

# 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) <b>N/A</b>	2 Total pages filed: <b>7</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	<b>Captain</b>	<b>Richard</b>	<b>A.</b>		
	NICKNAME	LAST	SUFFIX		
	<b>"Rick"</b>	<b>Briggs</b>	<b>Jr.</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE		
	[REDACTED]				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	[REDACTED]				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	<b>Captain</b>	<b>Richard</b>	<b>A.</b>		
	NICKNAME	LAST	SUFFIX		
	<b>"Rick"</b>	<b>Briggs</b>	<b>Jr.</b>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE		
	[REDACTED]				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<b>( 609 )</b>	<b>802-7098</b>			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit		
			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
			<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year		
	<b>1</b>	<b>17</b>	<b>24</b>		
	THROUGH		Month Day Year		
			<b>3 / 25 / 24</b>		
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	<b>05</b>	<b>04</b>	<b>24</b>	<input type="checkbox"/> General	<input type="checkbox"/> Special
				<input checked="" type="checkbox"/> Other: Description <b>MUNICIPAL</b>	
12 OFFICE	OFFICE HELD (if any) <b>N / A</b>		13 OFFICE SOUGHT (if known) <b>MAYOR</b>		
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			
	<input type="checkbox"/> GENERAL	<b>N/A</b>			
		COMMITTEE ADDRESS			
		<b>N/A</b>			
	COMMITTEE CAMPAIGN TREASURER NAME				
	<b>N/A</b>				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
	<b>N/A</b>				

**OFFICE USE ONLY**

**RECEIVED**

**APR 04 2024**  
**4:30**  
**City of Killeen**  
**By: Angelica Delin**  
**Principal Secretary City Hall**

Date Hand-delivered or Date Postmarked  
**HAND-DELIVERED**

Receipt #	Amount \$
—	—

Date Processed  
**04/04/2024**

Date Imaged  
**04/04/2024**

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

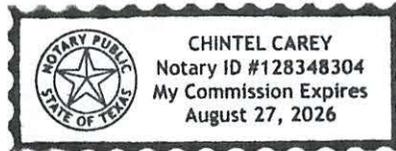
15 C/OH NAME R.A. "Rick" Briggs, Jr.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 140.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 140.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 617.76
	4. TOTAL POLITICAL EXPENDITURES	\$ 617.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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.

*Richard A. Briggs, Jr.*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Richard Arington Briggs, Jr. this the 4th day of April,

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

Chintel Carey Signature of officer administering oath  
Chintel Carey Printed name of officer administering oath  
Chief Lending officer 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

R.A. "Rick" Briggs, Jr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 140.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 617.76
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 617.76
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: <b>1</b>
2 FILER NAME <b>R.A. "Rick" Briggs, Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/26/20</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Deborah A. Dombeck, CAPT, USCG, Re</b> 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>USCG</b>
Date <b>04/02/20</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Walt Hinton</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  <b>40.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>U.S. Government</b>
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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	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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2</b>	<b>2 FILER NAME</b>	R.A. "Rick" Briggs, Jr.		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>					\$ <b>617.76</b>
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution USAA FSB				
<b>6 PAYMENT</b>	(a) Amount Charged \$ 376.11	(b) Date Expenditure Charged 03/28/2024	(c) Date(s) Credit Card Issuer Paid 03/28/2024		
<b>7 PAYEE</b>	(a) Payee name Office Depot/OfficeM	(b) Payee address: [REDACTED] City, State, Zip Code			
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Assorted Sign Holders, Ink,		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name R.A. "Rick" Briggs, Jr.		Office Sought MAYOR	Office Held N/A	
<b>PAYMENT</b>	(a) Amount Charged \$ 24.59	(b) Date Expenditure Charged 02/26/2024	(c) Date(s) Credit Card Issuer Paid 02/26/2024		
<b>PAYEE</b>	(a) Payee name Office Depot/OfficeM	(b) Payee address: [REDACTED] City, State, Zip Code			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Ink		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name R.A. "Rick" Briggs, Jr.		Office Sought MAYOR	Office Held N/A	
<b>PAYMENT</b>	(a) Amount Charged \$ 117.63	(b) Date Expenditure Charged 02/28/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024		
<b>PAYEE</b>	(a) Payee name Office Depot/OfficeM	(b) Payee address: [REDACTED] City, State, Zip Code			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses		(b) Description Paper Products, Ink		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name R.A. "Rick" Briggs, Jr.		Office Sought MAYOR	Office Held N/A	

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                        | 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)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2	2 FILER NAME <b>R.A. "Rick" Briggs, Jr.</b>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>617.76</b>	
5 CREDIT CARD ISSUER	Name of financial institution <b>USAA FSB</b>		
6 PAYMENT	(a) Amount Charged \$ <b>33.55</b>	(b) Date Expenditure Charged <b>02/28/2024</b>	(c) Date(s) Credit Card Issuer Paid <b>02/28/2024</b>
7 PAYEE	(a) Payee name <b>Office Depot/OfficeM</b>	(b) Payee address: _____ City, _____ State, _____ Zip Code	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description <b>Ink</b>
	(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 <b>R.A. "Rick" Briggs, Jr.</b>	Office Sought <b>MAYOR</b>	Office Held <b>N/A</b>
PAYMENT	(a) Amount Charged \$ <b>65.88</b>	(b) Date Expenditure Charged <b>02/29/2024</b>	(c) Date(s) Credit Card Issuer Paid <b>02/29/2024</b>
PAYEE	(a) Payee name <b>Office Depot/OfficeM</b>	(b) Payee address: _____ City, _____ State, _____ Zip Code	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Paper Products, Binder Clips</b>
	(c) <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 <b>R.A. "Rick" Briggs, Jr.</b>	Office Sought <b>MAYOR</b>	Office Held <b>N/A</b>
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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <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 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	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.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>R.A. "Rick" Briggs, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/04/2024</b>	<b>5</b> Payee name <b>Richard Arlington Briggs, Jr.</b>	
<b>6</b> Amount (\$) <b>617.76</b> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; <span style="float:right">City: State: Zip Code</span>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising &amp; Printing</b>	<b>(b)</b> Description <b>Supplies for Campaign Materials</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>R.A. "Rick" Briggs, Jr.</b>	Office sought <b>MAYOR</b>
		Office held <b>N/A</b>
Date	Payee name	
Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address; <span style="float:right">City: State: Zip Code</span>	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address; <span style="float:right">City: State: Zip Code</span>	
<b>PURPOSE OF EXPENDITURE</b>	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 <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**