

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
Patricia L
NICKNAME LAST SUFFIX
Patti Richardson

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount \$
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
Freeport TX 77541

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Patti Richardson
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
Freeport TX 77541

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

02 Month 20 Day 2024
03/16/24 THROUGH 3/29/24

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)
WARD 3 City Council

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.

Additional Pages
 GENERAL
 SPECIFIC

COMMITTEE TYPE COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

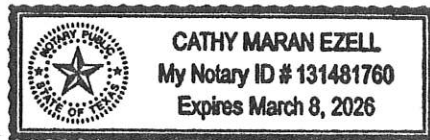
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3995.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3893.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 101.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 101.92 PR

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.

Richardson
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Patricia Richardson this the 4 day of April, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Signature]* Printed name of officer administering oath: Cathy Maran Ezell Title of officer administering oath: Finance Director

OR

(2) Unsworn Declaration

My name is Patricia Richardson, and my date of birth is April 22, 1965.
My address is 21 N. Avenue A Freeport, TX, 77541.
(street) (city) (state) (zip code) (country)
Executed in Brazoria County, State of Texas, on the 4 day of April, 2024.
(month) (year)

Richardson
Signature of Candidate/Officeholder (Declarant)

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 Patti Richardson		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchells Pier	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 403 S. Front St Freeport TX 77541		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton Wong	Amount of contribution (\$) 2495.00
Date 3/1/24 3/1/24	Contributor address; City; State; Zip Code 1616 Voss #618 Houston TX 77057 77057	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton Wong	Amount of contribution (\$) 1200.00
Contributor address; City; State; Zip Code 1616 Voss #618 Houston TX 77057		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patti Richardson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 21 N. Ble A Freeport TX 77541		
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	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: 1	2 FILER NAME Patricia Richardson	3 Filer ID (Ethics Commission Filers)
4 Date 2/29/24	5 Payee name Wave Intrepid Signs	
6 Amount (\$) 2270.00	7 Payee address; City; State; Zip Code 1700 Wagner Rosenberg TX 77471	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Campaign Signs	(b) Description 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	Office sought Office held
Date 3/1/24	Payee name Vista Print	
Amount (\$) 105.02	Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Cards Flyers
	<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
Date 3/3/24	Payee name Home Depot	
Amount (\$) 103.57	Payee address; City; State; Zip Code 100 Abner Jackson Pkwy Lake Jackson TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Metal T Post
	<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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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	2 FILER NAME Patti Richardson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Grounds - All Hardware	
6 Amount (\$) 37.88	7 Payee address; City; State; Zip Code 626 W. Second St Freeport TX 77541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description post hole digger
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/24/24	Payee name Vista Print	
Amount (\$) 218.08	Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description mail outs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/26/24	Payee name Rosco Imprints	
Amount (\$) 283.00	Payee address; City; State; Zip Code 120 S. Avenue B Freeport TX 77541	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description HATS & CAPS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 3	2 FILER NAME Patti Richardson	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/24	5 Payee name Grouards Ace Hardware	
6 Amount (\$) 21.63	7 Payee address; City; State; Zip Code 626 W. Second St Sneyport TX 77541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sign Hardware
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/24/24	Payee name Intrepid	
Amount (\$) 200.00	Payee address; City; State; Zip Code 1700 Wagner Rosenberg TX 77471	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 4x8 sign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/27/24	Payee name Amazon online Merchant	
Amount (\$) 493.62	Payee address; City; State; Zip Code Amazon.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Office Equipment	Description Laptop
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 4	2 FILER NAME: Patricia Richardson	3 Filer ID (Ethics Commission Filers)
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4 Date: 3/28/24	5 Payee name: Amazon.com
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6 Amount (\$): 17.31	7 Payee address; City; State; Zip Code: Amazon.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Other: office equipment	(b) Description: wireless mouse
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 4/2/24	Payee name: Vista print
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Amount (\$): 142.98	Payee address; City; State; Zip Code: 275 Wyman St Waltham MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising	Description: mail out / flyers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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