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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Roderick	MI C		E USE ONLY
	NICKNAME	Garner	suffix Sr .	Date Received	OCT 31 2022
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 2210 N. Fou 77459	ntain Valley Dr. Mis	CITY; STATE; ZIP CODE SSOURI City Texas		
Change of Address					
CANDIDATE/ OFFICEHOLDER PHONE	(713)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
CAMPAIGN TREASURER	MS / MRS / MR MS.	FIRST Ruby	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	. Date Processed	
		Rasmus		Date imaged	
CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	8326 Birdrur	Dr.; Missouri City	; Texas 77489		
(Residence or Business)					
CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(832)	654-5994			
REPORT TYPE	January 15	30th day before el	lection Runoff	15th day	after campaign
				(Officehold	appointment der Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
0 PERIOD COVERED	Month	Day Year	Month	Day Ye	ar
COVERED	09	/ 30 / 22	THROUGH 10	/ 29 / 22	2
1 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	11 / 8 /	□ 22 General	Special		
2 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Justice of the Peace Precinct 2				
NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M, MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF TI	ADE BY POLITICAL CO	DAMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
Additional Pages					
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TRE			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		-			
15 C/OH NAME Roderick C. Garner			16 Filer I	D (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			1	\$	750.00
	2. TOTAL POLITICAL CONTRA (OTHER THAN PLEDGES, LOA	BUTIONS NNS, OR GUARANTEES OF LOANS)		\$	750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$ 1	,800.00
	4. TOTAL POLITICAL EXPEND	DITURES		\$ 1	,800.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	T DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS OF IG PERIOD	THE	\$	0.00
	wear, or affirm, under penalty of perjury, juired to be reported by me under Title 15, I		and corre	ect and inc	cludes all information
		Signature of Ca	ndidate or	Officehold	der
	Please com	blete either option below	<i>r</i> :		
(1) Affidavit					
NOTARY STAMP/SEA	<u>.</u>				
Swarp to and subscribed	before me by	this the		day of	
	which, witness my hand and seal of office.			uu, or	······································
, to commy	,				
Signature of officer administe	ring oath Printed name of of	ficer administering oath	T	Fitle of office	er administering oath
		OR			
(2) Unsworn Declaration	on				
My name is Roderick	C. Garner	, and my date of birth is	12/20/	1966	
My address is 2210 N.	Fountain Valley Dr.		exas 77	7459	United States
	(street)			zip code)	(country)
Executed in Fort Benc	County, State of Texas	, on the <u>31</u> day of <u>Octobe</u>))	_, ₂₀ 22 (year)	
		C. D. Latin	\sim		
		Signature of Candid	late/Officel	holder (Der	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	erick C. Garner	20 Filer ID (Ethics Cor	mmissi	on Filers)	
	IEDULE SUBTOTALS IE OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	750.00	
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS	\$	0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	\$	0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$	1,050.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	\$	0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$	0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Roderick	C. Garner	3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2022	5 Full name of contributor out-of-state PAC (ID#: Scot Carter 6 Contributor address; City; State; 4722 Braesvalley Dr. Houston, Texa	zip Code 500.00
		oyer (See Instructions) Properties
Date 10/23/2022	Full name of contributor out-of-state PAC (ID#:	Zip Code 250.00
		oyer (See Instructions) Baseball
Date	Full name of contributor out-of-state PAC (ID#:	
Principal occup	pation / Job title (See Instructions) Empl	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State;) Amount of contribution (\$) Zip Code
Principal occup	Dation / Job title (See Instructions) Empl	oyer (See Instructions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

FYPFN	CATEGORIES	FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense		
1 Total pages Schedule F1:	2 FILER N Roderick	IAME C. Garner Sr.			3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee n	ame						
10/27/2022	TGM P	rinting						
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code		
616.84	13910 N	Jurphy Rd. Stafford,	Texas 7	7477				
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing	Expense / Advertising E	xpense	50 Yard Signs	s and Posts /	T-Shirts		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense		
9 Complete ONLY if direct		date / Officeholder name		Office sought		Office held		
expenditure to benefit C/OI	Roderi	ck C. Garner Sr.		Justice of the Pea	ace			
Date	Payee na	ame						
10/22/2022	Crystal	Clear CampaignCons	ultants					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
133.16	133.16 3312 Dacca St. Houston, Texas 77020							
	Categor	y (See Categories listed at the top of this	schedule)	Description				
PURPOSE OF EXPENDITURE	Contra	ract Labor Literature bag preparation for distrib			for distribution			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candio	late / Officeholder name		Office sought		Office held		
expenditure to benefit C/OF	Rode	rick C. Garner Sr.		Justice of the F	Peace			
Date	Payee n	ame						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, c			tin, TX, officeholder living	TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held		
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED			

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	² FILER NAME Roderick C. Garner Sr.		3 Filer ID (Ethics Commission Filers)		
4 Date 10/28/2022	5 Payee name Crystal Clear Campaign Consultants				
6 Amount (\$) 1,050.00	7 Payee address; 3312 Dalch	city; Houston	State; Zip Code Texas 77020		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract labor / Polling (b) Description Literature Preparation / Phone banking with				
	(c) Check if travel outside of Texas. Complete Schedu	ule T. 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	Payee name				
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description			
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schee	dule) Description			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin,	tin, 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 T	HIS SCHEDULE AS NEED	ED		

Forms provided by Texas Ethics Commission