


Official Filing Authority of Harris County  
Isabel Longoria  
Elections Administrator

## Campaign Finance Report



  
Elections Administrator  
Harris County, TX

**FileNo:** 202277  
**Received By Clerk:** 01/18/2022  
**File Date:** January 18, 2022  
**Office:** Commissioner Pct. 2  
**Candidate:** Risner, George  
**Treasurer:** Risner, Bradley J.  
**Category:** Contributions And Expenditures (COH/JCOH)  
**Delivered By:** Personal Appearance  
**Type:** COR

Harris County No Fee

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

9

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #,

CITY,

STATE,

ZIP CODE

(Residence or Business)

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

Month Day Year

12/13/2021 THROUGH

Month Day Year

12/31/2021

11 ELECTION

ELECTION DATE

Month Day Year

09/01/2021

☒ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Harris County Ethics Commission  
Judge at the Peace etc. 12/22 Commission

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

☐ Additional Pages

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/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)

\$ 3250.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 1879.15

CONTRIBUTION  
BALANCE

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

\$ 51530.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ —

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.

*George S. Risner*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by GEORGE RISNER

this the 18TH day of JANUARY

20 22, to certify which, witness my hand and seal of office.

*Melissa Dees*  
Signature of officer administering oath

MELISSA DEES  
Printed name of officer administering oath

NOTARY PUBLIC  
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 - JC/OH

FORM JC/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

\$ 23,500

2 ☐ SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3 ☐ SCHEDULE B PLEDGED CONTRIBUTIONS

\$

4 ☒ SCHEDULE E LOANS

\$ 51,550

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

\$

9 ☒ SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 1899.15

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)

**SCHEDULE A(J)1**

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 A(J)1:

1 of 1

2 FILER NAME

George Risher

3 Filer ID (Ethics Commission Filers)

4 Date

12/14/21

5 Full name of contributor

Joseph O. Slovacek

☐ out-of-state PAC ID#

Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

1000.00

8 Contributor's principal occupation

Att. at law

9 Contributor's job title

HOOPER SLOVACEK LLP

10 Contributor's employer/law firm

HOOPER SLOVACEK LLP

11 Law firm of contributor's spouse (if any)

N/A

12 If contributor is a child, law firm of parent(s) (if any)

N/A

Date

12/16/21

Full name of contributor

ALAN HELFMAN

☐ out-of-state PAC ID#

Contributor address;

City;

State;

Zip Code

8727 Crescent Gate  
Houston, TX 77024

Amount of contribution (\$)

500.00

Contributor's principal occupation

CAR dealer

Contributor's job title

OWNER

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

Date

12/16/21

Full name of contributor

ALAN HELFMAN

☐ out-of-state PAC ID#

Contributor address;

City;

State;

Zip Code

8727 Crescent Gate  
Houston, TX 77024

Amount of contribution (\$)

750.00

Contributor's principal occupation

CAR dealer

Contributor's job title

owner

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

**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 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  
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 G <b>1 of 2</b>	2 FILER NAME <b>George Risler</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-13-21</b>	5 Payee name <b>HCAH</b>	
6 Amount (\$) <b>1250.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <b>Woods Ave. Houston, Texas</b>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Filing Fee</b>	(b) Description <b>Candidate Filing Fee</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	Office sought Office held
Date <b>12-22-20</b>	Payee name <b>T.C. Remy</b>	
Amount (\$) <b>129.47</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <b>5120 Fairmont Alway Pasadena, TX 77505</b>	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>digital images</b>	Description <b>headshots</b>
	<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 <b>12-30-21</b>	Payee name <b>Kelly's Country Cabin</b>	
Amount (\$) <b>35.19</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <b>8015 Park Place Houston, TX 77087</b>	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>	Description <b>meeting</b>
	<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

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  
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 G <b>2 of 2</b>	2 FILER NAME <b>George Risner</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-30-21</b>	5 Payee name <b>The Home Depot</b>	
6 Amount (\$) <b>404.39</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, <b>6810 Gult Freeway</b> <b>Houston, TX 77087</b>	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Equipment for Signs</b>	(b) Description <b>FRAMING gun</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	Office sought Office held
Date <b>12-30-21</b>	Payee name <b>The Home Depot</b>	
Amount (\$) <b>205.10</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, <b>6810 Gult Freeway</b> <b>Houston, TX 77087</b>	City, State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Supplies for Signs</b>	Description <b>supplies for signs</b>
	<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	Payee name	
Amount (\$)	Payee address,	City, State, Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# LOANS ~~(SCHEDULE E)~~

## SCHEDULE E(J)

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(J)

1 of 3

2 FILER NAME

George Risker

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 10/A

5 Date of loan

12-14-21

7 Name of lender

George Risker

☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

100,00

6 Is lender a financial institution?

Y ☒ (N)

8 Lender address;

P.O. Box 6528

City;

Asander, TX

State;

Zip Code

77508

10 Interest rate

0 -

11 Maturity date

End of camp

12 Lender's Principal Occupation

Judge

13 Lender's Job Title

HC Justice of the Peace

14 Lender's Employer/Law Firm

N/A

15 Law Firm of lender's spouse (if any)

N/A

16 If lender is a child, law firm of parent(s) (if any)

N/A

17 Description of Collateral

☒ none

18 ☒ Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

N/A

22 Amount Guaranteed (\$)

21 Guarantor address;

City;

State;

Zip Code

☒ not applicable

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# LOANS ~~(JUDICIAL)~~

## SCHEDULE E(J)

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(J)

2 of 3

2 FILER NAME

George Risher

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ N/A

5 Date of loan

12-14-21

7 Name of lender

George Risher

☐ out-of-state PAC (ID#)

9 Loan Amount (\$)

250,000

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City,

A.O. Box 6528  
Pasadena, TX

State; Zip Code

77506

10 Interest rate

0

11 Maturity date

End of Conf.

12 Lender's Principal Occupation

Judge

13 Lender's Job Title

the Justice of the Peace

14 Lender's Employer/Law Firm

N/A

15 Law Firm of lender's spouse (if any)

N/A

16 If lender is a child, law firm of parent(s) (if any)

N/A

17 Description of Collateral

☒ none

18

☒ Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

21 Guarantor address, City,

State; Zip Code

☒ not applicable

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**SCHEDULE E(J)**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E(J). <div style="font-size: 1.5em; text-align: center;">3 of 3</div>
<b>2</b> FILER NAME <div style="font-size: 1.2em; font-family: cursive;">George Rionda</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ <div style="font-size: 1.2em; font-family: cursive;">N/A</div>
<b>5</b> Date of loan <div style="font-size: 1.2em; font-family: cursive;">12-27-21</div>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; font-family: cursive;">George Rionda</div>	<b>9</b> Loan Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">51,200.00</div>
<b>6</b> Is lender a financial institution? Y <input checked="" type="radio"/>	<b>8</b> Lender address, City, State, Zip Code <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 6528 Asheboro, NC 72502</div>	<b>10</b> Interest rate <div style="font-size: 1.2em; font-family: cursive;">0 -</div>
<b>12</b> Lender's Principal Occupation <div style="font-size: 1.2em; font-family: cursive;">Judge</div>		<b>11</b> Maturity date <div style="font-size: 1.2em; font-family: cursive;">end of term</div>
<b>14</b> Lender's Employer/Law Firm <div style="font-size: 1.2em; font-family: cursive;">N/A</div>		<b>13</b> Lender's Job Title <div style="font-size: 1.2em; font-family: cursive;">Harris County Justice of the Peace</div>
<b>16</b> If lender is a child, law firm of parent(s) (if any) <div style="font-size: 1.2em; font-family: cursive;">N/A</div>		<b>15</b> Law Firm of lender's spouse (if any) <div style="font-size: 1.2em; font-family: cursive;">N/A</div>
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>18</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor  <b>21</b> Guarantor address, City, State, Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>22</b> Amount Guaranteed (\$)
<b>25</b> Guarantor's Employer/Law Firm		<b>24</b> Guarantor's Job Title
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		<b>26</b> Law Firm of guarantor's spouse (if any)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		