

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	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
		Adriana	R	Date Received 1/15/2025 4:22:46PM	
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				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 294-5402	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	NICKNAME	LAST	SUFFIX	Amount \$	
		Sarah		Date Processed 1/15/2025 4:22:46PM	
		McClornan		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	<div> <div>Month Day Year</div> <div>7/1/2024</div> </div> <div>THROUGH</div> <div> <div>Month Day Year</div> <div>12/31/2024</div> </div>				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/3/2025	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) Council District 4		13 OFFICE SOUGHT (if known) Mayor		

GO TO PAGE 2

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)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29016.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8867.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 41783.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adriana R Garcia, this the 15th day of January, 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		SUBTOTAL AMOUNT
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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Frank Burney

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**112 E. Pecan St. #1616
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Martin & Drought, P.C.

Date
7/19/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tilman Fertitta

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1510 West Loop South
Houston, TX 77027**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Landry's

Date
7/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brad Beldon

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5039 West Avenue
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
BELDON Roofing Company

Date
8/13/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marcus Higuchi

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**141 Caleta Beach
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
Northside ISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**6423 Longhouse Court
San Antonio, TX 78238**

8 Principal occupation / Job title (See instructions)
Unemployed

9 Employer (See instructions)
Unemployed

Date
8/28/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Charles Rodriguez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2119 Cougar Ridge
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Faculty

Employer (See instructions)
Our Lady of the Lake University

Date
9/2/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tony Fernandez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**118 Via Finita Street
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Catholic Charities

Date
9/2/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shannon Nisbet

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**126 Rockhill Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Fundraiser

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Bartholomew Vasquez

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**8311 Two Winds
San Antonio, TX 78255**

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 ☐ out-of-state PAC (ID# _____)
Roger Enriquez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3302 Litchfield Street
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Professor

Employer (See instructions)
UTSA

Date
9/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
David Zammiello

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**9721 Mandalay Way
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Business Consulting

Employer (See instructions)
DAZA Consulting

Date
9/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jose De La Cruz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**8011 Radiant Star
San Antonio, TX 78252**

Principal occupation / Job title (See instructions)
Government Affairs

Employer (See instructions)
Microsoft

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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 ☐ out-of-state PAC (ID# _____)
John Dickson

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**7111 Poniente Lane
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Principal

9 Employer (See instructions)
Denim Group

Date
9/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pat Frost

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**520 Geneseo
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
9/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gretchen Howell

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**413 Santa Clara Pl
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Community Developer

Employer (See instructions)
Southstar

Date
9/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
James Perschbach

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1503 Crooked Stick
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
President & CEO

Employer (See instructions)
Port 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**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 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 <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Antonio Flores 6 Contributor address; City; State; Zip Code 439 Calumet Place San Antonio, TX 78209	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See instructions) Executive		9 Employer (See instructions) Port San Antonio
Date 9/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Esteban Garcia Contributor address; City; State; Zip Code PO Box 307 Macdona, TX 78054	Amount of contribution (\$) 400.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 9/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Veronica Luna Contributor address; City; State; Zip Code 12210 Harris Hawk San Antonio, TX 78253	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Alamo Colleges
Date 10/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montie Chavez Contributor address; City; State; Zip Code 2863 Brittany Mesa Drive Henderson, TX 89074	Amount of contribution (\$) 3.00
Principal occupation / Job title (See instructions) Comms		Employer (See instructions) ADOLV
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 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 <input type="checkbox"/> out-of-state PAC (ID# _____) Montie Chavez 6 Contributor address; City; State; Zip Code 2863 Brittany Mesa Drive Henderson, TX 89074	7 Amount of contribution (\$) 3.00
8 Principal occupation / Job title (See instructions) Comms		9 Employer (See instructions) ADOLV
Date 10/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah McLornan Contributor address; City; State; Zip Code 115 Paloma Dr San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Unemployed		Employer (See instructions) Unemployed
Date 10/5/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradford Kaufman Contributor address; City; State; Zip Code 1320 Austin Hwy #7207 San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) CBRE
Date 10/5/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yvette Robinson Contributor address; City; State; Zip Code 1861 Split Mountain Canyon Lake, TX 78133	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Admin		Employer (See instructions) Robinson GC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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:
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 ☐ out-of-state PAC (ID# _____)
Brown & McDonald

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**100 NE Loop 410 #1385
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
10/15/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lyssa Ochoa

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**708 Canterbury Hill
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Surgeon

Employer (See instructions)
SAVE Clinic

Date
11/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kristal Thomson

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**37 Westerleigh
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Langley & Banack

Date
12/5/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Albert Carrisalez

Amount of contribution (\$)
75.00

Contributor address; City; State; Zip Code
**111 W Huisache
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Assistant Vice President

Employer (See instructions)
UTSA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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 ☐ out-of-state PAC (ID# _____)
Jedediah Heuberger

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**12750 Stage Coach LN
Helotes, TX 78023**

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 ☐ out-of-state PAC (ID# _____)
Judy Perez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**959 West Villaret Boulevard
San Antonio, TX 78224**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)
Unemployed

Date
12/5/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Raul Tijerina

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2715 Grosenbacher Road
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Detective

Employer (See instructions)
San Antonio Police

Date
12/6/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lynne Cossman

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3030 Orchard Hill
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Dean

Employer (See instructions)
UTSA

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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 ☐ out-of-state PAC (ID# _____)
JoAnn Matamoros

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**27643 Autumn Terrace
Boerne, TX 78006**

8 Principal occupation / Job title (See instructions)
VPR

9 Employer (See instructions)
UTSA

Date
12/8/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lauren Suter

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3382 W Woodlawn
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
Self-Employed

Date
12/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jesus Garza

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**105 Terravista Trail
Victoria, TX 77904**

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
Self-Employed

Date
12/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jed Maebius

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**200 Belvidere
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Council Aide

Employer (See instructions)
LGC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Jorge Herrera

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**105 Blackhawk trail
san antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
The Herrera Law Firm

Date
12/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sarah McLornan

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**115 Paloma Drive
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)
Unemployed

Date
12/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Michael Villarreal

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**639 Mission Street
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Data Scientist

Employer (See instructions)
CML Insight

Date
12/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lisa Waldron

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**422 McNeel
San Antonio, TX 78228**

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**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Aldrete 6 Contributor address; City; State; Zip Code 335 Country Wood Drive San Antonio, TX 78216	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) Aldrete Strategic Partners
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martha Martinez Flores Contributor address; City; State; Zip Code 319 W Kings Hwy San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) MM Creative
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Ramirez Contributor address; City; State; Zip Code 110 Paseo Encinal Street San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Stone Oak Family Practice
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raul Tijerina Contributor address; City; State; Zip Code 2715 Grosenbacher Road San Antonio, TX 78245	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Police		Employer (See instructions) SAPD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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:
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 ☐ out-of-state PAC (ID# _____)
Ed Belmares

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**5919 Pearl Pass
San Antonio, TX 78222**

8 Principal occupation / Job title (See instructions)
COO

9 Employer (See instructions)
Capital Electric

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Francisco Gonzaba

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**720 Pleasanton Road
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)
Director

Employer (See instructions)
Gonzaba Medical Group

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Trey Jacobson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**124 East Edgewood Place
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Momentum Adv Svcs

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jeanette Quiroga

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**9727 Quiet Lake
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Self-Employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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 ☐ out-of-state PAC (ID# _____)
Kristi Villanueva

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**809 Wyoming
San Antonio, TX 78203**

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 ☐ out-of-state PAC (ID# _____)
Min Chow Hew

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**613 Contandora
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Chief of Engineering and Co-Owner

Employer (See instructions)
Unintech Consulting

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Patricia Cruz

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11430 Whisper Moss St.
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)
Unemployed

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barbara A. F. Greene

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1100 NW 410 ##700
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Greene and Associates, Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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 ☐ out-of-state PAC (ID# _____)
Nikola Hew

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**613 Contandora
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Student

9 Employer (See instructions)
Student

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Steven Peterson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**29023 Prospect Creek
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)
Unemployed

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sonia Rodriguez

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**411 Mount Vernon Ct
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self-Employed

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Charles Smith

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11430 Whisper Moss
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
SwRI

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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 ☐ out-of-state PAC (ID# _____)
Zada True-Courage

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1938 Broken Oak St.
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
Unemployed

9 Employer (See instructions)
Unemployed

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Juan Valdez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**258 Quentin Drive
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Government Relations

Employer (See instructions)
HCA Healthcare

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
David Zammiello

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**9721 Mandalay Way
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Retired-PT Consultant

Employer (See instructions)
Retired -Consultant

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2 of 4

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
12/17/2024

6 Full name of contributor ☐ out-of-state PAC (ID# _____)
Patrick Orosco

8 Amount of Contribution \$ **300.00**

9 In-kind contribution description
Step and Repeat

7 Contributor address; City; State; Zip Code
**7360 E 6th St
Somerset, TX 78069**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ashley Barth

Amount of Contribution \$ **1000.00**

In-kind contribution description
Campaign Consulting

Contributor address; City; State; Zip Code
**1804 Belford Dr
Austin, TX 78757**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)
Self-Employed

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
3 of 4

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
12/31/2024

6 Full name of contributor ☐ out-of-state PAC (ID# _____)
Samantha Hernandez

8 Amount of Contribution \$ **1000.00**

9 In-kind contribution description
Campaign Consulting

7 Contributor address; City; State; Zip Code
**9310 Collier Flats
San Antonio, TX 78023**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Montie Chavez

Amount of Contribution \$ **994.00**

In-kind contribution description
Website Design

Contributor address; City; State; Zip Code
**2863 Brittany Mesa Drive
Henderson, TX 89074**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)
Self-Employed

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
4 of 4

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
12/31/2024

6 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ricardo Requejo Jr

8 Amount of Contribution \$ **1000.00**

9 In-kind contribution description
Campaign Consulting

7 Contributor address; City; State; Zip Code
**8818 Thatch
San Antonio, TX 78240**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Desirae Gonzalez

Amount of Contribution \$ **1000.00**

In-kind contribution description
Campaign Consulting

Contributor address; City; State; Zip Code
**8809 Piney Point Dr.
Austin, TX 78729**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)
State of Texas

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 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; City; State; Zip Code PO Box 4837 Houston, TX 77210	
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; 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		

Date 8/30/2024	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 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; City; State; Zip Code 185 Berry St San Francisco, CA 94107		
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			
Date 9/12/2024	Payee name Carriqui		
Amount (\$) 1529.68	Payee address; City; State; Zip Code 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 9/16/2024	Payee name Constant Contact		
Amount (\$) 341.12	Payee address; City; State; Zip Code 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 301 Avenue E San Antonio, TX 78205	
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		

Date 9/30/2024	Payee name Stripe Inc.		
Amount (\$) 118.11	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			

Date 9/30/2024	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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 5510 SW Loop 410 San Antonio, TX 78227		
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; City; State; Zip Code 6856 Alamo Downs San Antonio, TX 78238		
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; City; State; Zip Code 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 100 Gansevort New York, NY 10014		
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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 9310 Collier Flats Helotes, TX 78023		
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			
Date 11/13/2024	Payee name Ashley Barth		
Amount (\$) 463.72	Payee address; City; State; Zip Code 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 11/18/2024	Payee name Constant Contact		
Amount (\$) 341.12	Payee address; City; State; Zip Code 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code PO Box 4837 Houston, TX 77210		
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; 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			
Date 12/6/2024	Payee name Samantha Hernandez		
Amount (\$) 500.00	Payee address; City; State; Zip Code 9310 Collier Flats Helotes, TX 78023		
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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1601 Trapelo Waltham, MA 02451		
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; City; State; Zip Code 9310 Collier Flats Helotes, TX 78023		
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; City; State; Zip Code 100 Gansevort New York, NY 10014		
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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code PO Box 4837 Houston, TX 77210	
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; 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			

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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule 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
--	-------------

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
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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
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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 (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule 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
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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 1	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	
	(b) Description	
	(c) <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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description	
	<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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description	
	<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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Adriana R Garcia

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder