

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

OFFICIAL RECORD

CITY SECRETARY

1 Filer ID (Ethics Commission Filers)
FT. WORTH, TX

2 Total pages filed: 9

The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr.	FIRST Richard "Rick"	MI B	OFFICE USE ONLY			
		NICKNAME	LAST Herring	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		ADDRESS / PO BOX; PO Box 7243, Fort Worth, TX 76111	APT / SUITE #;	CITY;	STATE;	ZIP CODE	CSO REC'D APR 28 '23 PM4:59	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (817)	PHONE NUMBER 201-4789	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.	FIRST Francisco	MI 	Receipt #	Amount \$	Date Processed Date Imaged	
		NICKNAME	LAST Hernandez	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 800 W. Weatherford, Fort Worth, TX 76102			Date Imaged			
8 CAMPAIGN TREASURER PHONE		AREA CODE (817)	PHONE NUMBER 854-2223	EXTENSION				
9 REPORT TYPE		<input 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 checked="" 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 4	Day 7	Year 23	THROUGH	Month 4	Day 26	Year 23
11 ELECTION		ELECTION DATE Month Day Year 5 / 6 / 23			ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE		OFFICE HELD (if any) n/a			13 OFFICE SOUGHT (if known) City Council District 11			
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		COMMITTEE TYPE	COMMITTEE NAME					
		GENERAL	COMMITTEE ADDRESS					
		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

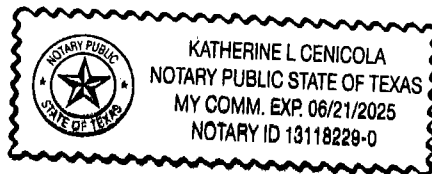
15 C/OH NAME Richard "Rick" Herring		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,485.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,684.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,100.00

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 "Rick" Herring
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rick Herring this the 28 day of April, 2023, to certify which, witness my hand and seal of office.

Katherine Cenicola Katherine Cenicola Coordinator
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 "Rick" Herring

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,705.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 780.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 30.10
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,684.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 "Rick" Herring

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)
see attached spreadsheet

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 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)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Richard "Rick" Herring		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 780.00	
5 Date 04/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Hernandez 7 Contributor address; City; State; Zip Code 800 W. Weatherford, Fort Worth, TX 76102	8 Amount of Contribution \$ 780.00	9 In-kind contribution description banners
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL)(See Instructions) Francisco Hernandez San Roman	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Richard"Rick"Herring		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/30/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Herring	9 Loan Amount (\$) 25,100.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1801 Bolton, Fort Worth, TX 76111	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) ERISA Consultant		13 Employer (See Instructions) Principal Financial Group
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 04/07/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Herring	Loan Amount (\$) 5,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 1801 Bolton, Fort Worth, TX 76111	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) ERISA Consultant		Employer (See Instructions) Principal Financial Group
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	2 FILER NAME Richard "Rick" Herring	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name see attached spreadsheet
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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	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
	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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Date	Payee name
------	------------

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
	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Rick Herring
Campaign
Expenditures

<u>Date</u>	<u>Amount</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Category</u>	<u>Description</u>
4/10/2023	49.08	Tommy's Grill	Forest Park Blvd	Fort Worth	TX	76109	Event Expense	Food/Beverage
4/11/2023	2,500	Travis Parmer	6532 Genoa Rd	Fort Worth	TX	76116	Office Overhead	Consulting Expense
4/13/2023	3,600	Phyllis W. Allen	2717 Ennis	Fort Worth	TX	76111	Office Overhead	Consulting Expense
4/14/2023	5,000	Compete Digital	1317 Potomac	Washington	DC	20003	Printing Expense	Print Materials
4/18/2023	1,305.49	Metro Mailer	5719 E. Rosedale	Fort Worth	TX	76112	Printing Expense	Print Materials
4/21/2023	2800.75	Metro Mailer	5719 E. Rosedale	Fort Worth	TX	76112	Printing Expense	Print Materials
4/21/2023	3,600	Phyllis W. Allen	2717 Ennis	Fort Worth	TX	76111	Office Overhead	Consulting Expense
4/25/2023	828.65	Print Place	2904 Cullen	Fort Worth	TX	76107	Printing Expense	Print Materials