER NAME **James D. Rice (Jim Rice)** 3 Filer ID (Ethics Commission Filers)

4 Date 2/26/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Jameson clo W.J. Interests	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 2333 Town Center Blvd. #100 Sugar Land, Tx. 77478		pp

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 3/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Null	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 218 Keswick Ct. Sugar Land, Tx. 77478		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Les and Ann Newton	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 3506 Mesquite Dr. Sugar Land, Tx. 77479		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S Neal + J. Neal	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 6411 Hidden Creek Way Sugar Land, Tx. 77479		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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:

p. 4 of 8

2 FILER NAME

James D. Rice (Jim Rice)

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/22

5 Full name of contributor

Joseph + Janet Meyer

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

1410 Ravens Court
Sugar Land, TX 77479

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/22

Full name of contributor

Michael Siwlerka

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.00

Contributor address;

1368 Lake Pointe Pkwy.
Sugar Land, Tx. 77478

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/22

Full name of contributor

Perdue, Brandon, Fielder Collins + Mott LLC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

1235 North Loop W. Ste. 600
Houston, Texas 77008

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5/22

Full name of contributor

Russell & Doris Klaus

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address;

1267 Piney Woods Rd.
Allen, Tx. 78935

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
p. 5 of 8

2 FILER NAME
James D. Rice (Jim Rice)

3 Filer ID (Ethics Commission Filers)

4 Date
3/5/22

5 Full name of contributor out-of-state PAC (ID#: _____)
Seth Smith

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
1683 Shaws Bend Road
Columbus, Tx. 78934

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/5/22

Full name of contributor out-of-state PAC (ID#: _____)
Earl + Peggy Pitchford

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
2022 Brushy Rd.
Columbus, Tx. 78934

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/5/22

Full name of contributor out-of-state PAC (ID#: _____)
Justin Labay

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
1050 Green Meadows Lane
Columbus, Tx. 78934

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/8/22

Full name of contributor out-of-state PAC (ID#: _____)
Gary Pearson III

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2350 Westcreek Ln. Suite 1213
Houston, Tx 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: p. 6 of 8
2 FILER NAME James D. Rice (Jim Rice)		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jared Jameson	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 2333 Town Center Blvd. #100 Sugar Land, Tx. 77478		pp
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Jacobsen	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 77 Sugar Creek Center Blvd. Ste E90 Sugar Land, Tx. 77478		pp.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Curry	Amount of contribution (\$) \$ 1,500.00
Contributor address; City; State; Zip Code 3422 Mimosa Way Sugar Land, Tx. 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail McClendon	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 911 Eastwood Ct. Sugar Land, Tx. 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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:

p. 7 of 8

2 FILER NAME

James D Rice (Jim)

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/22

5 Full name of contributor out-of-state PAC (ID#: _____)

Floyd Emery

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

2103 Fountain Valley Dr.
Missouri City, Tx. 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/22

Full name of contributor out-of-state PAC (ID#: _____)

Roy Smith

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

111 Mayfair Ct.
Sugar Land, Tx. 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

pp

Date

3/16/22

Full name of contributor out-of-state PAC (ID#: _____)

Yolanda Humphrey

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

2803 Scottsdale Palms Dr.
Missouri City, Texas 77459 pp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/22

Full name of contributor out-of-state PAC (ID#: _____)

Victor Chen

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

101 Blacraft Court
Sugar Land, Tx. 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

pp

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

p. 8 of 8

2 FILER NAME

James D. Rice (Jim)

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/22

5 Full name of contributor

David Rowe

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address;

11931 Wickchester Suite 300
Houston, Tx. 77043

City;

State;

Zip Code

pp.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/22/22

Full name of contributor

Dan Micciche

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 400.00

Contributor address;

1140 Bally Mote Dr.
Dallas, Tx. 75218

City;

State;

Zip Code

pp.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: <i>p. 1 of 6</i>		2 FILER NAME <i>James Rice (Jim)</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>01/03/22</i>		5 Payee name <i>Burt J. Levine dba Texas Campaigns</i>			
6 Amount (\$) <i>\$300.00</i>		7 Payee address; City; State; Zip Code <i>9600 Glenfield Court Suite 140 Houston, Tx. 77096</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		(b) Description <i>Campaign Consulting</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 <i>Jim Rice FBISD Trustee Position 3</i>					
Date <i>01/03/22</i>		Payee name <i>Icehower Consulting LLC</i>			
Amount (\$) <i>\$1,500.00</i>		Payee address; City; State; Zip Code <i>3019 Arrowhead Sugar Land, Tx. 77479</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <i>Campaign 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 ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held <i>Jim Rice, FBISD Trustee Position 3</i>					
Date <i>01/11/22</i>		Payee name <i>Fort Bend Star</i>			
Amount (\$) <i>\$79.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 2369 Stafford, Tx. 77477</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Newspaper Ad.</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 <i>Jim Rice, FBISD Trustee Position 3</i>					

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 2 of 6	2 FILER NAME James Rice (Jim)	3 Filer ID (Ethics Commission Filers)
4 Date 01/25/22	5 Payee name Pamela Printing	
6 Amount (\$) \$ 239.23	7 Payee address; City; State; Zip Code 550 Julie Rivers Dr. #30 Sugar Land, Tx. 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Pushcards.
	(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 Jim Rice, FBISD Trustee Position 3	
Date 01/30/22	Payee name Burt J. Levine dba Texas Campaigns	
Amount (\$) \$ 400.00	Payee address; City; State; Zip Code 9600 Greenfield Court Suite 148 Houston, Tx. 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	<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 Jim Rice, FBISD Trustee Position 3	
Date 01/30/22	Payee name Burt J. Levine dba Texas Campaigns	
Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 9600 Greenfield Court Suite 148 Houston, Tx. 77096.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	<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 Jim Rice, FBISD Trustee Position 3	

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 3 of 6	2 FILER NAME James Rice (Jim)	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/22	5 Payee name Burt J. Levine dba Texas Campaigns	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 9600 Greenfield Court suite 148 Houston, Tx. 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Consulting
	(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 Jim Rice FBISD Trustee Position 3	
Date 03/03/22	Payee name Icenhower Consulting LLC	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3019 Arrowhead Sugar Land, Tx. 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	<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 Jim Rice FBISD Trustee Position 3	
Date 01/19/22 to 03/07/22	Payee name Pay Pal	
Amount (\$) \$49.66	Payee address; City; State; Zip Code On-line	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Pay Pal Charges.
	<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 Jim Rice FBISD Trustee Position 3	

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p. 4 of 6	2 FILER NAME James Rice (Jim)	3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2022	5 Payee name Z+ZZ International, Inc.	
6 Amount (\$) \$1,900.00	7 Payee address; 4503 Crescent Lakes Cir. Sugar Land, Texas 77479	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad
	(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 Jim Rice, FBISD trustee, Position 3	
Date 3/16/2022	Payee name Pamela Printing	
Amount (\$) \$395.11	Payee address; 550 Julie Rivers Dr, Suite 310 Sugar Land, Tx. 77479	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Bumper stickers, name badge, car magnets
	<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 Jim Rice, FBISD Trustee, Position 3	
Date 3/22/22	Payee name Icehower Consulting LLC	
Amount (\$) \$1,373.79	Payee address; 3019 Arrowhead Sugar Land, Tx. 77479	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	<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 Jim Rice, FBISD Trustee Position 3	

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: p 5 of 6		2 FILER NAME James Rice (Jim)		3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/22		5 Payee name Pamela Printing			
6 Amount (\$) \$274.96 XX		7 Payee address: 550 Julie Rivers Dr., Suite 310		City: Sugar Land, Tx. State: TX Zip Code: 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Pushcards.		
	(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 Jim Rice, FBISD Trustee Position 3		Office sought Trustee Position 3	
Date 3/27/22		Payee name Burt J. Levine dba Texas Campaigns			
Amount (\$) \$400.00		Payee address: 9600 Greenfield Court Suite 148		City: Houston, Tx. State: TX Zip Code: 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Consulting		
	<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 Jim Rice, FBISD Trustee Position 3		Office sought Trustee Position 3	
Date 3/27/22		Payee name Icenhauer Consulting LLC			
Amount (\$) \$800.00		Payee address: 3019 Arrowhead		City: Sugar Land, Tx. State: TX Zip Code: 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Consulting		
	<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 Jim Rice, FBISD Trustee Position 3		Office sought Trustee Position 3	

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: p. 6 of 6	2 FILER NAME James Rice (Jim)	3 Filer ID (Ethics Commission Filers)
4 Date 3/18/22 - 3/28/22	5 Payee name Pay Pal	
6 Amount (\$) \$45.91	7 Payee address; City; State; Zip Code online	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Pay Pal charges
	(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 Jim Rice FBISD Trustee	Office sought Trustee	Office held Position 3
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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 ONLY 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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PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:

p. 1 of 1

2 FILER NAME

James D. Rice (Jim Rice)

3 Filer ID (Ethics Commission Filers)

4 Date

1/21 -
3/18/
2022

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

\$ 0.33

6 Address of person from whom amount is received; City; State; Zip Code

620 Hwy. 6
Sugar Land, Tx. 77478

7 Purpose for which amount is received

Check if political contribution returned to filer

Interest paid on funds in bank account

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED