

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:

9

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

()

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

San Antonio

TX

(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

4

25

24

THROUGH

Month

Day

Year

6

30

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

15 C/OH NAME Richard J. Rasmussen		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)	\$ 600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,251.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

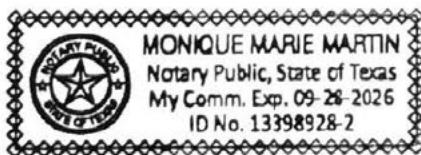
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 8th day of July

20 24, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Monique Martin
Printed name of officer administering oath

notary
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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,169.62
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 82.26
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 82.26
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: **1**

2 FILER NAME

Richard J. Rasmussen

3 Filer ID (Ethics Commission Filers)

4 Date

04/25/2024

5 Full name of contributor

Melissa Powell

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

22921 Fossil Cliff San Antonio, TX 78261

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/25/2024

Full name of contributor

Theresa Powell

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

8614 Alta Mira Drive Laredo, TX 78045

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)

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.

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	2 FILER NAME Richard J. Rasmussen	3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2024	5 Payee name Home Depot	
6 Amount (\$) 70.87	7 Payee address; 20740 US Highway 281 N	City; State; Zip Code San Antonio TX 78258
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Supplies for Signage/Advertising
	(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 Richard J. Rasmussen	Office sought NEISD School Board Trustee, SMD5
Date 05/02/2024	Payee name P3 Imaging Solutions	
Amount (\$) 227.33	Payee address; 1211 Safari St	City; State; Zip Code San Antonio TX 78216
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	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 Richard J. Rasmussen	Office sought NEISD School Board Trustee, SMD5
Date 05/02/2024	Payee name Awaloo Screen Printing	
Amount (\$) 265.21	Payee address; 1230 Duke Rd	City; State; Zip Code San Antonio TX 78264
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	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 Richard J. Rasmussen	Office sought NEISD School Board Trustee, SMD5

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: 2	2 FILER NAME Richard J. Rasmussen	3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2024	5 Payee name Awaloo Screen Printing	
6 Amount (\$) 530.43	7 Payee address; 1230 Duke Rd	City; San Antonio
	State; TX	Zip Code 78264
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Signs
	(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	
Date 05/03/2024	Payee name P3 Imaging Solutions	
Amount (\$) 75.78	Payee address; 1211 Safari St	City; San Antonio
	State; TX	Zip Code 78216
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	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	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 82.26

5 CREDIT CARD
ISSUER

Name of financial institution

Mastercard/American Express

6 PAYMENT

(a) Amount Charged

\$ 41.13

(b) Date Expenditure Charged

05/18/2024

(c) Date(s) Credit Card Issuer Paid

05/18/2024

7 PAYEE

(a) Payee name

Wix.com

(b) Payee address;

Online

City, State, Zip Code

8 PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Other

(b) Description

Campaign Website

☒ Political

☐ 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

PAYMENT

(a) Amount Charged

\$ 41.13

(b) Date Expenditure Charged

06/18/2024

(c) Date(s) Credit Card Issuer Paid

06/18/2024

PAYEE

(a) Payee name

Wix.com

(b) Payee address;

Online

City, State, Zip Code

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Other

(b) Description

Campaign Website

☒ Political

☐ 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

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City, State, Zip Code

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ 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

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1	2 FILER NAME Richard J. Rasmussen	3 Filer ID (Ethics Commission Filers)
4 Date 05/18/2024	5 Payee name Wix.com	
6 Amount (\$) 41.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Online	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Website
	(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 Richard J. Rasmussen	Office sought NEISD School Board Trustee, SMD5 Office held
Date 06/18/2024	Payee name Richard J. Rasmussen	
Amount (\$) 41.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Website
	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 Richard J. Rasmussen	Office sought NEISD School Board Trustee, SMD5 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 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

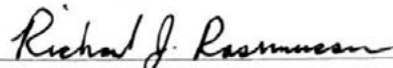
1 C/OH NAME

Richard J. Rasmussen

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

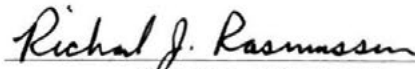
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder