

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	
	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				
	AREA CODE (210)	PHONE NUMBER 294-5402	EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE					Date Hand-delivered or Date Postmarked
					Date Processed 4/3/2025 5:00:04PM
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sarah	MI	Receipt #	Amount \$
	NICKNAME	LAST McLornan	SUFFIX	Date Imaged	
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 1/1/2025			Month Day Year THROUGH 3/24/2025	
11 ELECTION	ELECTION DATE Month Day Year 5/3/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____			
12 OFFICE	OFFICE HELD (if any) 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 EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 45592.36
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 25628.74
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 53394.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10000.00
18 AFFIDAVIT		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
* * * Electronically Certified * * *		
Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Adriana Rocha Garcia</u> this the <u>3rd</u> day of <u>April</u> , 2025, to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Adriana 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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 1 of 24</p>
<p>2 FILER NAME Adriana Rocha Garcia</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 1/1/2025</p>	<p>5 Full name of contributor Zada True- Courage</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>6 Contributor address; PO Box 700007 San Antonio, TX 78270</p>		<p>7 Amount of contribution (\$) 500.00</p>
<p>8 Principal occupation / Job title (See instructions) Retired</p>		<p>9 Employer (See instructions) Retired</p>	
<p>Date 1/2/2025</p>	<p>Full name of contributor Robert Garcia</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Contributor address; 4523 Echo Grove San Antonio, TX 78259</p>		<p>Amount of contribution (\$) 500.00</p>
<p>Principal occupation / Job title (See instructions) Owner</p>		<p>Employer (See instructions) Robert Garcia CPA PLLC</p>	
<p>Date 1/4/2025</p>	<p>Full name of contributor Guadalupe Ortiz</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Contributor address; 7818 Annex Street San Antonio, TX 78222</p>		<p>Amount of contribution (\$) 100.00</p>
<p>Principal occupation / Job title (See instructions) Small Business Owner</p>		<p>Employer (See instructions) Nonis Sweet Treats</p>	
<p>Date 1/6/2025</p>	<p>Full name of contributor Meek and Associates</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Contributor address; 359 Hunters Creek Dr New Braunfels , TX 78132</p>		<p>Amount of contribution (\$) 100.00</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			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 James Vater	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 7283 W US Highway 200 Fredericksburg, TX 78624			City; State; Zip Code
8 Principal occupation / Job title (See instructions) VP of Land Development		9 Employer (See instructions) Southstar	
Date 1/8/2025	Full name of contributor David Gannon	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 6423 Longhouse Court San Antonio, TX 78238			City; State; Zip Code
Principal occupation / Job title (See instructions) Meteorologist		Employer (See instructions) Retired	
Date 1/9/2025	Full name of contributor Rebecca Helterbrand	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 8441 Dragon Street San Antonio, TX 78254			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Respite Care of San Antonio	
Date 1/9/2025	Full name of contributor Patrick Rose	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 730 Belvin San Marcos, TX 78666			City; State; Zip Code
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

<p>The Instruction Guide explains how to complete this form.</p>			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 Melissa Rutherford	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 8404 Burkewood CV Austin, TX 78735			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) Southstar	
Date 1/10/2025	Full name of contributor Raymond Tarin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 21210 Fortaleza San Antonio, TX 78255			City; State; Zip Code
Principal occupation / Job title (See instructions) Principal		Employer (See instructions) Moy, Tarin, Ramirez Engineers	
Date 1/10/2025	Full name of contributor Martin Martinez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 9106 Harbor View Street San Antonio, TX 78242			City; State; Zip Code
Principal occupation / Job title (See instructions) Founder		Employer (See instructions) Far Fetched Foods	
Date 1/13/2025	Full name of contributor Greg Schultz	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 10433 Southwest 41st Avenue Gainesville, FL 32608			City; State; Zip Code
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

<p>The Instruction Guide explains how to complete this form.</p>			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 Clifton Karam	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
	6 Contributor address; 7715 Battle Intense Boerne, TX 78015	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Director of Land Development		9 Employer (See instructions) Lennar	
Date 1/14/2025	Full name of contributor Catherine Karam	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
	Contributor address; 7715 Battlefied Boerne, TX 78015	City; State; Zip Code	
Principal occupation / Job title (See instructions) Realtor		Employer (See instructions) Levi Rogers	
Date 1/15/2025	Full name of contributor Marcie Ripper	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
	Contributor address; 200 Briarcliff Drive Castle Hills, TX 78213	City; State; Zip Code	
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Ripper Law PLLC	
Date 1/15/2025	Full name of contributor Ed Banas	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 1330 Temple Square San Antonio, TX 78245	City; State; Zip Code	
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

<p>The Instruction Guide explains how to complete this form.</p>			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 Margaret Joseph	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; 104 Sunnyland Dr. SAN ANTONIO, TX 78228-2915	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 1/16/2025	Full name of contributor Amy Phipps	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
	Contributor address; 321 West Summit Avenue San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Executive Director		Employer (See instructions) St. Lukes Lutheran Health Ministries	
Date 1/16/2025	Full name of contributor IBEW PAC Voluntary Fund	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
	Contributor address; 900 Seventh Street NW Washington, DC 20001	City; State; Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 1/16/2025	Full name of contributor Linebarger Goggin Blair & Simpson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
	Contributor address; PO Box 17428 Austin, TX 78760	City; State; Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 6 of 24
2 FILER NAME Adriana Rocha Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2025	5 Full name of contributor David Phipps	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 321 W Summit San Antonio, TX 78212			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Executive Director		9 Employer (See instructions) Lifetime Recovery	
Date 1/20/2025	Full name of contributor Joel Mael	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 90 Washington Avenue South Lawrence, NY 11559			City; State; Zip Code
Principal occupation / Job title (See instructions) Investor		Employer (See instructions) Southstar	
Date 1/22/2025	Full name of contributor Janie Barrera	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 228 Barrera San Antonio, TX 78204			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 1/22/2025	Full name of contributor Jed Maebius	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 150.00
Contributor address; 200 Belvidere San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Council Aide		Employer (See instructions) LGC	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 7 of 24
2 FILER NAME Adriana Rocha Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2025	5 Full name of contributor Michelle Lugalia-Hollon	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 300.00
6 Contributor address; 433 Rittiman San Antonio, TX 78209			City; State; Zip Code
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 San Antonio Apartment Association		Amount of contribution (\$) 1000.00
Contributor address; 7525 Babcock San Antonio, TX 78249			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 1/25/2025	Full name of contributor Annie Elmendorf		Amount of contribution (\$) 150.00
Contributor address; 422 King William Street San Antonio, TX 78204			City; State; Zip Code
Principal occupation / Job title (See instructions) Homemaker		Employer (See instructions) Self	
Date 1/26/2025	Full name of contributor Jose Gonzales		Amount of contribution (\$) 750.00
Contributor address; 1882 Private Road 2771 Mico, TX 78056			City; State; Zip Code
Principal occupation / Job title (See instructions) VP-BD		Employer (See instructions) StandardAero	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 8 of 24
2 FILER NAME Adriana Rocha Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 1/26/2025	5 Full name of contributor Debra Chavarria	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 715 Cypress Drive San Antonio, TX 78245			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 1/27/2025	Full name of contributor Shannon Nisbet	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 126 Rockhill Dr San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Executive Director		Employer (See instructions) Tx Cavaliers Charitable Foundation	
Date 1/27/2025	Full name of contributor Kathy Britton	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 3665 Willowick Road Houston, TX 77019			City; State; Zip Code
Principal occupation / Job title (See instructions) Executive Chair		Employer (See instructions) Perry Homes, LLC	
Date 1/27/2025	Full name of contributor Daniel Rodriguez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 818 Park Pt San Antonio, TX 78253			City; State; Zip Code
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

<p>The Instruction Guide explains how to complete this form.</p>			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 Hamilton Stewart	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 4211 South Flores Street San Antonio, TX 78214			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Student		9 Employer (See instructions) San Antonio College	
Date 1/27/2025	Full name of contributor Felix Flores	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 3906 MIHO San Antonio, TX 78223			City; State; Zip Code
Principal occupation / Job title (See instructions) Vice President, Purchasing		Employer (See instructions) Lennar	
Date 1/27/2025	Full name of contributor Brenda Flores	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 3906 MIHO San Antonio, TX 78233			City; State; Zip Code
Principal occupation / Job title (See instructions) homemaker		Employer (See instructions) self	
Date 1/28/2025	Full name of contributor Sarah Nielsen	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 150.00
Contributor address; 20018 Encino Ridge San Antonio, TX 78259			City; State; Zip Code
Principal occupation / Job title (See instructions) Freelance Writer		Employer (See instructions) Self	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		
2 FILER NAME Adriana Rocha Garcia		1 Total pages Schedule A1: 10 of 24
4 Date 1/28/2025	5 Full name of contributor Sheetal Patel 6 Contributor address; 7800 Broadway San Antonio, TX 78209	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 250.00
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 Law Offices of Stanley Bernstein Contributor address; 2511 N St. Marys San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 2/2/2025	Full name of contributor Atlantic Pacific Communities LLC Contributor address; 161 NW 6th Street #1020 Miami , FL 33136	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 2/2/2025	Full name of contributor Augustin Llano Contributor address; 7522 5 Palms San Antonio, TX 78242	Amount of contribution (\$) 250.00
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

<p>The Instruction Guide explains how to complete this form.</p>			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 Estevan Garcia	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 200.00
6 Contributor address; PO Box 307 San Antonio, TX 78054			
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)	
Date 2/3/2025	Full name of contributor Rosa Balderas	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 222 Canavan Ave San Antonio, TX 78221			
Principal occupation / Job title (See instructions) Donor Management Coordinator		Employer (See instructions) Divine Providence Catholic Church	
Date 2/3/2025	Full name of contributor Sarah Baynham	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 28502 Benedikt Path Boerne, TX 78006			
Principal occupation / Job title (See instructions) Agent		Employer (See instructions) Real Estate	
Date 2/3/2025	Full name of contributor Jerad Baynham	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 28502 Benedikt Path Boerne, TX 78006			
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

<p>The Instruction Guide explains how to complete this form.</p>			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 Amber Somers	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 1187 Via Principale New Braunfels, TX 78132			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Self		9 Employer (See instructions) Self	
Date 2/4/2025	Full name of contributor Sakshi Malhotra	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 415 Bentley Manor Shavano Park, TX 78249			City; State; Zip Code
Principal occupation / Job title (See instructions) MD		Employer (See instructions) Self	
Date 2/6/2025	Full name of contributor Bart Koontz	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 903 Basse Road San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Koontz Corporation	
Date 2/6/2025	Full name of contributor Barry Abrams	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 114 Post Oak Way SAN ANTONIO, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) none		Employer (See instructions) none	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 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 Families for Education and Opportunity	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 1000.00
	6 Contributor address; 415 Mary Louise San Antonio, TX 78201	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Valeriano Rocha	
Date 2/7/2025	Full name of contributor James Perschbach	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 700.00
	Contributor address; 1503 Crooked Stick San Antonio, TX 78260	City; State; Zip Code	
Principal occupation / Job title (See instructions) President & CEO		Employer (See instructions) Port Authority of San Antonio	
Date 2/7/2025	Full name of contributor Petra Rocha	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 700.00
	Contributor address; PO Box 27581 San Antonio, TX 78251	City; State; Zip Code	
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

<p>The Instruction Guide explains how to complete this form.</p>			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 Anne Gomez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 818 Serenade Drive San Antonio, TX 78216			City; State; Zip Code
8 Principal occupation / Job title (See instructions) none		9 Employer (See instructions) none	
Date 2/8/2025	Full name of contributor Alejandro F Valdez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 9939 Fredericksburg # 710 San Antonio, TX 78240			City; State; Zip Code
Principal occupation / Job title (See instructions) Availability Management Director		Employer (See instructions) Northwestern Mutual	
Date 2/8/2025	Full name of contributor Maximilian Navarro	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 23207 Linwood RDG San Antonio, TX 78255			City; State; Zip Code
Principal occupation / Job title (See instructions) President		Employer (See instructions) Operational Technology	
Date 2/8/2025	Full name of contributor Jacob Lopez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 1930 W Mulberry San Antonio, TX 78201			City; State; Zip Code
Principal occupation / Job title (See instructions) Agent		Employer (See instructions) Lambrecht-Lopez Properties	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 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 Adelante Second Chance	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 214 W Academy San Antonio, TX 78226			City; State; Zip Code
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)	
Date 2/9/2025	Full name of contributor Navarro Mula LLC	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 9600 Mopac EXPY # 300 Austin, TX 78759			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/10/2025	Full name of contributor Simon Salas	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 150.00
Contributor address; 515 West Gramercy Place San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
CEO		Good Samaritan Community Services	
Date 2/11/2025	Full name of contributor Smita Bhakta	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 38 WESTERLEIGH SAN ANTONIO, TX 78218			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Partner		Kruger Carson PLLC	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 16 of 24
2 FILER NAME Adriana Rocha Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2025	5 Full name of contributor Jean-Christophe Florenson	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 1401 Fairview St # A Houston, TX 77006			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Vice President		9 Employer (See instructions) Dalkia	
Date 2/11/2025	Full name of contributor John Warren III	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 9522 Burwick Dr San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) President & CEO		Employer (See instructions) HJD Capital	
Date 2/11/2025	Full name of contributor Kevin Kaye	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 607 W Kings HWY San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Sr. Director of Operations		Employer (See instructions) Dalkia	
Date 2/11/2025	Full name of contributor Avinash Bhakta	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 38 Westerleigh San Antonio , TX 78218			City; State; Zip Code
Principal occupation / Job title (See instructions) President		Employer (See instructions) ABH Hospitality	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 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 Jeanne Russell	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 639 Mission Street San Antonio, TX 78210			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Exec. Director		9 Employer (See instructions) CAST Schools	
Date 2/15/2025	Full name of contributor Jack Vexler	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 201 Charles Rd San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Monterrey Steel	
Date 2/16/2025	Full name of contributor Geraldine Garcia	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 300 East Basse Road San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Self	
Date 2/18/2025	Full name of contributor Mary J Vexler	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 607 W Kings HWY San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Monterrey Steel	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 18 of 24
2 FILER NAME Adriana Rocha Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2025	5 Full name of contributor Filemon Vela	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 2619 Eastgrove Lane Houston, TX 77027			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Vela Justice PLLC	
Date 2/21/2025	Full name of contributor Judy Perez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 959 West Villaret Boulevard San Antonio, TX 78224			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) NA	
Date 2/21/2025	Full name of contributor Eugene Rodriguez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 6410 Viewpoint San Antonio, TX 78229			City; State; Zip Code
Principal occupation / Job title (See instructions) Council Aide		Employer (See instructions) LGC	
Date 2/23/2025	Full name of contributor Alexander Martinez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 319 Gladstone Avenue San Antonio, TX 78214			City; State; Zip Code
Principal occupation / Job title (See instructions) Paramedic		Employer (See instructions) COSA	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 19 of 24
2 FILER NAME Adriana Rocha Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 2/27/2025	5 Full name of contributor Richard Weber	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 1430 Sherman San Antonio, TX 78202			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 3/5/2025	Full name of contributor Susan Ruiz	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 12842 Maple Park Drive San Antonio, TX 78249			City; State; Zip Code
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Antonian College Prep	
Date 3/6/2025	Full name of contributor John Moon	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
Contributor address; 7115 Tealeaf Leon Valley, TX 78238			City; State; Zip Code
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 John Phelps	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 220 Woods Of Boerne Blvd Boerne, TX 78006			City; State; Zip Code
Principal occupation / Job title (See instructions) Professor		Employer (See instructions) OLLU	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			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 Ty Stober	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 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 Cindy Dyballa	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 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 Mayrani Velazquez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 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 Carmelita Loza	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 150.00
Contributor address; 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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 21 of 24
2 FILER NAME Adriana Rocha Garcia			3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2025	5 Full name of contributor Christopher Mammen	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 1510 Spanish Oaks San Antonio, TX 78213			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Management Consultant		9 Employer (See instructions) Christopher A Mammen	
Date 3/18/2025	Full name of contributor Naomi Mandujano	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 4311 Hall Park Drive San Antonio, TX 78218			City; State; Zip Code
Principal occupation / Job title (See instructions) Data Analyst		Employer (See instructions) Project QUEST, Inc	
Date 3/18/2025	Full name of contributor David Zammiello	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 9721 Mandalay Way Helotes, TX 78023			City; State; Zip Code
Principal occupation / Job title (See instructions) President		Employer (See instructions) DAZA Consulting Group, LLC	
Date 3/18/2025	Full name of contributor Carolyn King	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 4221 Hillglen Way San Antonio, TX 78253			City; State; Zip Code
Principal occupation / Job title (See instructions) Licensed Clinical Social Worker		Employer (See instructions) Carolyn King	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 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 Mary Stefl	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 1734 Fox Tree Ln San Antonio, TX 78248-2102			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Professor Emeritus		9 Employer (See instructions) Trinity University	
Date 3/20/2025	Full name of contributor SouthStar at Verano Developer	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 2055 Central Plaza # 110 New Braunfels, TX 78130			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/20/2025	Full name of contributor SouthStar at Mayfair Developer	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 2055 Central Plaza # 110 New Braunfels , TX 78130			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/20/2025	Full name of contributor SouthStar at Mission Del Lago	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 2055 Central Plaza # 110 New Braunfels, TX 78130			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			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 Paul Olivier	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 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 Richard Mott	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 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 Abel Chavez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 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 Geronimo Guerra	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 300.00
Contributor address; 2739 W MISTLETOE AVE San Antonio, TX 78228			
Principal occupation / Job title (See instructions) Staff Advisor		Employer (See instructions) Communication Workers of America	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 1 of 4</p>
<p>2 FILER NAME Adriana Rocha Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$ 0</p>
<p>5 Date 2/8/2025</p>	<p>6 Full name of contributor Steve Garcia</p> <p>7 Contributor address; City; State; Zip Code PO Box 27581 San Antonio, TX 78227</p>	<p>8 Amount of Contribution \$ 19.47</p> <p>9 In-kind contribution description Megaphone</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Data Entry</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Madonna Center</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 2/8/2025</p>	<p>Full name of contributor Roger Campos</p> <p>Contributor address; City; State; Zip Code 1207 Presidio Path San Antonio, TX 78253</p>	<p>Amount of Contribution \$ 200.00</p> <p>In-kind contribution description DJ Services</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Director of Communications</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Southwest ISD</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 2 of 4</p>
<p>2 FILER NAME Adriana Rocha Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 2/8/2025</p>	<p>6 Full name of contributor Chica's Bakery Y Mas</p> <p>7 Contributor address; 9155 S. Zarzamora San Antonio, TX 78244</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 200.00</p> <p>9 In-kind contribution description Baked Goods</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Self</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 2/8/2025</p>	<p>Full name of contributor Thrift-T Mart</p> <p>Contributor address; 6703 S. Zarzamora San Antonio, TX 78224</p>	<p>Amount of Contribution \$ 300.00</p> <p>In-kind contribution description Drinks</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Self</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 3 of 4</p>
<p>2 FILER NAME Adriana Rocha Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 2/8/2025</p>	<p>6 Full name of contributor Suzie Hernandez</p> <p>7 Contributor address; 9310 Collier Flats Helotes, TX 78023</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 200.00</p> <p>9 In-kind contribution description Baked Goods</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) retired</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 2/8/2025</p>	<p>Full name of contributor Del Rio Tortilleria</p> <p>Contributor address; 1402 Gillette San Antonio, TX 78244</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Amount of Contribution \$ 180.00</p> <p>In-kind contribution description Food</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 4 of 4</p>
<p>2 FILER NAME Adriana Rocha Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 2/28/2025</p>	<p>6 Full name of contributor Cindy Dorantes</p> <p>7 Contributor address; 1314 E Grayson #4 San Antonio, TX 78208</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 1000.00</p> <p>9 In-kind contribution description Event Planning/Scheduling</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Council Aide</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) LGC</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 3/19/2025</p>	<p>Full name of contributor USAA PAC</p> <p>Contributor address; 9800 Fredericksburg San Antonio, TX 78288</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Amount of Contribution \$ 142.89</p> <p>In-kind contribution description Goods and Services- Forum</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

PLEDGED CONTRIBUTIONS

SCHEDULE B

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule B: 1 of 1</p>
<p>2 FILER NAME Adriana Rocha Garcia</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED PLEDGES</p>		<p>\$ 0</p>
<p>5 Date</p>	<p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>8 Amount of Pledge \$ 9 In-kind contribution description</p>
	<p>7 Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (See instructions)</p>		<p>11 Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Adriana Rocha Garcia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal occupation (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 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; 7986 1st Street Somerset, TX 78069	City; State; Zip Code	
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; 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; 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 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													
<table border="1"> <tr> <td>Date 1/16/2025</td> <td>Payee name Constant Contact</td> </tr> <tr> <td>Amount (\$) 341.12</td> <td>Payee address; City; State; Zip Code 1601 Trapelo Waltham, MA 02451</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Email Service</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 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 1/16/2025	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													
<table border="1"> <tr> <td>Date 1/31/2025</td> <td>Payee name Amegy Bank</td> </tr> <tr> <td>Amount (\$) 2.00</td> <td>Payee address; City; State; Zip Code PO Box 4837 Houston, TX 77210</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Banking Services</td> <td>Description Paper Statement Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 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
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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 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; 916 Silver Spur Rolling Hill, CA 90274	City; State; Zip Code														
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													
<table border="1"> <tr> <td>Date 1/31/2025</td> <td>Payee name Samantha Hernandez</td> </tr> <tr> <td>Amount (\$) 500.00</td> <td>Payee address; 9310 Collier Flats Helotes, TX 78023</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Consulting</td> <td>Description Consulting Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/31/2025	Payee name Samantha Hernandez	Amount (\$) 500.00	Payee address; 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 Samantha Hernandez															
Amount (\$) 500.00	Payee address; 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													
<table border="1"> <tr> <td>Date 1/31/2025</td> <td>Payee name Stripe Inc.</td> </tr> <tr> <td>Amount (\$) 212.05</td> <td>Payee address; 185 Berry St San Francisco, CA 22307</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Donation Services</td> <td>Description Processing Fees</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/31/2025	Payee name Stripe Inc.	Amount (\$) 212.05	Payee address; 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
Date 1/31/2025	Payee name Stripe Inc.															
Amount (\$) 212.05	Payee address; 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 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; 1131 Bandera San Antonio, TX 78249	City; State; Zip Code														
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													
<table border="1"> <tr> <td>Date 2/7/2025</td> <td>Payee name Target</td> </tr> <tr> <td>Amount (\$) 9.52</td> <td>Payee address; 1131 Bandera San Antonio, TX 78249</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Event Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/7/2025	Payee name Target	Amount (\$) 9.52	Payee address; 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 Target															
Amount (\$) 9.52	Payee address; 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													
<table border="1"> <tr> <td>Date 2/7/2025</td> <td>Payee name WalMart</td> </tr> <tr> <td>Amount (\$) 11.89</td> <td>Payee address; 12550 Leslie Helotes, TX 78023</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Event Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/7/2025	Payee name WalMart	Amount (\$) 11.89	Payee address; 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
Date 2/7/2025	Payee name WalMart															
Amount (\$) 11.89	Payee address; 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													
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED																

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 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; 12550 Leslie Helotes, TX 78023	City; State; Zip Code														
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													
<table border="1"> <tr> <td>Date 2/7/2025</td> <td>Payee name Leo's Party Rentals</td> </tr> <tr> <td>Amount (\$) 41.67</td> <td>Payee address; 4215 Culebra San Antonio, TX 78228</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Event Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/7/2025	Payee name Leo's Party Rentals	Amount (\$) 41.67	Payee address; 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 2/7/2025	Payee name Leo's Party Rentals															
Amount (\$) 41.67	Payee address; 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													
<table border="1"> <tr> <td>Date 2/8/2025</td> <td>Payee name Leo's Party Rentals</td> </tr> <tr> <td>Amount (\$) 165.87</td> <td>Payee address; 4215 Culebra San Antonio, TX 78228</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Event Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/8/2025	Payee name Leo's Party Rentals	Amount (\$) 165.87	Payee address; 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 2/8/2025	Payee name Leo's Party Rentals															
Amount (\$) 165.87	Payee address; 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													
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED																

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 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													
<table border="1"> <tr> <td>Date 2/8/2025</td> <td>Payee name El Charro de Jalisco</td> </tr> <tr> <td>Amount (\$) 195.00</td> <td>Payee address; City; State; Zip Code 150 Valley Hi San Antonio, TX 78227</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Food</td> <td>Description Food</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 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 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													
<table border="1"> <tr> <td>Date 2/8/2025</td> <td>Payee name Postal Annex</td> </tr> <tr> <td>Amount (\$) 12.40</td> <td>Payee address; City; State; Zip Code 9110 N Loop 1604 #104 San Antonio, TX 78249</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Administration</td> <td>Description Printing</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 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
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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 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													
<table border="1"> <tr> <td>Date 2/9/2025</td> <td>Payee name Leo's Party Rentals</td> </tr> <tr> <td>Amount (\$) 41.67</td> <td>Payee address; City; State; Zip Code 4215 Culebra San Antonio, TX 78228</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Event Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 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 2/9/2025	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													
<table border="1"> <tr> <td>Date 2/14/2025</td> <td>Payee name Bexar County Clerk</td> </tr> <tr> <td>Amount (\$) 210.00</td> <td>Payee address; City; State; Zip Code 1103 S. Frio San Antonio, TX 78207</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Voter file</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 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
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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 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; 1601 Trapelo Waltham, MA 02451	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Outreach	(b) Description Email Service														
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held													
<table border="1"> <tr> <td>Date 2/20/2025</td> <td>Payee name 3D Signs</td> </tr> <tr> <td>Amount (\$) 2922.00</td> <td>Payee address; 7986 1st Street Somerset, TX 78069</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Signs</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/20/2025	Payee name 3D Signs	Amount (\$) 2922.00	Payee address; 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 2/20/2025	Payee name 3D Signs															
Amount (\$) 2922.00	Payee address; 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													
<table border="1"> <tr> <td>Date 2/27/2025</td> <td>Payee name Stripe Inc.</td> </tr> <tr> <td>Amount (\$) 213.16</td> <td>Payee address; 185 Berry St San Francisco, CA 94107</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Donation Services</td> <td>Description Processing Fees</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/27/2025	Payee name Stripe Inc.	Amount (\$) 213.16	Payee address; 185 Berry St San Francisco, CA 94107	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Donation Services	Description Processing Fees	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2/27/2025	Payee name Stripe Inc.															
Amount (\$) 213.16	Payee address; 185 Berry St San Francisco, CA 94107															
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Donation Services	Description Processing Fees														
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held													
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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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; 6620 W Cheyenne Ave Las Vegas, NV 89108	City; State; Zip Code														
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													
<table border="1"> <tr> <td>Date 2/28/2025</td> <td>Payee name Samantha Hernandez</td> </tr> <tr> <td>Amount (\$) 500.00</td> <td>Payee address; 9310 Collier Flats Helotes, TX 78023</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Consulting</td> <td>Description Consulting Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/28/2025	Payee name Samantha Hernandez	Amount (\$) 500.00	Payee address; 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 Samantha Hernandez															
Amount (\$) 500.00	Payee address; 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													
<table border="1"> <tr> <td>Date 2/28/2025</td> <td>Payee name Amegy Bank</td> </tr> <tr> <td>Amount (\$) 2.00</td> <td>Payee address; PO Box 4837 Houston, TX 77210</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Banking Services</td> <td>Description Paper Statement Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/28/2025	Payee name Amegy Bank	Amount (\$) 2.00	Payee address; PO Box 4837 Houston, TX 77210	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Banking Services	Description Paper Statement Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2/28/2025	Payee name Amegy Bank															
Amount (\$) 2.00	Payee address; PO Box 4837 Houston, TX 77210															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Banking Services	Description Paper Statement Fee														
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held													
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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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; 916 Silver Spur Rolling Hill, CA 90274	City; State; Zip Code														
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													
<table border="1"> <tr> <td>Date 3/3/2025</td> <td>Payee name Microsoft 365</td> </tr> <tr> <td>Amount (\$) 15.00</td> <td>Payee address; 1 Microsoft Way Redmond, WA 98052</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Administration</td> <td>Description IT Services</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/3/2025	Payee name Microsoft 365	Amount (\$) 15.00	Payee address; 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 Microsoft 365															
Amount (\$) 15.00	Payee address; 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													
<table border="1"> <tr> <td>Date 3/3/2025</td> <td>Payee name Postal Annex</td> </tr> <tr> <td>Amount (\$) 31.61</td> <td>Payee address; 9110 N Loop 1604 #104 San Antonio, TX 78249</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Administration</td> <td>Description Printing</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/3/2025	Payee name Postal Annex	Amount (\$) 31.61	Payee address; 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
Date 3/3/2025	Payee name Postal Annex															
Amount (\$) 31.61	Payee address; 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; 9110 N Loop 1605 #104 San Antonio, TX 78249	City; State; Zip Code	
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; 9110 N Loop 1606 #104 San Antonio, TX 78249	City; State; Zip Code	
 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; 8818 Thatch San Antonio, TX 78240	City; State; Zip Code	
 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; 2610 Tillie San Antonio, TX 78222	City; State; Zip Code														
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													
<table border="1"> <tr> <td>Date 3/10/2025</td> <td>Payee name Azul Strategies</td> </tr> <tr> <td>Amount (\$) 1000.00</td> <td>Payee address; 105 Ridgeway Fredricksburg, VA 22401</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Consulting Fee</td> <td>Description Consulting Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/10/2025	Payee name Azul Strategies	Amount (\$) 1000.00	Payee address; 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 Azul Strategies															
Amount (\$) 1000.00	Payee address; 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													
<table border="1"> <tr> <td>Date 3/10/2025</td> <td>Payee name Postal Annex</td> </tr> <tr> <td>Amount (\$) 25.98</td> <td>Payee address; 9110 N Loop 1607 #104 San Antonio, TX 78249</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Administration</td> <td>Description Printing</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/10/2025	Payee name Postal Annex	Amount (\$) 25.98	Payee address; 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
Date 3/10/2025	Payee name Postal Annex															
Amount (\$) 25.98	Payee address; 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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													
<table border="1"> <tr> <td>Date 3/16/2025</td> <td>Payee name Constant Contact</td> </tr> <tr> <td>Amount (\$) 341.12</td> <td>Payee address; City; State; Zip Code 1601 Trapelo Waltham, MA 02451</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Campaign Outreach</td> <td>Description Email Service</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 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 3/16/2025	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													
<table border="1"> <tr> <td>Date 3/17/2025</td> <td>Payee name Postal Annex</td> </tr> <tr> <td>Amount (\$) 69.28</td> <td>Payee address; City; State; Zip Code 9110 N Loop 1608 #104 San Antonio, TX 78249</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other: Administration</td> <td>Description Printing</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 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
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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; 9110 N Loop 1609 #104 San Antonio, TX 78249	City; State; Zip Code	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Adriana 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	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held

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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 (\$)		
	Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code		
Date	Description of investment		
	Amount of investment (\$)		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Adriana 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 1	2 FILER NAME Adriana Rocha Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee Name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME Adriana 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	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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.)

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

SCHEDULE K

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

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

SCHEDULE T

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

FORM C/OH - FR

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

C/OH NAME
Adriana 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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder