

# 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

10

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

4111 Fossil Park

San Antonio

TX

78261

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210 )

701-4267

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

2

/

26

/

24

THROUGH

Month

Day

Year

3

/

25

/

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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 1,175.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,312.33

CONTRIBUTION  
BALANCE

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

\$ 1,424.22

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 J. Rasmussen this the 4 day of April,

2024, to certify which, witness my hand and seal of office.

*Sarah E Valle*

Signature of officer administering oath

Sarah E Valle

Printed name of officer administering oath

SMSS/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**

<b>19 FILER NAME</b> Richard J. Rasmussen		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1 <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,175.00	
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	\$ 865.99	
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	\$ 446.34	
9 <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 446.34	
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

2

2 FILER NAME

Richard J. Rasmussen

3 Filer ID (Ethics Commission Filers)

4 Date

02/28/2024

5 Full name of contributor

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

Lisa Hill

7 Amount of contribution (\$)

200.00

6 Contributor address,

City,

State;

Zip Code

23111 Fossil Peak San Antonio, TX 78261

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/04/2024

Full name of contributor

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

Linda Chapman

Amount of contribution (\$)

200.00

Contributor address,

City;

State;

Zip Code

4215 Woodbridge Way San Antonio, TX 78257

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2024

Full name of contributor

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

Mike DeKonty

Amount of contribution (\$)

125.00

Contributor address,

City,

State,

Zip Code

6052 S. Twisted Acacia Way Gold Canyon, AZ 85118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/13/2024

Full name of contributor

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

Trisha Padia

Amount of contribution (\$)

300.00

Contributor address,

City,

State;

Zip Code

45 NE Loop 410 #206 San Antonio, TX 78216

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

2

2 FILER NAME

Richard J. Rasmussen

3 Filer ID (Ethics Commission Filers)

4 Date

03/14/2024

5 Full name of contributor

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

Victoria Hudson

7 Amount of contribution (\$)

150.00

6 Contributor address;

City;

State; Zip Code

22406 Old Fossil Rd San Antonio, TX 78261

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/24/2024

Full name of contributor

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

Peter Hunt

Amount of contribution (\$)

200.00

Contributor address;

City;

State; Zip Code

3415 Crest Noche Drive 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)

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 PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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>3</b>	<b>2</b> FILER NAME <b>Richard J. Rasmussen</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>02/26/2024</b>	<b>5</b> Payee name <b>Office Max</b>			
<b>6</b> Amount (\$) <b>73.89</b>	<b>7</b> Payee address, <b>17700 US281 N Ste 800</b>	City; <b>San Antonio</b>	State; <b>TX</b>	Zip Code <b>78232</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		<b>(b)</b> Description <b>Paper/Printer Ink</b>	
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
<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>03/05/2024</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>
<b>PURPOSE OF EXPENDITURE</b>	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
Date <b>03/05/2024</b>	Payee name <b>Vista Print</b>			
Amount (\$) <b>210.26</b>	Payee address; <b>Online</b>	City;	State;	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Campaign Push Cards</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>3</b>	2 FILER NAME <b>Richard J. Rasmussen</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/05/2024</b>	5 Payee name <b>Sundance Print Centers</b>	
6 Amount (\$) <b>220.83</b>	7 Payee address, <b>14210 Northbrook Dr</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>Printing Expense</b>	(b) Description <b>Campaign Push Cards</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 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>
	Office held	
Date <b>03/16/2024</b>	Payee name <b>Awaloo Screen Printing</b>	
Amount (\$) <b>270.63</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 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>
	Office held	
Date <b>03/21/2024</b>	Payee name <b>Trudy's Hallmark</b>	
Amount (\$) <b>16.23</b>	Payee address; <b>2949 Old Thousand Oaks</b>	City; <b>San Antonio</b>
	State; <b>TX</b>	Zip Code <b>78247</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Stationary</b>
	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 <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>3</b>	2 FILER NAME <b>Richard J. Rasmussen</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/2024</b>	5 Payee name <b>Hobby Lobby</b>	
6 Amount (\$) <b>2.15</b>	7 Payee address; <b>23128 US 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>Campaign Buttons</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 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>
	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 <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
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 <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

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

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

American Express/Mastercard

6 PAYMENT

(a) Amount Charged

\$ 265.21

(b) Date Expenditure Charged

03/05/2024

(c) Date(s) Credit Card Issuer Paid

3/5/2024

7 PAYEE

(a) Payee name

Awaloo Screen Printing

(b) Payee address;

City,

State, Zip Code

1250 Duke Rd

San Antonio, TX 78264

8 PURPOSE OF  
EXPENDITURE

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

Printing Expense

(b) Description

Campaign Signs

☒ 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

03/18/2024

(c) Date(s) Credit Card Issuer Paid

3/18/2024

PAYEE

(a) Payee name

Wix.com

(b) Payee address;

City,

State, Zip Code

Online

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

\$ 140.00

(b) Date Expenditure Charged

03/19/2024

(c) Date(s) Credit Card Issuer Paid

3/19/2024

PAYEE

(a) Payee name

Walgreen's

(b) Payee address;

City,

State, Zip Code

22114 Bulverde Rd

San Antonio, TX 78259

PURPOSE OF  
EXPENDITURE

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

Event Expense

(b) Description

Gift Cards

☒ 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

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  
Candidates/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 03/05/2024	5 Payee name Awaloo Screen Printing	
6 Amount (\$) 265.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, 1250 Duke Rd	City; State; Zip Code San Antonio TX 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 Office sought Office held Richard J. Rasmussen NEISD School Board Trustee, SMD5	
Date 03/18/2024	Payee name Wix.com	
Amount (\$) 41.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, Online	City, State, Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Richard J. Rasmussen NEISD School Board Trustee, SMD5	
Date 03/19/2024	Payee name Walgreen's	
Amount (\$) 140.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 22114 Bulverde Rd	City; State; Zip Code San Antonio TX 78259
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Gift Cards
	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 Richard J. Rasmussen NEISD School Board Trustee, SMD5	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED