# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Guide explains how to complete this form.         Contraction Guide explains how to complete this form.         Second process of the colspan="2">Second proces colspan="2">Second process of the colspan="2" |
|--|
| OFFICEHOLDER<br>NAME       Mr.       Ro DERICK       C       OFFICE USE ONLY         ANDRESS       NICKNAME       LAST       SUFFIX       Date Received       JUL 18 2022 f         4       CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS       ADDRESS / PO BOX:       APT / SUITE #;       CITY:       STATE:       ZIP CODE       JUL 18 2022 f         2       Change of Address       2       ZID XI, FOUNTAW VAILey JP MISSOURI City<br>aDDRESS       JUL 18 2022 f       JUL 18 2022 f         Change of Address       7       CANDATE/<br>OFFICEHOLDER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION       Date Hand-delivered or Date Postmarked         6       CAMPAIGN<br>TREASURER<br>NAME       MS / MRS / MR       FIRST       MI       Receipt #       Amount \$         7       CAMPAIGN<br>TREASURER<br>ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;       CITY:       STATE;       ZIP CODE         8       CAMPAIGN<br>TREASURER<br>ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;       CITY:       STATE;       ZIP CODE         8       CAMPAIGN<br>TREASURER<br>PHONE       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;       CITY:       STATE;       ZIP CODE         8       CAMPAIGN<br>TREASURER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION       STATE;       ZIP CODE  |
| NUCL       NICKNAME       LAST       SUFFIX       Date Received         4       CANDIDATE/<br>OFFICEHOLDER<br>ADDRESS       ADDRESS / PO BOX:       APT / SUITE #;       CITY:       STATE:       ZIP CODE         JUL 18 2022 f       JUL 18 2022 f         JUL 18 202 f       JUL 18 202 f         G CAMPAIGN<br>TREASURER<br>ADDRESS (NO PO BOX PLEASE), APT / SUITE #;       Jul 1         JUL 18 2002 f       STATE:       ZIP CODE         (Residence or Business)       STATE:       ZIP CODE </td  |
| OFFICEHOLDER<br>MAILING<br>ADDRESS       2210 XL Fountain Valley Dr Missouri City<br>TEXAS 77459         Change of Address       TEXAS 77459         S CANDIDATE/<br>OFFICEHOLDER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION         Date Hand-delivered or Date Postmarked         PHONE       (7/3)       4444-970 Z         B CAMPAIGN<br>TREASURER<br>NAME       MS / MRS / MR       FIRST       MI         NICKNAME       LAST       Date Processed         NICKNAME       LAST       SUFFIX         Date Imaged       Date Imaged         7 CAMPAIGN<br>TREASURER<br>ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;       CITY:<br>STATE;       STATE;       ZIP CODE         Residence or Business)       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;       CITY:<br>STATE;       STATE;       ZIP CODE         8 CAMPAIGN<br>TREASURER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION       TX 77489         (Residence or Business)       AREA CODE       PHONE NUMBER       EXTENSION       TSh day after campaign<br>treasurer appointment<br>(Officeholder Only)         9 REPORT TYPE       January 15       3 oth day before election       Runoff       Ish day after campaign<br>treasurer appointment<br>(Officeholder Only)         9 July 15       Bth day before election       Exceeded Modified<br>Reporting Limit       Final Report (A  |
| 5       CANDIDATE/<br>OFFICEHOLDER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION       Date Hand-delivered or Date Postmarked         6       CAMPAIGN<br>TREASURER<br>NAME       MS / MRS / MR       FIRST       MI       Receipt #       Amount \$         7       CAMPAIGN<br>TREASURER<br>ADDRESS       MS / MRS / MR       FIRST       MI       Date Processed       Date Imaged         7       CAMPAIGN<br>TREASURER<br>ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;<br>RESIDENCE       STATE;       ZIP CODE         7       CAMPAIGN<br>TREASURER<br>ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;<br>RESIDENCE       CITY;<br>STATE;       STATE;       ZIP CODE         8       CAMPAIGN<br>TREASURER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION       TX       TZ489         9       REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign<br>treasurer appointment<br>(Officendider Only)         9       REPORT TYPE       January 15       8th day before election       Exceeded Modified<br>Reporting Limit       Final Report (Attach C/OH - FR)         10       PERIOD       Month       Day       Year       Month       Day   |
| OFFICEHOLDER<br>PHONE       (7/3)       444-970 Z       Date Hand-delivered or Date Postmarked         6       CAMPAIGN<br>TREASURER<br>NAME       MS / MRS / MR       FIRST       MI       Receipt #       Amount \$         7       CAMPAIGN<br>TREASURER<br>ADDRESS       MS / MRS / MR       FIRST       MI       Date Processed       Date Imaged         7       CAMPAIGN<br>TREASURER<br>ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;       CITY;       STATE;       ZIP CODE         7       CAMPAIGN<br>TREASURER<br>ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;       CITY;       STATE;       ZIP CODE         8       CAMPAIGN<br>TREASURER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION       TX       7.24.89         9       REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign<br>treasurer appointment<br>(Officeholder ONY)         9       REPORT TYPE       January 15       8th day before election       Exceeded Modified<br>Reporting Linit       Final Report (Attach C/OH - FR)         10       PERIOD       Month       Day       Year       Month       Day   |
| 6 CAMPAIGN<br>TREASURER<br>NAME       MS / MRS / MR       FIRST       MI         7 CAMPAIGN<br>TREASURER<br>ADDRESS       NICKNAME       LAST       SUFFIX       Date Processed         7 CAMPAIGN<br>TREASURER<br>ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;<br>B326       CITY:<br>B326       STATE; ZIP CODE         8 CAMPAIGN<br>TREASURER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign<br>treasurer appointment<br>(Officeholder Only)         9 PERIOD       Month       Bath day before election       Exceeded Modified<br>Reporting Limit       Final Report (Attach C/OH - FR)   |
| NAME     LAST     SUFFIX       NICKNAME     LAST     Date Imaged       Rassmus     Date Imaged       7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)     STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;<br>B3240     CITY;<br>B3240     STATE; ZIP CODE       8 CAMPAIGN<br>TREASURER<br>PHONE     83240     Bindhund Dr     Missbooh Criggitty     TX     7.74.899       9 REPORT TYPE     January 15     30th day before election     Runoff     15th day after campaign<br>treasurer appointment<br>(Officeholder Only)       9 REPORT TYPE     January 15     30th day before election     Runoff     15th day after campaign<br>treasurer appointment<br>(Officeholder Only)       10 PERIOD     Month     Day     Year     Month     Day  |
| Reserves       Date Imaged         7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)       STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:<br>B326 Bindhund br       CITY:<br>MISSOO fi Cidy 7X 72489         8 CAMPAIGN<br>TREASURER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign<br>treasurer appointment<br>(Officeholder Only)         10 PERIOD       Month       Day       Year       Month       Day       Year   |
| TREASURER<br>ADDRESS       832.6       Bindhund Dr       Missoori City       7x       7.7489         (Residence or Business)       (Residence or Business)       AREA CODE       PHONE NUMBER       EXTENSION         8       CAMPAIGN<br>TREASURER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9       REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign<br>treasurer appointment<br>(Officeholder Only)         July 15       8th day before election       Exceeded Modified<br>Reporting Limit       Final Report (Attach C/OH - FR)         10       PERIOD       Month       Day       Year       Month       Day       Year  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Officeholder Only)         July 15       8th day before election       Exceeded Modified Reporting Limit       Final Report (Attach C/OH - FR)         10 PERIOD       Month       Day       Year       Month       Day       Year   |
| TREASURER<br>PHONE       (281)       835-5994         9       REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign<br>treasurer appointment<br>(Officeholder Only)         9       July 15       8th day before election       Exceeded Modified<br>Reporting Limit       Final Report (Attach C/OH - FR)         10       PERIOD       Month       Day       Year       Month       Day       Year  |
| 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       Month       Day       Year       Month       Day       Year   |
| July 15     8th day before election     Exceeded Modified<br>Reporting Limit     Final Report (Attach C/OH - FR)       10 PERIOD     Month     Day     Year  |
|  |
|  |
| 1/1/22 THROUGH 6/30/22   |
| 11 ELECTION     ELECTION DATE     ELECTION TYPE       Month     Day     Year     Primary     Runoff     Other Description  |
| 11 / 8 / 2 2 General Special   |
| 12 OFFICE OFFICE HELD (If any)<br>13 OFFICE SOUGHT (if known)<br>To stice of Hereace Pate  |
| 14 NOTICE FROM<br>POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT<br>THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |
| COMMITTEE(S)   |
| Additional Pages   |
| SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME   |
| COMMITTEE CAMPAIGN TREASURER ADDRESS   |
| GO TO PAGE 2   |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME  | DERICK C. GARNER.  | 16 Filer ID (Ethics Commission Filers) |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS   | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | \$ 0                                   |  |  |  |  |  |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                     |  |  |  |  |  |
| EXPENDITURE<br>TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$   |  |  |  |  |  |  |  |
|   | 4. TOTAL POLITICAL EXPENDITURES  | \$                                     |  |  |  |  |  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS<br>OF REPORTING PERIOD   | ST DAY \$                              |  |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS  | <ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br/>LAST DAY OF THE REPORTING PERIOD</li> </ol>   | THE \$                                 |  |  |  |  |  |
| 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 Ca  | ndidate or Officeholder                |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Please complete either option below:  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (1) Affidavit   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| NOTARY STAMP/SEA  | L  |  |  |  |  |  |  |
| Sworn to and subscribed   | before me by this the  | day of                                 |  |  |  |  |  |
| 20, to certify which, witness my hand and seal of office.   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Signature of officer administe  | ring oath Printed name of officer administering oath OR  | Title of officer administering oath    |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (2) Unsworn Declaration   |  |  |  |  |  |  |  |
| My name is FODERICK C GARNER, and my date of birth is 12/20/1966.<br>My address is 2210 N FOUNTAIN VALLEY, MISSOVII (Sty IX, 17459 USA  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (street) (street) (street) (country) (state) (zip code) (country) (street) (country) (year)   |  |  |  |  |  |  |  |
| day   |  |  |  |  |  |  |  |
|   | Signature of Candid  | ate/Officeholder (Declarant)           |  |  |  |  |  |

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# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

| 19 FILER NAME<br>RODERICK C. GARNER  | 20 Filer ID (Ethics Co | mmission Filers)   |
|--|------------------------|--------------------|
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                  |                        | SUBTOTAL<br>AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 0-                  |                    |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION              | \$ 0-                  |                    |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                       |                        | \$ -0-             |
| 4. SCHEDULE E: LOANS   |                        | \$ 0-              |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL                 | CONTRIBUTIONS          | \$ 0               |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ -                   |                    |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC                  | \$ 0                   |                    |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 0                   |                    |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL                   | \$ 0-                  |                    |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO               | \$                     |                    |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL             | \$ 0                   |                    |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE<br>TO FILER | BUTIONS RETURNED       | \$                 |
|  |                        |                    |

| MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1   |                |   |                       |                                       |  |  |  |  |
|--|----------------|---|-----------------------|---------------------------------------|--|--|--|--|
| If the requested information is not applicable, <b>DO NOT include this page in the report.</b>   |                |   |                       |                                       |  |  |  |  |
|  | The            | Instruction Guide explains how to complete this for | m                     | 1 Total pages Schedule A1:            |  |  |  |  |
| 2  | FILER NAME     |   |                       | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |
| 4  | Date           | 5 Full name of contributor Out-of-state PAC (ID#    | )                     | 7 Amount of contribution (\$)         |  |  |  |  |
|  |                | 6 Contributor address; City; S                      | tate; Zip Code        |                                       |  |  |  |  |
| 8  | Principal occu | pation / Job title (See Instructions) 9             | Employer (See Instruc | tions)                                |  |  |  |  |
|  | Date           | Full name of contributor                            |                       | Amount of contribution (\$)           |  |  |  |  |
|  |                | Contributor address; City                           | tate; Zip Code        |                                       |  |  |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  |                |   |                       |                                       |  |  |  |  |
|  | Date           | Full name of contributor Dout-of-state PAC (ID#:    |                       | Amount of contribution (\$)           |  |  |  |  |
|  |                | Contributor address; City; S                        | tate; 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; S                        | tate; Zip Code        |                                       |  |  |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  |                |   |                       |                                       |  |  |  |  |
|  |                |   |                       |                                       |  |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                |   |                       |                                       |  |  |  |  |