

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: 57 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Adriana | MI | OFFICE USE ONLY Date Received 4/3/2025 5:00:04PM Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed 4/3/2025 5:00:04PM Date Imaged | |
| | NICKNAME | LAST Rocha 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 78227 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (210) | PHONE NUMBER 294-5402 | EXTENSION | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Sarah | MI | | |
| | NICKNAME | LAST McLornan | SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 115 Paloma San Antonio TX 78212 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (210) | PHONE NUMBER 410-4956 | EXTENSION | | |
| 9 REPORT TYPE | 30th Day Before General Election | | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 1/1/2025 THROUGH 3/24/2025 | | | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month Day Year 5/3/2025 | <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) City 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 Rocha 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 | 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) | \$ 45592.36 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 25628.74 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 53394.00 |
| 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 Rocha Garcia**, this the **3rd** day of **April**, **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 Rocha 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 | \$ 43350.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2242.36 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 25628.74 |
| 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 24

2 FILER NAME
Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/1/2025

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
**PO Box 700007
San Antonio, TX 78270**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
1/2/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4523 Echo Grove
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Robert Garcia CPA PLLC

Date
1/4/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7818 Annex Street
San Antonio, TX 78222**

Principal occupation / Job title (See instructions)
Small Business Owner

Employer (See instructions)
Nonis Sweet Treats

Date
1/6/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**359 Hunters Creek Dr
New Braunfels, TX 78132**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 24

2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/7/2025

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**7283 W US Highway 200
Fredricksburg, TX 78624**

8 Principal occupation / Job title (See instructions)
VP of Land Development

9 Employer (See instructions)
Southstar

Date
1/8/2025

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Meteorologist

Employer (See instructions)
Retired

Date
1/9/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**8441 Dragon Street
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Respite Care of San Antonio

Date
1/9/2025

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**730 Belvin
San Marcos, TX 78666**

Principal occupation / Job title (See instructions)
Founder

Employer (See instructions)
Corridor Title

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:
3 of 24

2 FILER NAME
Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/10/2025

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

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**8404 Burkewood CV
Austin, TX 78735**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Southstar

Date
1/10/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**21210 Fortaleza
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)
Principal

Employer (See instructions)
Moy, Tarin, Ramirez Engineers

Date
1/10/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**9106 Harbor View Street
San Antonio, TX 78242**

Principal occupation / Job title (See instructions)
Founder

Employer (See instructions)
Far Fetched Foods

Date
1/13/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**10433 Southwest 41st Avenue
Gainesville, FL 32608**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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 24

2 FILER NAME
Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/14/2025

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

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**7715 Battle Intense
Boerne, TX 78015**

8 Principal occupation / Job title (See instructions)
Director of Land Development

9 Employer (See instructions)
Lennar

Date
1/14/2025

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**7715 Battlefied
Boerne, TX 78015**

Principal occupation / Job title (See instructions)
Realtor

Employer (See instructions)
Levi Rogers

Date
1/15/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**200 Briarcliff Drive
Castle Hills, TX 78213**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ripper Law PLLC

Date
1/15/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1330 Temple Square
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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:
5 of 24

2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/16/2025

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**104 Sunnyland Dr.
SAN ANTONIO, TX 78228-2915**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
1/16/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**321 West Summit Avenue
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
St. Lukes Lutheran Health Ministries

Date
1/16/2025

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**900 Seventh Street NW
Washington, DC 20001**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linebarger Goggin Blair & Simpson

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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:
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2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/16/2025

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**321 W Summit
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Executive Director

9 Employer (See instructions)
Lifetime Recovery

Date
1/20/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**90 Washington Avenue South
Lawrence, NY 11559**

Principal occupation / Job title (See instructions)
Investor

Employer (See instructions)
Southstar

Date
1/22/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**228 Barrera
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/22/2025

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

Amount of contribution (\$)
150.00

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

Principal occupation / Job title (See instructions)
Council Aide

Employer (See instructions)
LGC

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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:
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2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/22/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Michelle Lugalía-Hollon

7 Amount of contribution (\$)
300.00

6 Contributor address; City; State; Zip Code
**433 Rittiman
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Chief Strategy Officer

9 Employer (See instructions)
Alamo College District

Date
1/23/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Apartment Association

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**7525 Babcock
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/25/2025

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**422 King William Street
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Homemaker

Employer (See instructions)
Self

Date
1/26/2025

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

Amount of contribution (\$)
750.00

Contributor address; City; State; Zip Code
**1882 Private Road 2771
Mico, TX 78056**

Principal occupation / Job title (See instructions)
VP-BD

Employer (See instructions)
StandardAero

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:
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2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/26/2025

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**715 Cypress Drive
San Antonio, TX 78245**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
1/27/2025

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
Tx Cavaliers Charitable Foundation

Date
1/27/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3665 Willowick Road
Houston, TX 77019**

Principal occupation / Job title (See instructions)
Executive Chair

Employer (See instructions)
Perry Homes, LLC

Date
1/27/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**818 Park Pt
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
Director of Land Acquisition

Employer (See instructions)
Toll Brothers

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:
9 of 24

2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/27/2025

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**4211 South Flores Street
San Antonio, TX 78214**

8 Principal occupation / Job title (See instructions)
Student

9 Employer (See instructions)
San Antonio College

Date
1/27/2025

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**3906 MIHO
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
Vice President, Purchasing

Employer (See instructions)
Lennar

Date
1/27/2025

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**3906 MIHO
San Antonio, TX 78233**

Principal occupation / Job title (See instructions)
homemaker

Employer (See instructions)
self

Date
1/28/2025

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**20018 Encino Ridge
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Freelance Writer

Employer (See instructions)
Self

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 24

2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/28/2025

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**7800 Broadway
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)

Implementation Project Manager

9 Employer (See instructions)

Center for Refugee Services

Date
1/31/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Law Offices of Stanley Bernstein

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2511 N St. Marys
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/2/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Atlantic Pacific Communities LLC

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**161 NW 6th Street #1020
Miami , FL 33136**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/2/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7522 5 Palms
San Antonio, TX 78242**

Principal occupation / Job title (See instructions)

Program Manager

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: 11 of 24 |
| 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/2/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Estevan Garcia 6 Contributor address; City; State; Zip Code PO Box 307 San Antonio, TX 78054 | 7 Amount of contribution (\$) 200.00 |
| 8 Principal occupation / Job title (See instructions) Retired | | 9 Employer (See instructions) |
| Date 2/3/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosa Balderas Contributor address; City; State; Zip Code 222 Canavan Ave San Antonio, TX 78221 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Donor Management Coordinator | | Employer (See instructions) Divine Providence Catholic Church |
| Date 2/3/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Baynham Contributor address; City; State; Zip Code 28502 Benedikt Path Boerne, TX 78006 | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See instructions) Agent | | Employer (See instructions) Real Estate |
| Date 2/3/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerad Baynham Contributor address; City; State; Zip Code 28502 Benedikt Path Boerne, TX 78006 | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See instructions) VP of Construction | | Employer (See instructions) Lennar |
| | | |
| 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:
12 of 24

2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
2/4/2025

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

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**1187 Via Principale
New Braunfels, TX 78132**

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Self

Date
2/4/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**415 Bentley Manor
Shavano Park, TX 78249**

Principal occupation / Job title (See instructions)
MD

Employer (See instructions)
Self

Date
2/6/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**903 Basse Road
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Koontz Corporation

Date
2/6/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**114 Post Oak Way
SAN ANTONIO, TX 78230**

Principal occupation / Job title (See instructions)
none

Employer (See instructions)
none

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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:
13 of 24

2 FILER NAME
Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
2/6/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Families for Education and Opportunity

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**415 Mary Louise
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
2/7/2025

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

Amount of contribution (\$)
700.00

Contributor address; City; State; Zip Code
**PO Box 27581
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/7/2025

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

Amount of contribution (\$)
500.00

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 Authority of San Antonio

Date
2/7/2025

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

Amount of contribution (\$)
700.00

Contributor address; City; State; Zip Code
**PO Box 27581
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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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: 14 of 24 |
| 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/8/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Gomez 6 Contributor address; City; State; Zip Code 818 Serenade Drive San Antonio, TX 78216 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See instructions) none | | 9 Employer (See instructions) none |
| Date 2/8/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandro F Valdez Contributor address; City; State; Zip Code 9939 Fredericksburg # 710 San Antonio, TX 78240 | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See instructions) Availability Management Director | | Employer (See instructions) Northwestern Mutual |
| Date 2/8/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maximilian Navarro Contributor address; City; State; Zip Code 23207 Linwood RDG San Antonio, TX 78255 | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See instructions) President | | Employer (See instructions) Operational Technology |
| Date 2/8/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacob Lopez Contributor address; City; State; Zip Code 1930 W Mulberry San Antonio, TX 78201 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See instructions) Agent | | Employer (See instructions) Lambrecht-Lopez Properties |
| <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:
15 of 24

2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
2/8/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Adelante Second Chance

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**214 W Academy
San Antonio, TX 78226**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
2/9/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**9600 Mopac EXPY # 300
Austin, TX 78759**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/10/2025

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**515 West Gramercy Place
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Good Samaritan Community Services

Date
2/11/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**38 WESTERLEIGH
SAN ANTONIO, TX 78218**

Principal occupation / Job title (See instructions)
Partner

Employer (See instructions)
Kruger Carson PLLC

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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:
16 of 24

2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
2/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jean-Christophe Florenson

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**1401 Fairview St # A
Houston, TX 77006**

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

9 Employer (See instructions)
Dalkia

Date
2/11/2025

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**9522 Burwick Dr
San Antonio, TX 78230**

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

Employer (See instructions)
HJD Capital

Date
2/11/2025

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**607 W Kings HWY
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Sr. Director of Operations

Employer (See instructions)
Dalkia

Date
2/11/2025

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

Amount of contribution (\$)
250.00

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

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
ABH Hospitality

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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 24

2 FILER NAME
Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
2/12/2025

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

7 Amount of contribution (\$)
1000.00

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

8 Principal occupation / Job title (See instructions)
Exec. Director

9 Employer (See instructions)
CAST Schools

Date
2/15/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
201 Charles Rd
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Monterrey Steel

Date
2/16/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
300 East Basse Road
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self

Date
2/18/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
607 W Kings HWY
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Monterrey Steel

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
2/19/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2619 Eastgrove Lane
Houston, TX 77027**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Vela Justice PLLC

Date
2/21/2025

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)
Retired

Employer (See instructions)
NA

Date
2/21/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6410 Viewpoint
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Council Aide

Employer (See instructions)
LGC

Date
2/23/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**319 Gladstone Avenue
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)
Paramedic

Employer (See instructions)
COSA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
2/27/2025

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**1430 Sherman
San Antonio, TX 78202**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
3/5/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**12842 Maple Park Drive
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Educator

Employer (See instructions)
Antonian College Prep

Date
3/6/2025

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**7115 Tealeaf
Leon Valley, TX 78238**

Principal occupation / Job title (See instructions)
Social Worker-Senior

Employer (See instructions)
UT Health Science Center San Antonio

Date
3/8/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**220 Woods Of Boerne Blvd
Boerne, TX 78006**

Principal occupation / Job title (See instructions)
Professor

Employer (See instructions)
OLLU

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
20 of 24

2 FILER NAME
Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
3/9/2025

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**514 W 23rd St
Vancouver, WA 98660-2527**

8 Principal occupation / Job title (See instructions)
Councilmember

9 Employer (See instructions)
City of Vancouver

Date
3/9/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**515 Elm Avenue
Takoma Park, MD 20912**

Principal occupation / Job title (See instructions)
Councilmember

Employer (See instructions)
City of Takoma Park

Date
3/11/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**99 Lamar St
Terrell, TX 75160**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Children's Health

Date
3/15/2025

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**8226 Sabinoso Dr.
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)
NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
3/16/2025

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**1510 Spanish Oaks
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Management Consultant

9 Employer (See instructions)
Christopher A Mammen

Date
3/18/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**4311 Hall Park Drive
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
Data Analyst

Employer (See instructions)
Project QUEST, Inc

Date
3/18/2025

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)
President

Employer (See instructions)
DAZA Consulting Group, LLC

Date
3/18/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**4221 Hillglen Way
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
Licensed Clinical Social Worker

Employer (See instructions)
Carolyn King

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 22 of 24 |
| 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Stefl 6 Contributor address; City; State; Zip Code 1734 Fox Tree Ln San Antonio, TX 78248-2102 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See instructions) Professor Emeritus | | 9 Employer (See instructions) Trinity University |
| Date 3/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SouthStar at Verano Developer Contributor address; City; State; Zip Code 2055 Central Plaza # 110 New Braunfels, TX 78130 | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date 3/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SouthStar at Mayfair Developer Contributor address; City; State; Zip Code 2055 Central Plaza # 110 New Braunfels , TX 78130 | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date 3/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SouthStar at Mission Del Lago Contributor address; City; State; Zip Code 2055 Central Plaza # 110 New Braunfels, TX 78130 | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
23 of 24

2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
3/23/2025

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

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**23 Wolfeton Way
San Antonio, TX 78218**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
3/23/2025

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1187 Via Principale
San Antonio, TX 78132**

Principal occupation / Job title (See instructions)
VP of Land Development

Employer (See instructions)
Lennar

Date
3/23/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**635 Leigh Street
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Educator

Employer (See instructions)
NA

Date
3/24/2025

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

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**2739 W MISTLETOE AVE
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Staff Advisor

Employer (See instructions)
Communication Workers of America

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 24 of 24 |
| 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jessica Saldaña 6 Contributor address; City; State; Zip Code 8902 Victoria Lake San Antonio, TX 78224 | 7 Amount of contribution (\$) 200.00 |
| 8 Principal occupation / Job title (See instructions) Project Manager | | 9 Employer (See instructions) HEB Grocery |
| Date 3/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R.Laurence Macon Contributor address; City; State; Zip Code PO Box 120250 San Antonio, TX 78212 | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See instructions) Retired | | Employer (See instructions) Retired |
| Date 3/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tony Fernandez Contributor address; City; State; Zip Code 118 Finita San Antonio, TX 78229 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See instructions) CEO | | Employer (See instructions) Catholic Charities |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 of 4 |
| 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 0 |
| 5 Date 2/8/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Garcia 7 Contributor address; City; State; Zip Code PO Box 27581 San Antonio, TX 78227 | 8 Amount of Contribution \$ 19.47 9 In-kind contribution description Megaphone <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Data Entry | | 11 Employer (FOR NON-JUDICIAL) (See instructions) Madonna Center |
| 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 2/8/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roger Campos Contributor address; City; State; Zip Code 1207 Presidio Path San Antonio, TX 78253 | Amount of Contribution \$ 200.00 In-kind contribution description DJ Services <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Director of Communications | | Employer (FOR NON-JUDICIAL) (See instructions) Southwest ISD |
| 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 Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
2/8/2025

6 Full name of contributor ☐ out-of-state PAC (ID# _____)
Chica's Bakery Y Mas

8 Amount of Contribution \$ **200.00**

9 In-kind contribution description
Baked Goods

7 Contributor address; City; State; Zip Code
**9155 S. Zarzamora
San Antonio, TX 78244**

☐ Check if travel outside of Texas, complete Schedule T

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

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

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
2/8/2025

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

Amount of Contribution \$ **300.00**

In-kind contribution description
Drinks

Contributor address; City; State; Zip Code
**6703 S. Zarzamora
San Antonio, TX 78224**

☐ Check if travel outside of Texas, complete Schedule T

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

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

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)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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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 Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
2/28/2025

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

8 Amount of Contribution \$ **1000.00**

9 In-kind contribution description
Event Planning/Scheduling

7 Contributor address; City; State; Zip Code
**1314 E Grayson #4
San Antonio, TX 78208**

☐ 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
3/19/2025

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

Amount of Contribution \$ **142.89**

In-kind contribution description
Goods and Services- Forum

Contributor address; City; State; Zip Code
**9800 Fredericksburg
San Antonio, TX 78288**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: 1 of 1 |
| 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ 0 |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T |
| 10 Principal occupation / Job title (See instructions) | | 11 Employer (See instructions) |
| Date | Full name of pledgor <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) |
| 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) |
| 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 Rocha 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 15 | 2 FILER NAME Adriana Rocha Garcia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/2/2025 | 5 Payee name 3D Signs | |
| 6 Amount (\$) 8091.00 | 7 Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach | (b) Description Outreach Material |
| | (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 1/2/2025 | Payee name National Fundraising Partners | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code PO Box 380653 San Antonio, TX 78268 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Fundraising Services | Description Consulting 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 1/2/2025 | Payee name National Fundraising Partners | |
| Amount (\$) 840.00 | Payee address; City; State; Zip Code PO Box 380653 San Antonio, TX 78268 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Fundraising Services | Description Consulting 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 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/15/2025 | 5 Payee name City of San Antonio | | |
| 6 Amount (\$) 110.00 | 7 Payee address; City; State; Zip Code 100 W. Houston San Antonio, TX 78205 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Candidate Filing | | (b) Description Filing 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 1/16/2025 | 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 | | | |
| Date 1/31/2025 | 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: 3 of 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/31/2025 | 5 Payee name Good Party | | |
| 6 Amount (\$) 10.00 | 7 Payee address; City; State; Zip Code 916 Silver Spur Rolling Hill, CA 90274 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | (b) Description Outreach Material |
| | (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 1/31/2025 | 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 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 1/31/2025 | Payee name Stripe Inc. | | |
| Amount (\$) 212.05 | Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 22307 | | |
| 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 | 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 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/31/2025 | 5 Payee name Tru Branding | | |
| 6 Amount (\$) 1269.23 | 7 Payee address; City; State; Zip Code 1811 S Laredo #107 San Antonio, TX 78207 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | (b) Description Shirts |
| | (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 2/2/2025 | Payee name FedEX | | |
| Amount (\$) 24.90 | Payee address; City; State; Zip Code 2323 Babcock San Antonio, TX 78229 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Administration | | Description Printing |
| | <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 2/3/2025 | Payee name Microsoft 365 | | |
| Amount (\$) 15.00 | Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Administration | | Description IT Services |
| | <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: 5 of 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/7/2025 | 5 Payee name Target | | |
| 6 Amount (\$) 8.66 | 7 Payee address; City; State; Zip Code 1131 Bandera San Antonio, TX 78249 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | (b) Description Event Supplies |
| | (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 2/7/2025 | Payee name Target | | |
| Amount (\$) 9.52 | Payee address; City; State; Zip Code 1131 Bandera San Antonio, TX 78249 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | Description Event Supplies |
| | <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 2/7/2025 | Payee name WalMart | | |
| Amount (\$) 11.89 | Payee address; City; State; Zip Code 12550 Leslie Helotes, TX 78023 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | Description Event Supplies |
| | <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 15 | 2 FILER NAME Adriana Rocha Garcia | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 2/7/2025 | 5 Payee name WalMart | | | | |
| 6 Amount (\$) 28.67 | 7 Payee address; City; State; Zip Code 12550 Leslie Helotes, TX 78023 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach | (b) Description Event Supplies | | | |
| | (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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| | | | | | |
| Date 2/7/2025 | Payee name Leo's Party Rentals | | | | |
| Amount (\$) 41.67 | Payee address; City; State; Zip Code 4215 Culebra San Antonio, TX 78228 | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Outreach | Description Event Supplies | | | |
| | <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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| | | | | | |
| Date 2/8/2025 | Payee name Leo's Party Rentals | | | | |
| Amount (\$) 165.87 | Payee address; City; State; Zip Code 4215 Culebra San Antonio, TX 78228 | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Outreach | Description Event Supplies | | | |
| | <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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| 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 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/8/2025 | 5 Payee name Del Rio Tortilleria | | |
| 6 Amount (\$) 180.00 | 7 Payee address; City; State; Zip Code 1402 Gillette San Antonio, TX 78224 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Event Supplies | | (b) Description Food |
| | (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 2/8/2025 | Payee name El Charro de Jalisco | | |
| Amount (\$) 195.00 | Payee address; City; State; Zip Code 150 Valley Hi San Antonio, TX 78227 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Food | | Description Food |
| | <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 2/8/2025 | Payee name Postal Annex | | |
| Amount (\$) 12.40 | Payee address; City; State; Zip Code 9110 N Loop 1604 #104 San Antonio, TX 78249 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Administration | | Description Printing |
| | <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: 8 of 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/8/2025 | 5 Payee name WalMart | | |
| 6 Amount (\$) 55.92 | 7 Payee address; City; State; Zip Code 1430 Austin HWY San Antonio, TX 78209 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | (b) Description Event Supplies |
| | (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 2/9/2025 | Payee name Leo's Party Rentals | | |
| Amount (\$) 41.67 | Payee address; City; State; Zip Code 4215 Culebra San Antonio, TX 78228 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | Description Event Supplies |
| | <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 2/14/2025 | Payee name Bexar County Clerk | | |
| Amount (\$) 210.00 | Payee address; City; State; Zip Code 1103 S. Frio San Antonio, TX 78207 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | Description Voter file |
| | <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: 9 of 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/16/2025 | 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 2/20/2025 | Payee name 3D Signs | | |
| Amount (\$) 2922.00 | Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069 | | |
| 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 2/27/2025 | Payee name Stripe Inc. | | |
| Amount (\$) 213.16 | 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 | 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: 10 of 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/27/2025 | 5 Payee name Red Panda Systems | | |
| 6 Amount (\$) 463.00 | 7 Payee address; City; State; Zip Code 6620 W Cheyenne Ave Las Vegas, NV 89108 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Administration | | (b) Description IT Services |
| | (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 2/28/2025 | 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 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 2/28/2025 | 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: 11 of 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/28/2025 | 5 Payee name Good Party | | |
| 6 Amount (\$) 10.00 | 7 Payee address; City; State; Zip Code 916 Silver Spur Rolling Hill, CA 90274 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | (b) Description Outreach Material |
| | (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 3/3/2025 | Payee name Microsoft 365 | | |
| Amount (\$) 15.00 | Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Administration | | Description IT Services |
| | <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 3/3/2025 | Payee name Postal Annex | | |
| Amount (\$) 31.61 | Payee address; City; State; Zip Code 9110 N Loop 1604 #104 San Antonio, TX 78249 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Administration | | Description Printing |
| | <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: 12 of 15 | 2 FILER NAME Adriana Rocha Garcia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/4/2025 | 5 Payee name Postal Annex | |
| 6 Amount (\$) 7.79 | 7 Payee address; City; State; Zip Code 9110 N Loop 1605 #104 San Antonio, TX 78249 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Administration | (b) Description Printing |
| | (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 3/6/2025 | Payee name Postal Annex | | |
| Amount (\$) 20.78 | Payee address; City; State; Zip Code 9110 N Loop 1606 #104 San Antonio, TX 78249 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Administration | Description Printing | |
| | <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 3/8/2025 | Payee name Ricardo Requejo | | |
| Amount (\$) 300.00 | Payee address; City; State; Zip Code 8818 Thatch San Antonio, TX 78240 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Consulting | Description Consulting 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 | | | |

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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: 13 of 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/8/2025 | 5 Payee name Sylvia Recio | | |
| 6 Amount (\$) 3664.00 | 7 Payee address; City; State; Zip Code 2610 Tillie San Antonio, TX 78222 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | (b) Description Canvassing |
| | (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 3/10/2025 | Payee name Azul Strategies | | |
| Amount (\$) 1000.00 | Payee address; City; State; Zip Code 105 Ridgeway Fredricksburg, VA 22401 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Consulting Fee | | Description Consulting 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 3/10/2025 | Payee name Postal Annex | | |
| Amount (\$) 25.98 | Payee address; City; State; Zip Code 9110 N Loop 1607 #104 San Antonio, TX 78249 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Administration | | Description Printing |
| | <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: 14 of 15 | 2 FILER NAME Adriana Rocha Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/15/2025 | 5 Payee name BDR Services | | |
| 6 Amount (\$) 2880.00 | 7 Payee address; City; State; Zip Code 2610 Tillie San Antonio, TX 78222 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach | | (b) Description Canvassing |
| | (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 3/16/2025 | 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 | | | |
| Date 3/17/2025 | Payee name Postal Annex | | |
| Amount (\$) 69.28 | Payee address; City; State; Zip Code 9110 N Loop 1608 #104 San Antonio, TX 78249 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Administration | | Description Printing |
| | <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: 15 of 15 | 2 FILER NAME Adriana Rocha Garcia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/24/2025 | 5 Payee name Postal Annex | |
| 6 Amount (\$) 20.78 | 7 Payee address; City; State; Zip Code 9110 N Loop 1609 #104 San Antonio, TX 78249 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Administration | (b) Description Printing |
| | (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 3/24/2025 | Payee name Stripe Inc. | | |
| Amount (\$) 174.55 | 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 Rocha Garcia | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ 0 | | | | |
| 5 Date | 6 Payee name | | | | | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | | | | | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | | | |
| 10 PURPOSE OF EXPENDITURE | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 40%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> | | (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 | |
| (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 | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held | |
| 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 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 40%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> | | 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 | |
| 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 | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held | |
| Candidate / Officeholder name | Office sought | Office held | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Rocha 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 Rocha 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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 G: 1 of 1 | 2 FILER NAME Adriana Rocha 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Rocha 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 | | |
| Date | Candidate / Officeholder name Office sought Office held | |
| 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 | | |
| Date | Candidate / Officeholder name Office sought Office held | |
| 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 | | |
| Date | Candidate / Officeholder name Office sought Office held | |
| 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 | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|---|--|
| 1 Total pages Schedule I: 1 of 1 | 2 FILER NAME Adriana Rocha 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.) | |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Adriana Rocha Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: 1 of 1 |
| 2 FILER NAME Adriana Rocha 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> | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <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> | | |
| 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 Rocha 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