CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Mr. Roderick C. NAME Date Received NICKNAME LAST SUFFIX Garner CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **OFFICEHOLDER** 2210 N. Fountain Valley Dr. Missouri City Tx. 77489 MAILING JAN 20 2022|RCVD **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713)4449702 PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN FIRST TREASURER Ms. Ruby Date Processed NAME NICKNAME LAST Date Imaged Rasmus STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; **CAMPAIGN** ZIP CODE TREASURER 8326 Birdrun Drive Missouri City, Texas 77489 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE ₍ 281 8355994 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 12 31 / 21 07 / 16 21 **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Dav Year Description 22 General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Justice of the Peace Precinct 2 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Roderick C. Garner	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARÁNTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,677.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,009.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOT REPORTING PERIOD	DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	s 0.00

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

at the none

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before	me by Trock is E	w. 1001	this	the <u>ov</u>	day of _	UMNUALY,
20 22 , to certify which,	witness my hand and seal of office. MARILYM	4 M. Moo	e	<u> </u>	menutsar	by Holdy
Signature of officer administering oats	Printed name of off	icer admini c terir	ng oath		Title of offi	cer administering oath
		OR			/	
(2) Unsworn Declaration					7	
My name is Roderick C. G My address is 2210 N. Four		, an	d my date of bi		20/1966	United States
Executed in Fort Bend	(street) County, State of Texas	, on the	(city) day of(i	(state) inuary month)	(zip code) , 2022 (year)	(country)
			Signature of C	andidate/Of	ficeholder (De	edarant)

SUBTOTALS - C/OH

最新的社会的影響

FORM C/OH COVER SHEET PG 3

19 FILER N	AME k C. Garner	20 Filer ID (Ethics Con	mmissi •	on Filers)	
	ULE SUBTOTALS IF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		; \$	5,677.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	SCHEDULE E: LOANS		\$	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	5,677.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	10,332.86	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00	
12. ·	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	0.00	

SCHEDULE A1

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

n me reques	ted illionilation is not applicable	,		
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	5 Full name of contributor Patrick Brosch		C (ID#:)	7 Amount of contribution (\$)
08/01/2021	6 Contributor address; 4817 Locust E	city; Bellaire	State, Zip Code	500.00
8 Principal occu Police Office	pation / Job title (See Instructions) / Sergeant		9 Employer (See Instruc Galveston Police D	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
07/16/2021	Karina Richards Contributor address; 4711 Bentonite Blvd B	c _{ity;} Baytown,	State; Zip Code Texas 77521	200.00
Principal occup Police Office	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Shasta Warren	out-of-state PA	C (ID#:)	Amount of contribution (\$)
07/17/2021	Contributor address; _5231 ENUART St.	City; HOUSTON	State; Zip Code 7x 77021	300.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Errol Moncriffe	out-of-state PA	C (ID#:)	Amount of contribution (\$)
07/17/2021	Contributor address;	City;	State; Zip Code	100.00
· ·	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Teacher / Ma	ithematics		Stafford MSD	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

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

I pages Schedule A1: ID (Ethics Commission Filers) Dunt of contribution (\$)
200.00
200.00
100.00
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
280.00
500.00

SCHEDULE A1

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

The	Instruction Guide explains how to com	plete this	form.	1 Total pages Schedule A1:
2 FILER NAME Roderick C	Garner			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-	of-state PAC	(ID#:)	7 Amount of contribution (\$)
09/25/2021	6 Contributor address; Cit	t y ;	State; Zip Code	50.00
8 Principal occur	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Receptionist	` ·		Kelsey-Seybold Clini	
Date	Full name of contributor out	-of-state PAC	(ID#:)	Amount of contribution (\$)
08/30/2021	Contributor address; 4722 Bracsvalley A.	Hoast	State; Zip Code	1,160.00
Principal occup Real Estate / I	ation / Job title (See Instructions) NVestor		Employer (See Instruct	tions)
Date	Full name of contributor out	-of-state PAC	(ID#:)	Amount of contribution (\$)
09/16/2021	Contributor address; Cit	ty;	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	-	Employer (See Instruct	tions)
Accountant / F	Retired		Toyota	
Date	Full name of contributor out-	-of-state PAC	(ID#:)	Amount of contribution (\$)
09/17/2021	Contributor address; Rock Lot 16301 CHIMNEY Rock Lot	Houston	State: Zip Code 772. 77053	150.00
•	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Educator / Te	acher		Fort Bend ISD	
	ATTACH ADDITIONAL If contributor is out-of-state PAC, please		OF THIS SCHEDULE AS Nuction guide for additional r	

SCHEDULE A1

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

				<u> </u>
The	Instruction Guide explains how to	o complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Roderick C	. Garner			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Yolanda Ford	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
09/25/2021	6 Contributor address;	City;	State; Zip Code	50.00
8 Principal occu Engineering /	pation / Job title (See Instructions) Engineer		9 Employer (See Instruc	tions)
Date	Full name of contributor Eddie Fair	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/21/2021	Contributor address;	City;	State; Zip Code	100.00
	303 Texas Parkway Suite	107 Missour	ri City, Texas 77489	, , , , ,
Principal occup Retired Salesi	ation / Job title (See Instructions) nan /Clerk		Employer (See Instruc McCormick / Fort Be	· ·
Date	Full name of contributor Beverly Clophus	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/21/2021	Contributor address; 303 Texas Parkway Suite	City;	State; Zip Code	100.00
Clerk	ation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	Employer (See Instruction Fort Bend County	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/25/2021	Monica Rawlins Contributor address;	City;	State; Zip Code	160.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
		ONAL COPIES	OF THIS SCHEDULE AS N	JEEDED
	If contributor is out-of-state PAC		**	

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 Roderick C	Garner		3 Filer ID (Ethics Commission Filers)				
4 Date	Linda Bedford	e PAC (ID#:)	7 Amount of contribution (\$)				
10/19/2021	6 Contributor address; City;	State; Zip Code	250.00				
8 Principal occu Real Estate / I	nvestor	tions)					
Date	Full name of contributor out-of-state Morris Fountain	te PAC (ID#:)	Amount of contribution (\$)				
10/10/2021	Contributor address; City; 2209 N. Fountain Valley Dr. Misso	State; Zip Code Duri City, Texas 77459	105.00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state	te PAC (ID#:)	Amount of contribution (\$)				
10/01/2021	Contributor address; City;	State; Zip Code	100.00				
Principal occup	vation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date .	Full name of contributor out-of-state	te PAC (ID#:)	Amount of contribution (\$)				
09/25/2021	Contributor address; City;	State; Zip Code	25.00				
Principal occup Police Officer	ation / Job title (See Instructions)	Employer (See Instruc	tions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

Revised 8/17/2020

SCHEDULE A1

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

	то по			
The	Instruction Guide explains how to o	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Roderick C	. Garner			3 Filer ID (Ethics Commission Filers)
4 Date	Kashmire Terry		C (ID#:)	7 Amount of contribution (\$)
10/13/2021		City;	State; Zip Code	50.00
8 Principal occup Attorney	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor Darrell Scurlock	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/30/2021	Contributor address;	City;	State; Zip Code	25.00
Principal occup Truck Driver /	ation / Job title (See Instructions) Hot-Shot		Employer (See Instruct Self	ions)
Date 09/23/2021	Full name of contributor out-of-state PAC (ID#:) Marilynn Moore		Amount of contribution (\$)	
09/23/2021	Contributor address; 303 Texas Parkway Suite 10	city; 7 Missour	State; Zip Code i City, Texas 77489	72.00
Principal occup Administrator	ation / Job title (See Instructions)		Employer (See Instruct Fort Bend County	tions)
Date		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
09/23/2021	Analea Francis Contributor address;	City;	State; Zip Code	50.00
·	303 Texas Parkway Suite 10	7 Missour	i City, Texas 77489	•
Principal occup Police Officer	ation / Job title (See Instructions) / Lieutenant		Employer (See Instruction Fort Bend County Po	
	ATTACH ADDITION	AL COPIES	OF THIS SCHEDULE AS N	EEDED

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

SCHEDULE A1

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

	ted information is not applicable,			•	
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	5 Full name of contributor Debra Davis	tor out-of-state PAC (ID#:)		7 Amount of contribution (\$)	
09/25/2021	6 Contributor address: 1730 Carriage Run Et	City; FresNO	State; Zip Code	50.00	
8 Principal occur Administrator	pation / Job title (See Instructions)		9 Employer (See Instruc Kelsey-Seybold Clini		
Date	Full name of contributor Rhonda Watkins	out-of-state PA(C (ID#:)	Amount of contribution (\$)	
09/07/2021	Contributor address;	City;	State, Zip Code	50.00	
Principal occup Police Officer	pation / Job title (See Instructions)		Employer (See Instruc Aldine ISD	tions)	
Date	Full name of contributor Jametta Coleman	out-of-state PAC (ID#:)		Amount of contribution (\$)	
09/23/2021	Contributor address;	City;	State; Zip Code	50.00	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)	
09/23/2021	Danny Muhammad Contributor address;	City;	State; Zip Code	100.00	
Principal occup Police Officer	pation / Job title (See Instructions)		Employer (See Instruction Waller County Pct. 3	,	
. Once officer	ATTACH ADDITION	NAL COPIES	OF THIS SCHEDULE AS N		

if contributor is out-or-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

If the reques	sted information is not applicab	ole, DO NOT i	nclude this page in the	report.
The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Roderick C	. Garner			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Sharon Arnold	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
09/22/2021	6 Contributor address;	City;	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Police Officer			Brazoria County Pct.	. 2
Date	Full name of contributor Ricky Garrett	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
12/28/2021				100 00
	Contributor address;	City;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	. Amount of contribution (\$)
	Shynequia Vories			
09/23/2021	Contributor address;	City;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Administrator			Methodist Hospital	
Date	Full name of contributor	out-of-state PA	\C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	.\$ -
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
			,	
	ATTACH ADDITI	ONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	, ,	
1 Total pages Schedule F1:	2 FILER NAME Roderick C. Garner	-	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
08/15/2021	Greensheet / Star			·
6 Amount (\$)	7 Payee address:	City;	State;	Zip Code
1,000.00	2020 N. Loop West Suite 220 Houst	on, Texas 7701	8	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Website creat	ion	
·	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expensa
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Roderick C. Garner	Office sought Justice of the Pea	ace	Office held
Date	Payee name			
12/20/2021	Fort Bend County Democratic Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	13515 Southwest Freeway Suite 204	Sugar Land, To	exas 77478	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oł	Roderick C. Garner	Justice of the F	Peace	
Date	Payee name			
12/20/2021	Fort Bend County Democratic Party	·		•
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	13515 Southwest Freeway Suite 204	Sugar Land, Te	exas 77478	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Party Push Ca	nrd	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	¹ Roderick C. Garner	lustice of the Pe	eace	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE 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 Roderick C. Garner		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/20/2021	5 Payee name M3 Graphics			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
215.42	11730 S. Wilcrest Dr. Houston,	Texas 77099		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense; Printing Expense	4x8 signs; yard push cards; ev	•	•
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Roderick C. Garner	Office sought Justice of the Peace I	Pct. 2	Office held
Date	Payee name			
11/12/2021	Shannon Corley			
Amount (\$)	Payee address;	City;	State;	Zip Code
850.00	2430 Hackett Dr. Apt. 54 Houston, T	exas 77008		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Social media p	presence	
OF EXPENDITURE	•			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Roderick C. Garner	Justice of the Pe	eace	
Date	Payee name			
09/13/2021	Natalie Garner			
Amount (\$)	Payee address;	City;	State:	Zip Code
850.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Entertainment event	for Campaig	n Kick-off
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Roderick C. Garner J	ustice of the Pe	ace	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Ot	avel Out Of District her (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Roderick C. Garner	3	Filer ID (Ethics Commission Filers)	
4 Date 12/31/2021	5 Payee name Print Boxx			
6 Amount (\$)	7 Payee address;	`City;	State; Zip Code	
507.46	637 Trammel-Fresno Rd. Fresno, Te	exas 77545		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Push Cards		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T)	K, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oh	Roderick C. Garner	Justice of the Peace		
Date	Payee name			
12/31/2021	M3 Graphics			
Amount (\$)	Payee address;	City;	State; Zip Code	
254.12	11730 S. Wilcrest Dr. Houston, Texa	s 77099		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oh	¹ Roderick C. Garner	Justice of the Pea	ice	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	· .			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	. Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, 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 NEEDE	ED .	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services Salane The Instruction Guide explains how t	s/Wages/Contract Labor o complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule G:	² FILER NAME Roderick C. Garner		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·		
12/10/2021	M3 Graphics			•
6 Amount (\$) 5,322.55 Reimbursement from political contributions intended	7 Payee address; 11730 S. Wilcrest Dr. Houston, Te	city; exas 77099	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense; Printing Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	kpense
Complete ONLY if direct expenditure to benefit C/OH	Roderick C. Garner	office sought ustice of the Peac	ce ·	Office held
Date	Payee name			
07/26/2021	Zachariah Jones			
Amount (\$) 2,700.00 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense; Consulting Expense	Description Campaign Struct	cture	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/(Candidate / Officeholder name PH Roderick C. Garner J	Office sought ustice of the Peac		Office held
Date	Payee name			
09/13/2021	Silvanus LaToison			,
Amount (\$) 1,750.00 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Kick-Off Perfor	mance with b	and
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Roderick C. Garner J	Office sought ustice of the Peac		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

	The matriction dutic explains now to			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
	Roderick C. Garner			
4 Date	5 Payee name	,		
09/28/2021	Heaven on Earth			
6 Amount (\$)	7 Payee address;	City;	State; Zip Co	ode
560.31 Reimbursement from political contributions intended	300 Douglas Ave Missouri City, Texas 77489			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense / Food and Beverage Expense	Kick-Off Event		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH	Roderick C. Garner Ju	stice of the Pe	ace	
Date	Payee name			
	·			
Amount (\$)	Payee address;	City;	State; Zip Co	ode
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) .	Description	•	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	e
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	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	I
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED	