

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	OFFICE USE ONLY			
	Judge		RODERICK		C		
NICKNAME	LAST	SUFFIX					
GARNER		SR					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			RECVD VIA EMAIL 01/15/2026			
Change of Address	303 TEXAS PARKWAY SUITE 107 MISSOURI CITY, TEXAS 77489						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	(713)	444-9702					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
	MRS		SHARON	Amount \$			
NICKNAME	LAST	SUFFIX		Date Processed			
PEARSON				Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
(Residence or Business)	1319 COWDEN COURT MISSOURI CITY, TEXAS 77489						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(281)	924-3150					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	7	31	25	THROUGH	12	31	25
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	3	3	26	<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	JUSTICE OF THE PEACE			JUSTICE OF THE PEACE			
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					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> 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

RODERICK CLAY GARNER SR

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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 14,368.96

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 12,013.90

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,355.06

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is RODERICK C GARNER SR, and my date of birth is 12/20/1966.

My address is 303 TEXAS PARKWAY SUITE 107, MISSOURI CITY, TEXAS, 77489, USA.

(street) (city) (state) (zip code) (country)

Executed in FORT BEND County, State of TEXAS, on the 15TH day of JANUARY, 2026.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME RODERICK C. GARNER SR		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,368.96
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 CONTRIBUTIONS	\$ 12,013.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
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 CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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

RODERICK C GARNER SR.

3 Filer ID (Ethics Commission Filers)

4 Date

07/17/2025

5 Full name of contributor

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

LEGACY CIGARS AND LOUNGE

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

3130 S. MAIN

STAFFORD TEXAS 77477

8 Principal occupation / Job title (See Instructions)

CIGAR LOUNGE AND GRILL

9 Employer (See Instructions)

Date

07/17/2025

Full name of contributor

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

LEGACY CIGARS AND LOUNGE

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

3130 S. MAIN

STAFFORD TEXAS 77477

Principal occupation / Job title (See Instructions)

CIGAR LOUNGE AND GRILL

Employer (See Instructions)

OWNER

Date

11/08/2025

Full name of contributor

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

MISSOURI CITY CHIROPRACTIC CLINIC

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2755 TEXAS PARKWAY SUITE 102 MISSOURI CITY TEXAS 77459

Principal occupation / Job title (See Instructions)

CHIROPRACTOR / OWNERSHIP

Employer (See Instructions)

OWNER

Date

11/08/2025

Full name of contributor

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

CHRISTOPHER GODINE LAW OFFICE

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

4900 WOODWAY DR #745 HOUSTON TEXAS 77056

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF / OWNER

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

RODERICK C GARNER SR.

3 Filer ID (Ethics Commission Filers)

4 Date

11/03/2025

5 Full name of contributor

BEN HALL

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

6 Contributor address;

City;

State; Zip Code

530 LOVETT BLVD HOUSTON TEXAS 77006

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

ATTORNEY / OWNER

9 Employer (See Instructions)

PRINCIPAL

Date

11/08/2025

Full name of contributor

ARMS OF LOVE DAYCARE

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

Contributor address;

City;

State; Zip Code

1613 INDEPENDENCE BLVD MISSOURI CITY TEXAS 77489

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

CHILD CARE / OWNERS

Employer (See Instructions)

SELF

Date

07/17/2025

Full name of contributor

CIGARS FEDORAS AND HEELS FUNDRAISER EVENT

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

Contributor address;

City;

State; Zip Code

3130 MAIN STAFFORD TEXAS 77477

Amount of contribution (\$)

2,600.00

Principal occupation / Job title (See Instructions)

EVENT LOCATION

Employer (See Instructions)

N/A

Date

11/08/2025

Full name of contributor

BOOTS ON THE GROUND CAMPAIGN FUNDRAISER

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

Contributor address;

City;

State; Zip Code

611 EVERGREEN FRESNO TEXAS 77545

Amount of contribution (\$)

8,618.96

Principal occupation / Job title (See Instructions)

EVENT LOCATION (RANCH)

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME RODERICK C GARNER SR.	3 Filer ID (Ethics Commission Filers)
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4 Date 08/23/2025	5 Payee name THE GREATEST BAR B Q
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6 Amount (\$) 250.00	7 Payee address; 2358 TEXAS PARKWAY MISSOURI CITY TEXAS 77489
	City; State; Zip Code
	Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description BREAKFAST CATERED FOR COMMUNITY SPLIT BETWEEN MULTIPLE CANDIDATES
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/23/2025	Payee name DANNY MONTAVO / VFW PRESIDENT
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Amount (\$) 200.00	Payee address; 2200 STAFFORDSHIRE MISSOURI CITY TEXAS 77459
	City; State; Zip Code
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description LUNCHEON FOR LOCAL VETERANS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/08/2025	Payee name KROGER
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Amount (\$) 373.82	Payee address; 10250 HWY. 6 MISSOURI CITY TEXAS 77459
	City; State; Zip Code
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description BEVERAGES/ICE/UTENSILS FOR EVENT
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME RODERICK C GARNER SR.	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2025	5 Payee name MATHMATICS OF THE BLACK COMMUNITY	
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 1415 CONSTITUTION AVE STAFFORD TEXAS 77477 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description COMMUNITY DIALOGUE EVENT WITH FEATURED SPEAKER NURI MUHAMMAD
	(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 12/29/2025	Payee name MR JI CONNECTIONS	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code P.O.BOX 2082 MISSOURI CITY TEXAS 77459 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SOCIAL MEDIA AND RADIO MARKETING
	<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 RODERICK C GARNER SR.	Office sought Office held JUSTICE OF THE PEACE JUSTICE OF THE PEACE
Date 12/23/2025	Payee name AMERICAN CARIBBEAN CHAMBER OF COMMERCE	
Amount (\$) 460.00	Payee address; City; State; Zip Code 6201 BONHOMME RD HOUSTON TEXAS 77036 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS/DONATIONS	Description SCHOOL SUPPLY DRIVE/ CHRISTMAS BICYCLE GIVEAWAY
	<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 RODERICK C GARNER SR.	3 Filer ID (Ethics Commission Filers)
4 Date 11/09/2025	5 Payee name FORT BEND DEMOCRATIC PARTY	
6 Amount (\$) 1,000.00	7 Payee address; 13515 SOUTHWEST FREEWAY #204 SUGAR LAND TEXAS 77478 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FILING FEE	(b) Description DESIGNATED FILING FEE FOR OFFICE CANDIDATE
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name: RODERICK C GARNER SR. Office sought: JUSTICE OF THE PEACE Office held: JUSTICE OF THE PEACE	
Date 11/09/2025	Payee name FORT BEND DEMOCRATIC PARTY	
Amount (\$) 375.00	Payee address; 13515 SOUTHWEST FREEWAY #204 SUGAR LAND TEXAS 77478 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION	Description POLITICAL PARTY CONTRIBUTION
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 10/09/2025	Payee name TGM PRINTING	
Amount (\$) 865.00	Payee address; 13910 MURPHY ROAD STAFFORD TEXAS 77477 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description EVENT SHIRTS / EVENT SIGNS
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME RODERICK C GARNER SR.	3 Filer ID (Ethics Commission Filers)
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4 Date 12/31/2025	5 Payee name TGM PRINTING
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6 Amount (\$) 480.00	7 Payee address; 13910 MURPHY ROAD STAFFORD TEXAS 77477 <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description 4 X 4 CAMPAIGN SIGNS
	(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 RODERICK C GARNER SR.	Office sought JUSTICE OF THE PEACE	Office held JUSTICE OF THE PEACE
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Date 11/08/2025	Payee name BOOGIES CHICAGO BAR B QUE
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Amount (\$) 528.80	Payee address; 1767 TEXAS PARKWAY MISSOURI CITY TEXAS 77489 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description 4 PANS BRISKET MAC N CHEESE FOR EVENT
	<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
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Date 11/08/2025	Payee name 713 MECHANICAL BULL RENTALS
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Amount (\$) 600.00	Payee address; 13610 WIMBLEDON OAKS DR. HOUSTON TEXAS 77065 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description MECHANICAL BULL FOR RIDING ENTERTAINMENT
	<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
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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.

1 Total pages Schedule F1:	2 FILER NAME RODERICK C GARNER SR.	3 Filer ID (Ethics Commission Filers)
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4 Date 11/08/2025	5 Payee name SHON'S BARTENDING
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6 Amount (\$) 450.00	7 Payee address; 611 EVERGREEN <small>Check if individual's residence address.</small>	City; FRESNO	State; TEXAS	Zip Code 77545
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description BARTENDER
	(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
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Date 11/08/2025	Payee name KENNY WARD
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Amount (\$) 300.00	Payee address; <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT BEVERAGES	Description MARGARITA MACHINE RENTAL
	<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
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Date 11/06/2025	Payee name AMAZON
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Amount (\$) 295.52	Payee address; <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description OUTDOOR LANDSCAPE LIGHTING
	<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
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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.

1 Total pages Schedule F1:	2 FILER NAME RODERICK C GARNER SR.	3 Filer ID (Ethics Commission Filers)
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4 Date 07/17/2025	5 Payee name LEGACY CIGARS AND LOUNGE
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6 Amount (\$) 290.00	7 Payee address; 3130 S MAIN	City; STAFFORD	State; TEXAS	Zip Code 77477
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Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD	(b) Description WINGS
	(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
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Date 11/08/2025	Payee name BOOTS ON THE GROUND FUNDRAISER EVENT
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Amount (\$) 1,515.76	Payee address; 611 EVERGREEN ST.	City; FRESNO	State; TEXAS	Zip Code 77545
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description TABLES/CHAIRS/LIGHTING/CLEAN UP/PIT DELIVERY/ CHARCOAL/ UTENSILS/ CUPS /DECORATIONS/ DJ
	<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
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Date 12/19/2025	Payee name COMMISSIONER PRESTAGE'S BLACK TIE AFFAIR
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Amount (\$) 780.00	Payee address; FORT BEND EPIC CENTER	City; ROSENBERG	State; TEXAS	Zip Code 77471
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION	Description TABLE AND TICKET PURCHASE FOR EVENT
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED