

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: 44
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Adriana	MI R	OFFICE USE ONLY	
	NICKNAME	LAST Garcia	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 27581 San Antonio TX 78220				
	AREA CODE (210)	PHONE NUMBER 294-5402	EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE					Date Hand-delivered or Date Postmarked
					Date Processed 1/15/2025 4:22:46PM
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sarah	MI	Receipt #	Amount \$
	NICKNAME	LAST McClornan	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 418 McNeel San Antonio TX 78220				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 410-4956	EXTENSION		
9 REPORT TYPE	January 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 7/1/2024			Month Day Year THROUGH 12/31/2024	
11 ELECTION	ELECTION DATE Month Day Year 5/3/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____			
12 OFFICE	OFFICE HELD (if any) Council District 4			13 OFFICE SOUGHT (if known) Mayor	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Adriana R Garcia		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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)	\$ 29016.09
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8867.02
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 41783.00
	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 <u>Adriana R Garcia</u> this the <u>15th</u> day of <u>January</u> , 2025, 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**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Adriana R Garcia	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 23181.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 5835.09	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3000.00	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS \$ 0	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 8867.02	
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 0	
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 0	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 0	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 0	
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 0	
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ 0	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 1 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 7/11/2024	5 Full name of contributor Frank Burney	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 112 E. Pecan St. #1616 San Antonio, TX 78205			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Martin & Drought, P.C.	
Date 7/19/2024	Full name of contributor Tilman Fertitta	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 1510 West Loop South Houston, TX 77027			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Landry's	
Date 7/23/2024	Full name of contributor Brad Beldon	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 5039 West Avenue San Antonio, TX 78213			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) BELDON Roofing Company	
Date 8/13/2024	Full name of contributor Marcus Higuchi	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 141 Caleta Beach San Antonio, TX 78232			City; State; Zip Code
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Northside ISD	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 2 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 8/14/2024	5 Full name of contributor Yvette Robinson	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
	6 Contributor address; 1861 Split Mountain Canyon Lake, TX 78133	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Construction		9 Employer (See instructions) Robinson GC	
Date 8/16/2024	Full name of contributor Andrea Tawney	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 5501 Superstition Drive Las Cruces, TX 88011	City; State; Zip Code	
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) Texas Tech El Paso	
Date 8/16/2024	Full name of contributor San Antonio Professional Fire Fighters Association	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 8925 IH 10 West San Antonio, TX 78230	City; State; Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 8/19/2024	Full name of contributor Krystina Irvin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
	Contributor address; 15203 Fall Manor Dr San Antonio, TX 78247	City; State; Zip Code	
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Texas A&M University-San Antonio	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 3 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 8/21/2024	5 Full name of contributor David Gannon	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 6423 Longhouse Court San Antonio , TX 78238			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Unemployed		9 Employer (See instructions) Unemployed	
Date 8/28/2024	Full name of contributor Charles Rodriguez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 2119 Cougar Ridge San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) Faculty		Employer (See instructions) Our Lady of the Lake University	
Date 9/2/2024	Full name of contributor Tony Fernandez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 118 Via Finita Street San Antonio, TX 78229			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Catholic Charities	
Date 9/2/2024	Full name of contributor Shannon Nisbet	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 126 Rockhill Dr San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Fundraiser		Employer (See instructions) Self-Employed	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 4 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 9/5/2024	5 Full name of contributor Bartholomew Vasquez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 200.00
6 Contributor address; 8311 Two Winds San Antonio, TX 78255			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Executive Director		9 Employer (See instructions) 100 Club of SA	
Date 9/7/2024	Full name of contributor Roger Enriquez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 3302 Litchfield Street San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) Professor		Employer (See instructions) UTSA	
Date 9/9/2024	Full name of contributor David Zammiello	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 9721 Mandalay Way Helotes, TX 78023			City; State; Zip Code
Principal occupation / Job title (See instructions) Business Consulting		Employer (See instructions) DAZA Consulting	
Date 9/10/2024	Full name of contributor Jose De La Cruz	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 8011 Radiant Star San Antonio, TX 78252			City; State; Zip Code
Principal occupation / Job title (See instructions) Government Affairs		Employer (See instructions) Microsoft	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 5 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 9/10/2024	5 Full name of contributor John Dickson	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 150.00
	6 Contributor address; 7111 Poniente Lane San Antonio, TX 78209	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Principal		9 Employer (See instructions) Denim Group	
Date 9/10/2024	Full name of contributor Pat Frost	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 520 Geneseo San Antonio, TX 78209	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 9/10/2024	Full name of contributor Gretchen Howell	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 413 Santa Clara PI San Antonio, TX 78210	City; State; Zip Code	
Principal occupation / Job title (See instructions) Community Developer		Employer (See instructions) Southstar	
Date 9/10/2024	Full name of contributor James Perschbach	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 1503 Crooked Stick San Antonio, TX 78260	City; State; Zip Code	
Principal occupation / Job title (See instructions) President & CEO		Employer (See instructions) Port San Antonio	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 6 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 9/10/2024	5 Full name of contributor James Perschbach	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 1503 Crooked Stick San Antonio, TX 78260			City; State; Zip Code
8 Principal occupation / Job title (See instructions) President & CEO		9 Employer (See instructions) Port San Antonio	
Date 9/10/2024	Full name of contributor Jesus Rendon	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 503 Wilcox San Antonio, TX 78211			City; State; Zip Code
Principal occupation / Job title (See instructions) Self-Employed		Employer (See instructions) Self-Employed	
Date 9/10/2024	Full name of contributor Melinda Rodriguez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 6215 Via La Cantera #473 San Antonio, TX 78250			City; State; Zip Code
Principal occupation / Job title (See instructions) Self-Employed		Employer (See instructions) Self-Employed	
Date 9/10/2024	Full name of contributor Thad Rutherford	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 8205 Asmara Court San Antonio, TX 78250			City; State; Zip Code
Principal occupation / Job title (See instructions) President		Employer (See instructions) Southstar	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 7 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 9/14/2024	5 Full name of contributor Juan Antonio Flores	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 150.00
6 Contributor address; 439 Calumet Place San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Executive		9 Employer (See instructions) Port San Antonio	
Date 9/14/2024	Full name of contributor Esteban Garcia	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 400.00
Contributor address; PO Box 307 Macdona, TX 78054			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 9/14/2024	Full name of contributor Veronica Luna	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 12210 Harris Hawk San Antonio, TX 78253			City; State; Zip Code
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Alamo Colleges	
Date 10/2/2024	Full name of contributor Montie Chavez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 3.00
Contributor address; 2863 Brittany Mesa Drive Henderson, TX 89074			City; State; Zip Code
Principal occupation / Job title (See instructions) Comms		Employer (See instructions) ADOLV	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 8 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2024	5 Full name of contributor Montie Chavez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 3.00
6 Contributor address; 2863 Brittany Mesa Drive Henderson, TX 89074			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Comms		9 Employer (See instructions) ADOLV	
Date 10/3/2024	Full name of contributor Sarah McLornan	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 115 Paloma Dr San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Unemployed		Employer (See instructions) Unemployed	
Date 10/5/2024	Full name of contributor Bradford Kaufman	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 1320 Austin Hwy #7207 San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) CBRE	
Date 10/5/2024	Full name of contributor Yvette Robinson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 1861 Split Mountain Canyon Lake, TX 78133			City; State; Zip Code
Principal occupation / Job title (See instructions) Admin		Employer (See instructions) Robinson GC	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 9 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2024	5 Full name of contributor Brown & McDonald	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 100 NE Loop 410 #1385 San Antonio, TX 78216			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Surgeon		9 Employer (See instructions) SAVE Clinic	
Date 10/15/2024	Full name of contributor Lyssa Ochoa	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 708 Canterbury Hill San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Langley & Banack	
Date 11/11/2024	Full name of contributor Kristal Thomson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 37 Westerleigh San Antonio, TX 78218			City; State; Zip Code
Principal occupation / Job title (See instructions) Assistant Vice President		Employer (See instructions) UTSA	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 10 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 12/5/2024	5 Full name of contributor Jedediah Heuberger	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 150.00
	6 Contributor address; 12750 Stage Coach LN Helotes, TX 78023	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Director of Strategic Growth and Development		9 Employer (See instructions) Turner Construction Company	
Date 12/5/2024	Full name of contributor Judy Perez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 959 West Villaret Boulevard San Antonio, TX 78224	City; State; Zip Code	
Principal occupation / Job title (See instructions) Unemployed		Employer (See instructions) Unemployed	
Date 12/5/2024	Full name of contributor Raul Tijerina	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 2715 Grosenbacher Road San Antonio, TX 78245	City; State; Zip Code	
Principal occupation / Job title (See instructions) Detective		Employer (See instructions) San Antonio Police	
Date 12/6/2024	Full name of contributor Lynne Cossman	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 3030 Orchard Hill San Antonio, TX 78230	City; State; Zip Code	
Principal occupation / Job title (See instructions) Dean		Employer (See instructions) UTSA	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 11 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 12/6/2024	5 Full name of contributor JoAnn Matamoros	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 150.00
6 Contributor address; 27643 Autumn Terrace Boerne, TX 78006			City; State; Zip Code
8 Principal occupation / Job title (See instructions) VPR		9 Employer (See instructions) UTSA	
Date 12/8/2024	Full name of contributor Lauren Suter	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 3382 W Woodlawn San Antonio, TX 78228			City; State; Zip Code
Principal occupation / Job title (See instructions) Self-Employed		Employer (See instructions) Self-Employed	
Date 12/9/2024	Full name of contributor Jesus Garza	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 105 Terravista Trail Victoria, TX 77904			City; State; Zip Code
Principal occupation / Job title (See instructions) Self-Employed		Employer (See instructions) Self-Employed	
Date 12/9/2024	Full name of contributor Jed Maebius	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
Contributor address; 200 Belvidere San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Council Aide		Employer (See instructions) LGC	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 12 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2024	5 Full name of contributor Jorge Herrera	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 105 Blackhawk trail san antonio, TX 78232	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) The Herrera Law Firm	
Date 12/11/2024	Full name of contributor Sarah McLornan	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 115 Paloma Drive San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Unemployed		Employer (See instructions) Unemployed	
Date 12/11/2024	Full name of contributor Michael Villarreal	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 639 Mission Street San Antonio, TX 78210	City; State; Zip Code	
Principal occupation / Job title (See instructions) Data Scientist		Employer (See instructions) CML Insight	
Date 12/11/2024	Full name of contributor Lisa Waldron	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 422 McNeel San Antonio, TX 78228	City; State; Zip Code	
Principal occupation / Job title (See instructions) Self-Employed		Employer (See instructions) Self-Employed	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 13 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2024	5 Full name of contributor Chris Aldrete	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; 335 Country Wood Drive San Antonio, TX 78216	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) Aldrete Strategic Partners	
Date 12/11/2024	Full name of contributor Martha Martinez Flores	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 319 W Kings Hwy San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) MM Creative	
Date 12/14/2024	Full name of contributor Stephen Ramirez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 110 Paseo Encinal Street San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Stone Oak Family Practice	
Date 12/20/2024	Full name of contributor Raul Tijerina	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 2715 Grosenbacher Road San Antonio, TX 78245	City; State; Zip Code	
Principal occupation / Job title (See instructions) Police		Employer (See instructions) SAPD	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 14 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2024	5 Full name of contributor Ed Belmares	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 5919 Pearl Pass San Antonio, TX 78222			City; State; Zip Code
8 Principal occupation / Job title (See instructions) COO		9 Employer (See instructions) Capital Electric	
Date 12/30/2024	Full name of contributor Francisco Gonzaba	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 720 Pleasonton Road San Antonio, TX 78214			City; State; Zip Code
Principal occupation / Job title (See instructions) Director		Employer (See instructions) Gonzaba Medical Group	
Date 12/30/2024	Full name of contributor Trey Jacobson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 124 East Edgewood Place SAN ANTONIO, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Momentum Adv Svcs	
Date 12/30/2024	Full name of contributor Jeanette Quiroga	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 9727 Quiet Lake San Antonio, TX 78254			City; State; Zip Code
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Self-Employed	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 15 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2024	5 Full name of contributor Kristi Villanueva	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
	6 Contributor address; 809 Wyoming San Antonio, TX 78203	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Owner- Managing Partner		9 Employer (See instructions) Tru-Matrix Contracting Services	
Date 12/31/2024	Full name of contributor Min Chow Hew	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 613 Contandora San Antonio, TX 78258	City; State; Zip Code	
Principal occupation / Job title (See instructions) Chief of Engineering and Co-Owner		Employer (See instructions) Unitech Consulting	
Date 12/31/2024	Full name of contributor Patricia Cruz	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 11430 Whisper Moss St. San Antonio, TX 78230	City; State; Zip Code	
Principal occupation / Job title (See instructions) Unemployed		Employer (See instructions) Unemployed	
Date 12/31/2024	Full name of contributor Barbara A. F. Greene	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 1100 NW 410 ##700 San Antonio, TX 78213	City; State; Zip Code	
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Greene and Associates, Inc.	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 16 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	5 Full name of contributor Nikola Hew	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 613 Contandora San Antonio, TX 78258	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Student		9 Employer (See instructions) Student	
Date 12/31/2024	Full name of contributor Steven Peterson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 29023 Prospect Creek San Antonio, TX 78260	City; State; Zip Code	
Principal occupation / Job title (See instructions) Unemployed		Employer (See instructions) Unemployed	
Date 12/31/2024	Full name of contributor Sonia Rodriguez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
	Contributor address; 411 Mount Vernon Ct San Antonio, TX 78223	City; State; Zip Code	
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Self-Employed	
Date 12/31/2024	Full name of contributor Charles Smith	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 11430 Whisper Moss San Antonio, TX 78230	City; State; Zip Code	
Principal occupation / Job title (See instructions) Engineer		Employer (See instructions) SwRI	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 17 of 17
2 FILER NAME Adriana R Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	5 Full name of contributor Zada True-Courage	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 1938 Broken Oak St. San Antonio, TX 78232	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Unemployed		9 Employer (See instructions) Unemployed	
Date 12/31/2024	Full name of contributor Juan Valdez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
	Contributor address; 258 Quentin Drive San Antonio, TX 78201	City; State; Zip Code	
Principal occupation / Job title (See instructions) Government Relations		Employer (See instructions) HCA Healthcare	
Date 12/31/2024	Full name of contributor David Zammiello	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 9721 Mandalay Way Helotes, TX 78023	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired-PT Consultant		Employer (See instructions) Retired -Consultant	
Date	Full name of contributor	<input type="checkbox"/> 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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 1 of 4</p>
<p>2 FILER NAME Adriana R Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$ 0</p>
<p>5 Date 8/14/2024</p>	<p>6 Full name of contributor Martha Martinez Flores</p> <p>7 Contributor address; City; State; Zip Code 319 W Kings Hwy San Antonio, TX 78212</p>	<p>8 Amount of Contribution \$ 500.00</p> <p>9 In-kind contribution description Graphic Design</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Self- Employed</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Self-Employed</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 8/14/2024</p>	<p>Full name of contributor Steve Garcia</p> <p>Contributor address; City; State; Zip Code PO Box 27581 San Antonio, TX 78227</p>	<p>Amount of Contribution \$ 41.09</p> <p>In-kind contribution description Lapel Pin</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Data Entry</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Madonna Center</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 2 of 4</p>
<p>2 FILER NAME Adriana R Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 12/17/2024</p>	<p>6 Full name of contributor Patrick Orosco</p> <p>7 Contributor address; 7360 E 6th St Somerset, TX 78069</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 300.00</p> <p>9 In-kind contribution description Step and Repeat</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Self- Employed</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Self-Employed</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 12/31/2024</p>	<p>Full name of contributor Ashley Barth</p> <p>Contributor address; 1804 Belford Dr Austin, TX 78757</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Amount of Contribution \$ 1000.00</p> <p>In-kind contribution description Campaign Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Self- Employed</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Self-Employed</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 3 of 4</p>
<p>2 FILER NAME Adriana R Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 12/31/2024</p>	<p>6 Full name of contributor Samantha Hernandez</p> <p>7 Contributor address; 9310 Collier Flats San Antonio, TX 78023</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 1000.00</p> <p>9 In-kind contribution description Campaign Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Researcher</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) MHM</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 12/31/2024</p>	<p>Full name of contributor Montie Chavez</p> <p>Contributor address; 2863 Brittany Mesa Drive Henderson, TX 89074</p>	<p>Amount of Contribution \$ 994.00</p> <p>In-kind contribution description Website Design</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Self-Employed</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Self-Employed</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 4 of 4</p>
<p>2 FILER NAME Adriana R Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 12/31/2024</p>	<p>6 Full name of contributor Ricardo Requejo Jr</p> <p>7 Contributor address; 8818 Thatch San Antonio, TX 78240</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 1000.00</p> <p>9 In-kind contribution description Campaign Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Council Aide</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) LGC</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 12/31/2024</p>	<p>Full name of contributor Desirae Gonzalez</p> <p>Contributor address; 8809 Piney Point Dr. Austin, TX 78729</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Amount of Contribution \$ 1000.00</p> <p>In-kind contribution description Campaign Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Analyst</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) State of Texas</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

PLEDGED CONTRIBUTIONS

SCHEDULE B

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule B: 1 of 1</p>
<p>2 FILER NAME Adriana R Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED PLEDGES</p>		<p>\$ 0</p>
<p>5 Date 12/31/2024</p>	<p>6 Full name of pledgor Mr John McFadden</p>	<p><input type="checkbox"/> out-of-state PAC (ID# _____)</p>
	<p>7 Pledgor address; 21 Bristol Green San Antonio, TX 78209</p>	<p>City; State; Zip Code</p>
		<p>8 Amount of Pledge \$ 1000.00</p> <p>9 In-kind contribution description</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (See instructions) Pilot</p>		<p>11 Employer (See instructions) United</p>
<p>Date 12/31/2024</p>	<p>Full name of pledgor Mrs John McFadden</p>	<p><input type="checkbox"/> out-of-state PAC (ID# _____)</p>
	<p>Pledgor address; 21 Bristol Green San Antonio, TX 78209</p>	<p>City; State; Zip Code</p>
		<p>Amount of Pledge \$ 1000.00</p> <p>In-kind contribution description</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions) Self-Employed</p>		<p>Employer (See instructions) Self-Employed</p>
<p>Date 12/31/2024</p>	<p>Full name of pledgor Patrick Rose</p>	<p><input type="checkbox"/> out-of-state PAC (ID# _____)</p>
	<p>Pledgor address; 410 W San Antonio New Braunfels, TX 78130</p>	<p>City; State; Zip Code</p>
		<p>Amount of Pledge \$ 1000.00</p> <p>In-kind contribution description</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions) President</p>		<p>Employer (See instructions) Corridor Title</p>
<p>Date</p>	<p>Full name of pledgor Patrick Rose</p>	<p><input type="checkbox"/> out-of-state PAC (ID# _____)</p>
	<p>Pledgor address; 410 W San Antonio New Braunfels, TX 78130</p>	<p>City; State; Zip Code</p>
		<p>Amount of Pledge \$ 1000.00</p> <p>In-kind contribution description</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>

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.		1 Total pages Schedule E: 1 of 1
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 <input type="checkbox"/> 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 <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule F1: 1 of 9	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date 7/31/2024	5 Payee name Amegy Bank		
6 Amount (\$) 2.00	7 Payee address; PO Box 4837 Houston, TX 77210	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Banking Services	(b) Description Paper Statement Fee	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7/31/2024	Payee name Stripe Inc.		
Amount (\$) 47.10	Payee address; 185 Berry St San Francisco, CA 94107	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Donation Services	Description Processing Fees	
	<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 8/30/2024	Payee name Amegy Bank		
Amount (\$) 2.00	Payee address; PO Box 4837 Houston, TX 77210	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Banking Services	Description Paper Statement Fee	
	<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			

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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule F1: 2 of 9	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)														
4 Date 8/31/2024	5 Payee name Stripe Inc.															
6 Amount (\$) 49.53	7 Payee address; 185 Berry St San Francisco, CA 94107	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Donation Services	(b) Description Processing Fees														
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held													
<table border="1"> <tr> <td>Date 9/12/2024</td> <td>Payee name Carriqui</td> </tr> <tr> <td>Amount (\$) 1529.68</td> <td>Payee address; 239 E Grayson San Antonio, TX 78215</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Fundraising</td> <td>Description Food for Event</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 9/12/2024	Payee name Carriqui	Amount (\$) 1529.68	Payee address; 239 E Grayson San Antonio, TX 78215	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Fundraising	Description Food for Event	<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 9/12/2024	Payee name Carriqui															
Amount (\$) 1529.68	Payee address; 239 E Grayson San Antonio, TX 78215															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Fundraising	Description Food for Event														
	<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													
<table border="1"> <tr> <td>Date 9/16/2024</td> <td>Payee name Constant Contact</td> </tr> <tr> <td>Amount (\$) 341.12</td> <td>Payee address; 1601 Trapelo Waltham, MA 02451</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Email Service</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 9/16/2024	Payee name Constant Contact	Amount (\$) 341.12	Payee address; 1601 Trapelo Waltham, MA 02451	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Outreach	Description Email Service	<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 9/16/2024	Payee name Constant Contact															
Amount (\$) 341.12	Payee address; 1601 Trapelo Waltham, MA 02451															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Outreach	Description Email Service														
	<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																

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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule F1: 3 of 9	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)														
4 Date 9/23/2024	5 Payee name Society of Professional Journalists															
6 Amount (\$) 825.00	7 Payee address; 301 Avenue E San Antonio, TX 78205	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach	(b) Description Advertising														
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held													
<table border="1"> <tr> <td>Date 9/30/2024</td> <td>Payee name Stripe Inc.</td> </tr> <tr> <td>Amount (\$) 118.11</td> <td>Payee address; 185 Berry St San Francisco, CA 94107</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Donation Services</td> <td>Description Processing Fees</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 9/30/2024	Payee name Stripe Inc.	Amount (\$) 118.11	Payee address; 185 Berry St San Francisco, CA 94107	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Donation Services	Description Processing Fees	<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 9/30/2024	Payee name Stripe Inc.															
Amount (\$) 118.11	Payee address; 185 Berry St San Francisco, CA 94107															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Donation Services	Description Processing Fees														
	<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													
<table border="1"> <tr> <td>Date 9/30/2024</td> <td>Payee name Amegy Bank</td> </tr> <tr> <td>Amount (\$) 2.00</td> <td>Payee address; PO Box 4837 Houston, TX 77210</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Banking Services</td> <td>Description Paper Statement Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 9/30/2024	Payee name Amegy Bank	Amount (\$) 2.00	Payee address; PO Box 4837 Houston, TX 77210	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Banking Services	Description Paper Statement Fee	<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 9/30/2024	Payee name Amegy Bank															
Amount (\$) 2.00	Payee address; PO Box 4837 Houston, TX 77210															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Banking Services	Description Paper Statement Fee														
	<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																

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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule F1: 4 of 9	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date 10/7/2024	5 Payee name USPS		
6 Amount (\$) 182.00	7 Payee address; 5510 SW Loop 410 San Antonio, TX 78227	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Administration	(b) Description PO Box Renewal	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/10/2024	Payee name JVC Media		
Amount (\$) 1623.75	Payee address; 6856 Alamo Downs San Antonio, TX 78238	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Outreach	Description Signs	
	<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 10/16/2024	Payee name Constant Contact		
Amount (\$) 341.12	Payee address; 1601 Trapelo Waltham, MA 02451	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Outreach	Description Email Service	
	<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

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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule F1: 5 of 9	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date 10/25/2024	5 Payee name Wix		
6 Amount (\$) 623.52	7 Payee address; 100 Gansevort New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach	(b) Description Website Hosting	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/30/2024	Payee name Amegy Bank		
Amount (\$) 2.00	Payee address; City; State; Zip Code PO Box 4837 Houston, TX 77210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Banking Services	Description Paper Statement Fee	
	<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 10/31/2024	Payee name Stripe Inc.		
Amount (\$) 52.05	Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Donation Services	Description Processing Fees	
	<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			

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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule F1: 6 of 9	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)														
4 Date 11/5/2024	5 Payee name Samantha Hernandez															
6 Amount (\$) 500.00	7 Payee address; 9310 Collier Flats Helotes, TX 78023	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Consulting	(b) Description Consulting														
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held													
<table border="1"> <tr> <td>Date 11/13/2024</td> <td>Payee name Ashley Barth</td> </tr> <tr> <td>Amount (\$) 463.72</td> <td>Payee address; 1804 Belford Dr Austin , TX 78757</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Administration</td> <td>Description Domain Purchase</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 11/13/2024	Payee name Ashley Barth	Amount (\$) 463.72	Payee address; 1804 Belford Dr Austin , TX 78757	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administration	Description Domain Purchase	<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 11/13/2024	Payee name Ashley Barth															
Amount (\$) 463.72	Payee address; 1804 Belford Dr Austin , TX 78757															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administration	Description Domain Purchase														
	<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													
<table border="1"> <tr> <td>Date 11/18/2024</td> <td>Payee name Constant Contact</td> </tr> <tr> <td>Amount (\$) 341.12</td> <td>Payee address; 1601 Trapelo Waltham, MA 02451</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Email Service</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 11/18/2024	Payee name Constant Contact	Amount (\$) 341.12	Payee address; 1601 Trapelo Waltham, MA 02451	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Outreach	Description Email Service	<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 11/18/2024	Payee name Constant Contact															
Amount (\$) 341.12	Payee address; 1601 Trapelo Waltham, MA 02451															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Outreach	Description Email Service														
	<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																

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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule F1: 7 of 9	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date 11/29/2024	5 Payee name Amegy Bank		
6 Amount (\$) 2.00	7 Payee address; PO Box 4837 Houston, TX 77210	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Banking Services	(b) Description Paper Statement Fee	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 11/30/2024	Payee name Stripe Inc.		
Amount (\$) 11.93	Payee address; 185 Berry St San Francisco, CA 94107	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Donation Services	Description Processing Fees	
	<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 12/6/2024	Payee name Samantha Hernandez		
Amount (\$) 500.00	Payee address; 9310 Collier Flats Helotes, TX 78023	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Consulting	Description Consulting	
	<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			

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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule F1: 8 of 9	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date 12/16/2024	5 Payee name Constant Contact		
6 Amount (\$) 341.12	7 Payee address; 1601 Trapelo Waltham, MA 02451	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach	(b) Description Email Service	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/23/2024	Payee name Samantha Hernandez		
Amount (\$) 500.00	Payee address; 9310 Collier Flats Helotes, TX 78023	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Consulting	Description Consulting	
	<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 12/23/2024	Payee name Wix		
Amount (\$) 77.94	Payee address; 100 Gansevort New York, NY 10014	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Outreach	Description Website Hosting	
	<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			

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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule F1: 9 of 9	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date 12/31/2024	5 Payee name Amegy Bank		
6 Amount (\$) 2.00	7 Payee address; PO Box 4837 Houston, TX 77210	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Banking Services	(b) Description Paper Statement Fee	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/31/2024	Payee name Stripe Inc.		
Amount (\$) 386.21	Payee address; 185 Berry St San Francisco, CA 94107		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Donation Services	Description Processing Fees	
	<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 (\$)	Payee address; City; State; Zip Code		
 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 <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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F2: 1 of 1	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(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

11 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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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		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 (\$)		
	Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code		
Date	Description of investment		
	Amount of investment (\$)		

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(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		
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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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 <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

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 Candidate/Officeholder/Political Committee	Gifts/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

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 (\$)	7 Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(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			
9 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			
<input type="checkbox"/> Reimbursement from political contributions intended			<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 <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			
<input type="checkbox"/> Reimbursement from political contributions intended			<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

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

SCHEDULE H

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 Candidate/Officeholder/Political Committee	Gifts/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

1 Total pages Schedule H: 1 of 1	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)	
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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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	Business name		
Amount (\$)	Business address; City; State; Zip Code		
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 <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
	<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
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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.)

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

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: 1 of 1</p>
<p>2 FILER NAME Adriana R Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p>	<p>5 Name of person from whom amount is received</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code</p>	<p>8 Amount (\$)</p>
	<p>7 Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	

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

SCHEDULE T

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule T: 1 of 1</p>												
<p>2 FILER NAME Adriana R Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>												
<p>4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>5 Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>6 Dates of travel</p>	<p>7 Name of person(s) traveling</p>													
	<p>8 Departure city or name of departure location</p>													
	<p>9 Destination city or name of destination location</p>													
<p>10 Means of transportation</p>	<p>11 Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>													
	<p>Departure city or name of departure location</p>													
	<p>Destination city or name of destination location</p>													
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
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<p>Dates of travel</p>	<p>Name of person(s) traveling</p>													
	<p>Departure city or name of departure location</p>													
	<p>Destination city or name of destination location</p>													
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>														

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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder