


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) _____			Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	1	16	2025	THROUGH	4	2	2025

## 6 EXPLANATION OF CORRECTION

Put a donation that was not actually received. So removing it from the report.

## 7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

  
Signature of Candidate/Officeholder



(1) Affidavit

Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rick Garcia this the 25 day of April, 2025, to certify which, witness my hand and seal of office.

Kim Schaub Kim Schaub Executive Assistant  
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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# 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

NICKNAME

LAST

SUFFIX

Garcia

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
9700 Mason Rd. Ste 125-287  
Richmond, TX 77407

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 ) 721-9275

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Rick

NICKNAME

LAST

SUFFIX

Garcia

7 CAMPAIGN  
TREASURER  
ADDRESS

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

9700 Mason Rd. Ste 125-287  
Richmond, TX 77407

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 ) 721-9275

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

1 / 16 / 2025

THROUGH

Month

Day

Year

4 / 3 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 /

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ 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)

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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		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)	\$ 11,385.00
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	\$ 18,061.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

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.

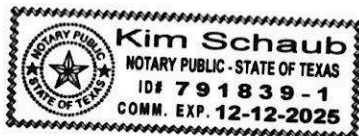
*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

**RECEIVED**  
APR 25 2025  
BY: *K. Schaub*  
2:07pm

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rick Garcia this the 25 day of April, 2025, to certify which, witness my hand and seal of office.

*[Signature]* *Kim Schaub* *Executive Assistant*

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. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 11,385.00

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 CONTRIBUTIONS

\$ 11,372.00

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  
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 <b>Rick Garcia</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/16/25</b>	5 Payee name <b>NBD Graphics</b>	
6 Amount (\$) <b>866.00</b>	7 Payee address; <b>917 S mason</b>	City; State; Zip Code <b>Katy TX</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Ad Expense</b>	(b) Description <b>Push cards Yard 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>1/22/25</b>	Payee name <b>DNH Domain</b>	
Amount (\$) <b>\$845</b>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad Expense</b>	Description <b>Domain Renewal</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
Date <b>1/23/25</b>	Payee name <b>Texas Hop Store</b>	
Amount (\$) <b>\$983.00</b>	Payee address;	City; State; Zip Code <b>Houston, TX</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad Expense</b>	Description <b>Yard 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 ONLY 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  
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 Rick Garcia 3 Filer ID (Ethics Commission Filers)

4 Date 1/24/2025 5 Payee name Aviva whole sale

6 Amount (\$) \$90<sup>27</sup> 7 Payee address; Aviva 10355 Harwin City; Houston State; TX Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Ad Expense (b) Description Ad t-shirts  
(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 Candidate / Officeholder name Office sought Office held

Date 1/31/25 Payee name FB Republic Women

Amount (\$) \$3500 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense Description Monthly Meeting  
☐ 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 2/3/25 Payee name EFBH Ministries

Amount (\$) \$4150 Payee address; 2135 Stafford Run City; Stafford, TX State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense Description 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/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  
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 <b>Rick Harris</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/15/25</b>		5 Payee name <b>RBD Graphics</b>			
6 Amount (\$) <b>\$325.75</b>		7 Payee address; <b>917 S Mason</b>		City; <b>Katy</b>	State; <b>TX</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>		(b) Description <b>Palm Gnds</b>		
	<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 <b>2/18/25</b>		Payee name <b>Good Party</b>			
Amount (\$) <b>\$1000</b>		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Exp</b>		Description <b>Data 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
Date <b>2/3/2025</b>		Payee name <b>RBD Graphics</b>			
Amount (\$) <b>\$887.92</b>		Payee address; <b>917 S Mason</b>		City; <b>Katy</b>	State; Zip Code <b>TX</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>		Description <b>Yard 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		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  
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 <b>Rick Garcia</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/3/25</b>	5 Payee name <b>MR J. Connections</b>
6 Amount (\$) <b>\$ 784.81</b>	7 Payee address; City; State; Zip Code <b>PO Box 2082 Missouri City 77459</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/18/25</b>	Payee name <b>Texas ROPS Store</b>
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Amount (\$) <b>\$1,067.34</b>	Payee address; City; State; Zip Code <b>1810 Afton Houston 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>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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/19/25</b>	Payee name <b>face book</b>
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Amount (\$) <b>27.08</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>Ad EXP</b>	Description <b>2/19, 2/20, 2/24, &amp; face book 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 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



# 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>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 <i>Austin TX</i>			
<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>		
	<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					
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			
PURPOSE OF EXPENDITURE	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					
Date <i>2/25/25</i>		Payee name <i>Exchange Club</i>			
Amount (\$)		Payee address; City; State; Zip Code <i>Sugar Land TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Exp</i>		Description <i>Donation 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					
<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  
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>2/28/25</i>		5 Payee name <i>Texas Campaigns</i>			
6 Amount (\$) <i>\$1,000<sup>00</sup></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 &amp; 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<sup>81</sup></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<sup>00</sup></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

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>3/3/25</b>		5 Payee name <b>In mode Interactive</b>			
6 Amount (\$) <b>390.00</b>		7 Payee address; City; State; Zip Code <b>11569 Hwy 6 #61 Sugar Land TX 77498</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Ad Exp</b>		(b) Description <b>website &amp; logo design</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	
Date <b>3/3/25</b>		Payee name <b>Home Depot</b>			
Amount (\$) <b>\$150.66</b>		Payee address; City; State; Zip Code <b>Fry Road Katy TX</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>		Description <b>Supplies for signage</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	
Date <b>3/3/25</b>		Payee name <b>NBD Graphics</b>			
Amount (\$) <b>\$835.14</b>		Payee address; City; State; Zip Code <b>917 S Mason Katy TX</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing exp</b>		Description <b>Door Hangers</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	

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  
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 <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>
---------------------	--------------------------------

Amount (\$) <b>\$40.05</b>	Payee address; City; State; Zip Code <b>917 S mason Katy TX</b>
----------------------------	--

<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>Vista 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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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  
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 **Rick Garcia** 3 Filer ID (Ethics Commission Filers)

4 Date **3/12/25** 5 Payee name **facebook**

6 Amount (\$) **3279** 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Ad Expense** (b) Description **3/14, 3/17, 3/17, Ads 3/18, & 3/24**  
(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 Candidate / Officeholder name Office sought Office held

Date **3/19/25** Payee name **Millie Reed**

Amount (\$) **\$1000** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Event Exp** Description **Sponsor Principal Retirement**  
☐ 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 **3/17/25** Payee name **Good Party**

Amount (\$) **\$1000** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Consulting Exp** Description **Data Services**  
☐ 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

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  
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 <b>Rick Garcia</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/20/25</b>		5 Payee name <b>Texas Goodstone</b>			
6 Amount (\$) <b>\$235.94</b>		7 Payee address; City; State; Zip Code <b>1810 Afton Houston TX</b>			
8 PURPOSE OF EXPENDITURE	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/21/25</b>		Payee name <b>Kroger</b>			
Amount (\$) <b>\$175.7</b>		Payee address; City; State; Zip Code <b>Richmond TX 77407</b>			
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/24/25</b>		Payee name <b>DNH Hosting</b>			
Amount (\$) <b>\$105.7</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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 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 Rick Garcia 3 Filer ID (Ethics Commission Filers)

4 Date 3/24/25 5 Payee name Brandani's

6 Amount (\$) \$55.47 7 Payee address; City; State; Zip Code

Missouri City, TX

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) food exp (b) Description meeting w/ constituent  
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense 40A

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/24/25 Payee name Shipley's Donuts  
Amount (\$) \$46.98 Payee address; City; State; Zip Code

Richmond TX 77407

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food exp Description Food for volunteers  
☐ 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 3/25/25 Payee name Texas GOP Printing  
Amount (\$) \$474.11 Payee address; City; State; Zip Code

1810 Afton Houston TX

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing exp Description signs  
☐ 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

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>3/26/25</b>		5 Payee name <b>Fort Bend Chamber</b>			
6 Amount (\$) <b>\$5500</b>		7 Payee address; City; State; Zip Code <b>445 Commerce Street Sugar Land TX</b>			
8 PURPOSE OF EXPENDITURE	(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 ONLY 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>			
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH					
Date <b>3/31/25</b>		Payee name <b>MR Ji Connections</b>			
Amount (\$) <b>\$784.81</b>		Payee address; City; State; Zip Code <b>PO Box 2082 Missouri City, TX</b>			
PURPOSE OF EXPENDITURE	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 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  
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.

<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>3/31/25</u>	<b>5</b> Payee name <u>Millie Reed</u>	
<b>6</b> Amount (\$) <u>\$150.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>503 Sunrise Arbo Richmond TX</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Other</u>	<b>(b)</b> Description <u>Expense Reimbursement</u>
	<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 <u>3/31/25</u>	Payee name <u>Raise the Money.com</u>	
Amount (\$) <u>\$112.26</u>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Accounting/Banking</u>	Description <u>fee for processing</u>
	<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	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 Candidate / Officeholder name _____ Office sought _____ Office held _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Rick Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/25

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Michael Siwiera

7 Amount of contribution (\$)

\$500<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

5711 Silver Bay Sugar Land TX

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

11/16/25

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Mourat Sebouni

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

23 Palm Rd Missouri city TX

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Auto Arch

Date

11/16/25

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Evelyn Montalvo

Amount of contribution (\$)

\$200<sup>00</sup>

Contributor address;

City;

State;

Zip Code

1400 Wildwood Richmond TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

11/16/25

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Judy Schmidt

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City;

State;

Zip Code

502 East Shadow Richmond TX 72406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

Rick Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

1/16/25

5 Full name of contributor

James Patterson

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 4000

6 Contributor address;

City;

State;

Zip Code

314 Belknap Sugar Land, TX 77478

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/16/25

Full name of contributor

Willie Rainwater

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$ 2000

Contributor address;

City;

State;

Zip Code

16410 Quail Park missouri city 77481

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

1/16/25

Full name of contributor

Leslie Marsh

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$ 1000

Contributor address;

City;

State;

Zip Code

146 2nd st Sugar Land TX 77498

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

1/16/25

Full name of contributor

Laura Deming

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$ 6000

Contributor address;

City;

State;

Zip Code

4911 Quarte Cove Richmond TX 77407

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Hospital Tech

Hospital UT Health

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:

2 FILER NAME Rick Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

1/16/25

5 Full name of contributor

Matt Lyons

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

1222 Plantation Richmond TX 77406

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

FBISD

Date

1/21/25

Full name of contributor

Leah Hasan

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

211 Canyon Crest Sugarland TX

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self

Date

1/23/25

Full name of contributor

Mary Fawcett

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

1110 Battery Ln Sugarland TX 77478

Principal occupation / Job title (See Instructions)

Photographer

Employer (See Instructions)

Self

Date

1/24/25

Full name of contributor

Regina Gardner

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

6703 Briargate Dr. Missoula TX 77484

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

Rick Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

3/26/25

5 Full name of contributor

Cassandra Garcia

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$2000.00

6 Contributor address;

City;

State;

Zip Code

222 Angueta Victoria TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12/25

Full name of contributor

Trey Stone

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

Po Box 3212 Houston TX 77253

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Lineburg

Date

2/17/25

Full name of contributor

Ray Aguilar

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

2011 Martinct Richmond TX 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self

Date

2/18/25

Full name of contributor

Amaro Law Firm

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

448 W. 19th #335 Houston TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amaro Law Firm

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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

Rick Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/25

5 Full name of contributor

Gilbert Garcia

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

2019 Cypress Bend Sugar Land, TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Date

2/27/25

Full name of contributor

Sheena Navarro

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$700.00

Contributor address;

City;

State;

Zip Code

1709 Frost St Rosenberg TX 77471

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self

Date

2/27/25

Full name of contributor

Allen Owen

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

2022 Masters Ln missouri city TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

2/27/25

Full name of contributor

Ashish Agrawal

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

6714 Apsley Creek Sugar Land, TX 77474

Principal occupation / Job title (See Instructions)

IT Professional

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:
2 FILER NAME <b>Rick Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9/25</b>	5 Full name of contributor <b>Fred Dally</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>55 Old Woods Passage Missouri City, TX 77459</b>		
8 Principal occupation / Job title (See Instructions) <b>Owner + Principal</b>		9 Employer (See Instructions) <b>Dally + Assoc</b>
Date <b>3/18/25</b>	Full name of contributor <b>Monica Storm-Allen</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2911 Bright Trl Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>stay at home mom</b>
Date <b>3/26/25</b>	Full name of contributor <b>Tuget Storm</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5711 Silver Bay Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>stay at home</b>
Date <b>3/26/25</b>	Full name of contributor <b>Sido Services LLC</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5522 Gibraltar Richmond, TX 77407</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Sido Services</b>
<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

Rick Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/25

5 Full name of contributor

Gary Gates

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City;

State;

Zip Code

Rosenberg, TX

8 Principal occupation / Job title (See Instructions)

State Rep

9 Employer (See Instructions)

State Rep Gary Gates

Date

1/27/25

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)

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.