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: **20**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST **Adriana**	MI **R**	**OFFICE USE ONLY**
	NICKNAME	LAST **Garcia**	SUFFIX	Date Received **7/15/2024 7:02:18AM**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **PO Box 27581** **San Antonio TX 78227**	
☐ Change of Address		

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (**210**)	PHONE NUMBER **580-4207**	EXTENSION	Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR **Mr**	FIRST **Arthur**	MI	Receipt #	Amount $
	NICKNAME	LAST **Rodriguez**	SUFFIX	Date Processed **7/15/2024 7:02:18AM**	
				Date Imaged	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **204 E. Arsenal St.** **San Antonio TX 78204**

8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER -	EXTENSION

9 REPORT TYPE	**July 15: Semi-Annual**

10 PERIOD COVERED	Month Day Year **1/1/2024**	THROUGH	Month Day Year **6/30/2024**

11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE	OFFICE HELD (if any) **City Council, District 4**	**13** OFFICE SOUGHT (if known) **Not Applicable**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME
Adriana R Garcia

15 Filer ID   (Ethics Commission Filers)

16 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

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1950.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4521.50
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 23926.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 10000.00

18 AFFIDAVIT

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.

* * * Electronically Certified * * *
_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said __**Adriana R Garcia**__. this the __**14th**__ day of __**July**__, 20**24**, 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

SUBTOTALS - COH

19 FILER NAME
Adriana R Garcia

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

		NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$ 1950.00**
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$ 0**
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$ 0**
4.	X	SCHEDULE E: LOANS	**$ 0**
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 4521.50**
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$ 0**
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$ 0**
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	**$ 0**
10.	X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$ 0**
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$ 0**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: **1 of 2**

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date **1/31/2024**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **USAA Employee Political Action Committee**	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **9800 Fredericksburg Rd.** **San Antonio, TX 78288**	

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date **5/6/2024**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Jack Hebdon Jr**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **8102 Nufy Ridge** **San Antonio, TX 78209**	

Principal occupation / Job title (See instructions)
Partner

Employer (See instructions)
Bakke Development Co.

Date **6/10/2024**	Full name of contributor ☐ out-of-state PAC (ID#_____) **NuStar PAC**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **PO Box 781609** **San Antonio, TX 78278**	

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date **6/27/2024**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Mr Ed Banas**	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **1330 Temple Square** **San Antonio, TX 78245**	

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 2

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date **6/27/2024**	**5** Full name of contributor **Mr Jordan Ghawi** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **150.00**
	6 Contributor address; City; State; Zip Code **903 West Huisache** **San Antonio, TX 78201**	

8 Principal occupation / Job title (See instructions)
CSO

9 Employer (See instructions)
STRAC

Date **6/30/2024**	Full name of contributor **Shokare Nakpodia** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **200.00**
	Contributor address; City; State; Zip Code **2406 Martin Luther King Dr. #102** **San Antonio, TX 78203**	

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
The Mighty Group

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

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 01/01/2021

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

1 Total pages Schedule A2:
1 of 1

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

$ 0

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#_____)	**8** Amount of Contribution $
	7 Contributor address; City; State; Zip Code	**9** In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

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 ☐ out-of-state PAC (ID#_____)	Amount of Contribution $
	Contributor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

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

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: **1 of 1**	

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

$ 0

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#_____)	**8** Amount of Pledge $
	7 Pledgor address; City; State; Zip Code	**9** In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (See instructions) | **11** Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions) | Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions) | Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

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

LOANS

SCHEDULE **E**

The Instruction Guide explains how to complete this form.

2 FILER NAME **Adriana R Garcia**	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS	**$** 0

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#_____)	**9** Loan Amount ($)
6 Is lender a financial institution?	**8** Lender address; City; State; Zip Code	**10** Interest rate
		11 Maturity date

12 Principal occupation / Job title (See instructions)	**13** Employer (See instructions)

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 **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)

20 Principal occupation (See instructions)	**21** Employer (See instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#_____)	Loan Amount ($)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See instructions)	Employer (See instructions)

Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)

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**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 of 3**	**2** FILER NAME **Adriana R Garcia**	**3** Filer ID (Ethics Commission Filers)

4 Date **1/31/2024**	**5** Payee name **Amegy Bank**

6 Amount ($) **2.00**	**7** Payee address; City; State; Zip Code **PO Box 4837** **Houston, TX 77210-4837**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Accounting/Banking**	**(b)** Description **Statement ad paper statement fee**

(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

Date **2/29/2024**	Payee name **Amegy Bank**

Amount ($) **2.00**	Payee address; City; State; Zip Code **PO Box 4837** **Houston, TX 77210-4837**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Accounting/Banking**	Description **Statement and paper statement fee**

☐ 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

Date **3/29/2024**	Payee name **Amegy Bank**

Amount ($) **2.00**	Payee address; City; State; Zip Code **PO Box 4837** **Houston, TX 77210-4837**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Accounting/Banking**	Description **Statement and Paper Statement fee**

☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 of 3**	**2** FILER NAME **Adriana R Garcia**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/1/2024**	**5** Payee name **USPS**

6 Amount ($) **91.00**	**7** Payee address; City; State; Zip Code **5510 SW Loop 410** **San Antonio, TX 78227-9998**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Other: PO Box**	**(b)** Description **PO Box**

(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

Date **4/15/2024**	Payee name **SA Flavor**

Amount ($) **4394.95**	Payee address; City; State; Zip Code **4906 Brandeis** **San Antonio, TX 78249**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Advertising Expense**	Description **Fiesta Medals**

☐ 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

Date **4/30/2024**	Payee name **Amegy Bank**

Amount ($) **2.00**	Payee address; City; State; Zip Code **PO Box 4837** **Houston, TX 77210-4837**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Accounting/Banking**	Description **Paper Statement fee**

☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1: **3 of 3**	**2** FILER NAME **Adriana R Garcia**	**3** Filer ID (Ethics Commission Filers)

4 Date **5/8/2024**	**5** Payee name **Stripe, Inc.**

6 Amount ($) **23.55**	**7** Payee address; City; State; Zip Code **185 Berry St. #550** **San Francisco, CA 94107-9105**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Accounting/Banking

(b) Description
Service fee

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **5/31/2024**	Payee name **Amegy Bank**

Amount ($) **2.00**	Payee address; City; State; Zip Code **PO Box 4837** **Houston, TX 77210-4837**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Accounting/Banking

Description
Paper statement

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **6/28/2024**	Payee name **Amegy Bank**

Amount ($) **2.00**	Payee address; City; State; Zip Code **PO Box 4837** **Houston, TX 77210-4837**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Accounting/Banking

Description
Paper statement fee

☐ Check if travel outside of Texas, complete schedule T   ☐ 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE **F2**

1 Total pages Schedule F2: **1 of 1**	**2** FILER NAME **Adriana R Garcia**	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	**$ 0**

5 Date	**6** Payee name
7 Amount ($)	**8** Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

10 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

11 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

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment ($)
Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F4: **1 of 1**	**2** FILER NAME **Adriana R Garcia**	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$ 0**

5 Date	**6** Payee name
7 Amount ($)	**8** Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

10 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

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

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

1 Total pages Schedule G: **1 of 1**	**2** FILER NAME **Adriana R Garcia**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Payee Name

6 Amount ($) ☐ Reimbursement from political contributions intended	**7** Payee address; City; State; Zip Code

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

Date	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code

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

Date	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

1 Total pages Schedule H:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
1 of 1	**Adriana R Garcia**	

4 Date	**5** Business name

6 Amount ($)	**7** Business address; City; State; Zip Code

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	Business name

Amount ($)	Business address; City; State; Zip Code

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

---

Date	Business name

Amount ($)	Business address; City; State; Zip Code

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

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: **1 of 1**	**2** FILER NAME **Adriana R Garcia**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Payee name

6 Amount ($)	**7** Payee address;　　　City;　　State;　　Zip Code

8 PURPOSE OF EXPENDITURE	**(a)** Category　(See instructions for examples of acceptable categories.)	**(b)** Description　(See instructions regarding type of information required.)

Date	Payee name

Amount ($)	Payee address;　　　City;　　State;　　Zip Code

PURPOSE OF EXPENDITURE	Category　(See instructions for examples of acceptable categories.)	Description　(See instructions regarding type of information required.)

Date	Payee name

Amount ($)	Payee address;　　　City;　　State;　　Zip Code

PURPOSE OF EXPENDITURE	Category　(See instructions for examples of acceptable categories.)	Description　(See instructions regarding type of information required.)

Date	Payee name

Amount ($)	Payee address;　　　City;　　State;　　Zip Code

PURPOSE OF EXPENDITURE	Category　(See instructions for examples of acceptable categories.)	Description　(See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule K: **1 of 1**
2 FILER NAME **Adriana R Garcia**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom amount is received	**8** Amount ($)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	1 Total pages Schedule T:
The Instruction Guide explains how to complete this form.	**1 of 1**

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Adriana R Garcia	

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel	**7** Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	**11** Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM **C/OH - FR**

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
Adriana R Garcia

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

_____
Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are not an officeholder. ••

A.   CAMPAIGN FUNDS

Check only one:

☐   I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐   I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B.   ASSETS

Check only one:

☐   I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐   I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

_____
Signature of Candidate

OFFICEHOLDER
•• Complete this section *only* if you are an officeholder. ••

☐   I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

_____
Signature of Officeholder