

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI

Mr Richard Louie

NICKNAME LAST SUFFIX

Sullins

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4100 Beckley Ct. Colleyville, TX 76034

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(214 ) 616-3628

KA 4/7

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

Mr. Cory

NICKNAME LAST SUFFIX

Halliburton

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2840 Canyon Dr. Grapevine, TX 76051

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(806 ) 441-6457

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    Month Day Year  
 02 / 20 / 22    THROUGH    04 / 07 / 22

11 ELECTION

ELECTION DATE

Month Day Year  
05 / 07 / 22

ELECTION TYPE

Primary Runoff Other Description  
 General Special School Board

12 OFFICE

OFFICE HELD (if any)

GCISD Place 3

13 OFFICE SOUGHT (if known)

GCISD Place 3

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		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)	\$ 425.59
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,327.07
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,530.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,796.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

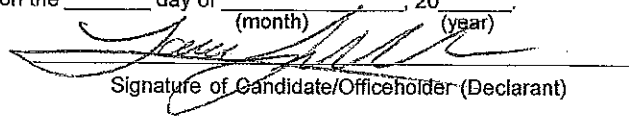
My name is Richard Louie Sullins, and my date of birth is 12/04/1974

My address is 4100 Beckley Ct., Colleyville, TX, 76034, USA

(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4327. <sup>00</sup>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2530. <sup>27</sup>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

# 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 FILER NAME

Richard Louie  
~~Brenda + Don~~ Sullins

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/22

5 Full name of contributor

Brenda + Don Sullins

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

7 Amount of contribution (\$)

970.61

6 Contributor address;

City;

State;

Zip Code

3003 Scarborough Ln W. Colquille TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/22

Full name of contributor

Walter Baudoin

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4100 Beckley Ct. Colquille TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/22

Full name of contributor

Karen Deakini

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

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

Colquille TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/22

Full name of contributor

Helen Sink

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

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

3007 Scarborough Ln W. Colquille TX 76034

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.

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1 Total pages Schedule A1:

2 FILER NAME

Richard Louie Sullins

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/22

5 Full name of contributor

Marilyn Webb

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

7 Amount of contribution (\$)

100

6 Contributor address;

City;

State;

Zip Code

403 Beddley Ct. Colleyville TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/18/22

Full name of contributor

Chad King

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

Amount of contribution (\$)

582.<sup>17</sup>

Contributor address;

City;

State;

Zip Code

1272 Gladewater Frisco TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/22

Full name of contributor

Jessica Jackson

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

Amount of contribution (\$)

290.84

Contributor address;

City;

State;

Zip Code

3102 Scarborough Ln W. Colleyville TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/22

Full name of contributor

Katrina Kobel

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

Amount of contribution (\$)

250.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

3327 Wintergreen Terrace Grapevine TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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 FILER NAME

Richard Louie Sullins

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/22

5 Full name of contributor

Dana Holland

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

7 Amount of contribution (\$)

150

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4/22

Full name of contributor

Brian Weatherford

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

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

4128 Grace Grapevine TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/22

Full name of contributor

Lisa Pittard

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

Amount of contribution (\$)

193.73

Contributor address;

City;

State;

Zip Code

3004 Northview Grapevine TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/22

Full name of contributor

Lisa Brindme

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

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

2921 Timberline Grapevine TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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 FILER NAME *Richard Loure Sullins*

3 Filer ID (Ethics Commission Filers)

4 Date  
*4/16/22*

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
*Jeff Livingston*

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
*3900 St James Ct. Colleyville TX 76034*

*193.73*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
*4/14/22*

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
*Christy Spivey*

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
*3907 Martin Pkwy Colleyville TX 76034*

*72.34*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*4/14/22*

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
*Amanda Thode*

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
*2016 Lake Forest Grapevine TX 76051*

*48.06*

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**

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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.

<b>1</b> Total pages Schedule F1: <i>1</i>	<b>2</b> FILER NAME <i>Richard Louise Sullins</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/23/22</i>	<b>5</b> Payee name <i>Corporate Incentives</i>	
<b>6</b> Amount (\$) <i>915.35</i>	<b>7</b> Payee address; City; State; Zip Code <i>2500 King Ct. Colleyville TX 76034</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>t-shirts</i>
	<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	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date <i>3/29/22</i>	Payee name <i>Mail Room</i>	
Amount (\$) <i>152.17</i>	Payee address; City; State; Zip Code <i>729 Grapevine Hwy Hurst TX 76054</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>push cards</i>
	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	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date <i>4/5/22</i>	Payee name <i>Corporate Incentives</i>	
Amount (\$) <i>1462.75</i>	Payee address; City; State; Zip Code <i>2500 King Ct. Colleyville TX 76034</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Signs</i>
	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	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

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