

# 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

15

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Richard

J.

NICKNAME

LAST

SUFFIX

"Raz"

Rasmussen

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

18018 Overlook Loop Ste 105-116  
San Antonio, TX 78259-1883

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210 )

802-8636

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Kimberly

J.

NICKNAME

LAST

SUFFIX

Rasmussen

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #,

CITY,

STATE,

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
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  
COVERED

Month

Day

Year

3

/

26

/

24

THROUGH

Month

Day

Year

4

/

24

/

24

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

4

/

24

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

NEISD School Board Trustee, SMD5

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

Parents United for Freedom PAC

☒

GENERAL

COMMITTEE ADDRESS

P.O. Box 591074 San Antonio, TX 78259

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Melanie Hutzler

COMMITTEE CAMPAIGN TREASURER ADDRESS

21835 Hyerwood San Antonio, TX 78259

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Richard J. Rasmussen		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 240.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,970.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,895.86
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 407.30
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

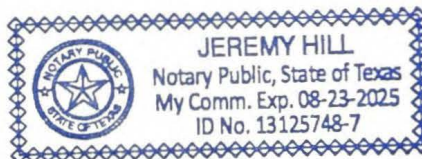
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Richard J. Rasmussen*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Richard Rasmussen this the 26 day of April, 2024, to certify which, witness my hand and seal of office.

*[Signature]* Jeremy Hill Notary  
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****Richard J. Rasmussen****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,730.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,408.97
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,813.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	■ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 82.78
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 82.78
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	\$

**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**4****2** FILER NAME**Richard J. Rasmussen****3** Filer ID (Ethics Commission Filers)**4** Date**03/27/2024****5** Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Debbie Chaney****7** Amount of contribution (\$)**5.00****6** Contributor address;

City;

State;

Zip Code

**4714 Birch Grove San Antonio, TX 78259****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**03/28/2024**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**James Bucks**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**22613 Fossil Cove San Antonio, TX 78261**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/30/2024**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Robert Sedillo**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**22519 Old Fossil Rd San Antonio, TX 78261**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/03/2024**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Christina Williams**

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State;

Zip Code

**4018 Fossil Forest San Antonio, TX 78261**

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.

**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**4****2** FILER NAME**Richard J. Rasmussen****3** Filer ID (Ethics Commission Filers)**4** Date**04/05/2024****5** Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Deanna Fencil****7** Amount of contribution (\$)**50.00****6** Contributor address;

City;

State;

Zip Code

**113 Grand Oak****Hollywood Park, TX 78232****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**04/04/2024**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**John Nye**

Amount of contribution (\$)

**50.00**

Contributor address;

City;

State;

Zip Code

**162 Lakeview Circle La Vernia, TX 78121**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/04/2024**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Edward Pina**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**2419 Trace Oak****San Antonio, TX 78232**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/04/2024**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Barry Booth**

Amount of contribution (\$)

**25.00**

Contributor address;

City;

State;

Zip Code

**1840 Kajec Drive****Saint Hedwig, TX 78152**

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.

**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.		<b>1</b> Total pages Schedule A1 <b>4</b>
<b>2</b> FILER NAME <b>Richard J. Rasmussen</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/06/2024</b>	<b>5</b> Full name of contributor out-of-state PAC (ID# _____) <b>Pam Cribley</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>22423 Fossil Ridge San Antonio, TX 78261</b>	<b>7</b> Amount of contribution (\$)  <b>300.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>04/07/2024</b>	<b>Full name of contributor</b> out-of-state PAC (ID# _____) <b>Nathan Neis</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>24010 Ladera Ranch San Antonio, TX 78261</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>04/09/2024</b>	<b>Full name of contributor</b> out-of-state PAC (ID# _____) <b>Albert McNeel</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>2006 Sawgrass Ridge San Antonio, TX 78260</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>04/13/2024</b>	<b>Full name of contributor</b> out-of-state PAC (ID# _____) <b>Michelle Edwards</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>3622 Fossil Creek San Antonio, TX 78261</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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**4****2** FILER NAME**Richard J. Rasmussen****3** Filer ID (Ethics Commission Filers)**4** Date**04/19/2024****5** Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Glenda Rast****7** Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

**21419 Branding Bay San Antonio, TX 78259****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**04/20/2024**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Michael Osborn**

Amount of contribution (\$)

**300.00**

Contributor address;

City;

State;

Zip Code

**13622 Stoney Hill San Antonio, TX 78231**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/22/2024**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Alison Lebleu**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**23229 Bison Canyon San Antonio, TX 78261**

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.

## SCHEDULE A2

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

Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Revised 1/1/2024

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

3 Filer ID (Ethics Commission Filers)

**\$ 3,408.97**

**6** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

**8** Amount of Contribution \$

**9 In-kind contribution description**

04/17/2024

**7** Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date \_\_\_\_\_

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of Contribution \$

**In-kind contribution description**

04/22/2024

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

# 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. <b>4</b>	2 FILER NAME <b>Richard J. Rasmussen</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/26/2024</b>	5 Payee name <b>Target</b>	
6 Amount (\$) <b>9.24</b>	7 Payee address; <b>22832 US Highway 281 N</b>	City; <b>San Antonio</b>
	State; <b>TX</b>	Zip Code <b>78258</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Sticky Notes/Supplies</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
	Office held	
Date <b>03/30/2024</b>	Payee name <b>Vista Print</b>	
Amount (\$) <b>203.50</b>	Payee address; <b>Online</b>	City; <b></b>
	State; <b></b>	Zip Code <b></b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Car Magnets</b>
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
	Office held	
Date <b>04/01/2024</b>	Payee name <b>Alamo City Conservatives</b>	
Amount (\$) <b>72.00</b>	Payee address; <b>7714 Forest Stream</b>	City; <b>Live Oak</b>
	State; <b>TX</b>	Zip Code <b>78233</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Lunch Meal at Political Event</b>
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
	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.

<b>1</b> Total pages Schedule F1 <b>4</b>	<b>2</b> FILER NAME <b>Richard J. Rasmussen</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/30/2024</b>	<b>5</b> Payee name <b>Home Depot</b>	
<b>6</b> Amount (\$) <b>33.56</b>	<b>7</b> Payee address; <b>20740 US Highway 281 N</b>	City; <b>San Antonio</b>
		State; <b>TX</b>
		Zip Code <b>78258</b>
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other</b>	<b>(b)</b> Description <b>Supplies for Signage/Advertising</b>
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
	Office held	
Date <b>04/04/2024</b>	Payee name <b>Awaloo Screen Printing</b>	
Amount (\$) <b>963.43</b>	Payee address; <b>1230 Duke Rd</b>	City; <b>San Antonio</b>
		State; <b>TX</b>
		Zip Code <b>78264</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Signs</b>
	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 <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
	Office held	
Date <b>04/04/2024</b>	Payee name <b>Jaguar Pride Association</b>	
Amount (\$) <b>200.00</b>	Payee address; <b>23203 Bulverde Road</b>	City; <b>San Antonio</b>
		State; <b>TX</b>
		Zip Code <b>78259</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Gold Tournament Sponsor</b>
	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 <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
	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: <b>4</b>	2 FILER NAME <b>Richard J. Rasmussen</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/05/2024</b>	5 Payee name <b>Office Max</b>	
6 Amount (\$) <b>29.10</b>	7 Payee address; <b>17700 US Highway 281 N, Ste 800</b>	City; <b>San Antonio</b>
	State; <b>TX</b>	Zip Code <b>78232</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Mailing Supplies</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
	Office held	
Date <b>04/10/2024</b>	Payee name <b>Awaloo Screen Printing</b>	
Amount (\$) <b>1,077.09</b>	Payee address; <b>1230 Duke Rd</b>	City; <b>San Antonio</b>
	State; <b>TX</b>	Zip Code <b>78264</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Signs</b>
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
	Office held	
Date <b>04/22/2024</b>	Payee name <b>Office Max</b>	
Amount (\$) <b>165.77</b>	Payee address; <b>17700 US Highway 281 N, Ste 800</b>	City; <b>San Antonio</b>
	State; <b>TX</b>	Zip Code <b>78232</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Flyers</b>
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
	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 <b>4</b>	2 FILER NAME <b>Richard J. Rasmussen</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/22/2024</b>	5 Payee name <b>Home Depot</b>	
6 Amount (\$) <b>59.39</b>	7 Payee address; <b>20740 US Highway 281 N</b>	City; State; Zip Code <b>San Antonio TX 78258</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Supplies to Erect Signage/Advertising</b>
	(c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
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
	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
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
	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

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# 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.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>Richard J. Rasmussen</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/14/2024</b>	5 Payee name <b>Later.com</b>	
6 Amount (\$) <b>26.60</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>Online</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Social Media</b>
	(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 <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
Date <b>04/18/2024</b>	Payee name <b>Wix.com</b>	
Amount (\$) <b>41.13</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>Online</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Campaign Website</b>
	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 <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>
Date <b>04/23/2024</b>	Payee name <b>Later.com</b>	
Amount (\$) <b>15.05</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>Online</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Social Media</b>
	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 <b>Richard J. Rasmussen</b>	Office sought <b>NEISD School Board Trustee, SMD5</b>

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Richard J. Rasmussen	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 82.78
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5 CREDIT CARD ISSUER	Name of financial institution Mastercard/American Express
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6 PAYMENT	(a) Amount Charged \$ 26.60	(b) Date Expenditure Charged 04/14/2024	(c) Date(s) Credit Card Issuer Paid 4/14/2024
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7 PAYEE	(a) Payee name Later.com	(b) Payee address; Online	City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 Richard J. Rasmussen	Office Sought NEISD School Board Trustee, SMD5	Office Held
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PAYMENT	(a) Amount Charged \$ 41.13	(b) Date Expenditure Charged 04/18/2024	(c) Date(s) Credit Card Issuer Paid 4/18/2024
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PAYEE	(a) Payee name Wix.com	(b) Payee address; Online	City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Website
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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 Richard J. Rasmussen	Office Sought NEISD School Board Trustee, SMD5	Office Held
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PAYMENT	(a) Amount Charged \$ 15.05	(b) Date Expenditure Charged 04/23/2024	(c) Date(s) Credit Card Issuer Paid 4/23/2024
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PAYEE	(a) Payee name Later.com	(b) Payee address; Online	City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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 Richard J. Rasmussen	Office Sought NEISD School Board Trustee, SMD5	Office Held
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