

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: 34	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
		Adriana	R	Date Received	
		Garcia			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 27581 San Antonio TX 78227				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 580-4207	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed	
		Rodriguez		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 204 E. Arsenal San Antonio TX 78204				
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	8th Day Before General Election				
10 PERIOD COVERED	Month Day Year Month Day Year 3/23/2021 THROUGH 4/21/2021				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/1/2021	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description			
12 OFFICE	OFFICE HELD (if any) City Council, District 4		13 OFFICE SOUGHT (if known) Council District 4		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Adriana R Garcia	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME	
<input checked="" type="checkbox"/> GENERAL	TEXAS REALTORS PAC	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
	PO Box 295305 Kerrville TX 78029	
	COMMITTEE CAMPAIGN TREASURER NAME	
	Leslie Cantu	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	PO Box 2246 Austin TX 78768-2246	

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20277.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10212.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19440.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15000.00

18 AFFIDAVIT

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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adriana R Garcia, this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Adriana R Garcia		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20277.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 10212.38
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 15

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
3/23/2021

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**903 W Huisache Ave
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
Healthcare

9 Employer (See instructions)
STRAC

Date
3/23/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1301 Richmond Avenue
Houston, TX 77006**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
E&P, LLP

Date
3/23/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1602 Sunbend Falls
San Antonio, TX 78224**

Principal occupation / Job title (See instructions)
Communications

Employer (See instructions)
VIA

Date
3/24/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9103 Mellbrook St.
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Brown & Ortiz, P.C.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 15
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Brown 6 Contributor address; City; State; Zip Code 2454 Toftrees San Antonio, TX 78209	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Brown & Ortiz, P.C.
Date 3/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Rodriguez Contributor address; City; State; Zip Code 25110 Lost Arrow San Antonio, TX 78258	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) First VP		Employer (See instructions) Lone Star National Bank
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Greg Kowalski Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) President/CEO		Employer (See instructions) The Kowalski Group
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Kevin Matula Contributor address; City; State; Zip Code 427 E.Olmos San Antonio, TX 78212	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Director		Employer (See instructions) Zachry Holdings, Inc.
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 15

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
3/25/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Robert Worth

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**270 Terrell Rd.
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Founder/Chairman

9 Employer (See instructions)
Worth & Associates

Date
3/25/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**16735 La Cantera
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
Project Management

Employer (See instructions)
Self-employed

Date
3/25/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**405 Wiltshire Ave.
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Embrey Partners

Date
3/25/2021

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

Amount of contribution (\$)
450.00

Contributor address; City; State; Zip Code
**512 Ridgemont Ave.
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
ISSP

Employer (See instructions)
Alamo Heights ISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 15
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey O'Neil 6 Contributor address; City; State; Zip Code 854 Fawnway San Antonio, TX 78260	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Real Estate		9 Employer (See instructions) Self-employed
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald Merck Contributor address; City; State; Zip Code 22346 Fossil Ridge San Antonio, TX 78261	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self-employed		Employer (See instructions) SACC/Legacy Sitework
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Basaldua Contributor address; City; State; Zip Code 3 Woltwood San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Pediatrician		Employer (See instructions) Southwest Children's Center
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Atterbury Contributor address; City; State; Zip Code 24165 IH-10 West #217 San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 15
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bekki Kowalski 6 Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Not employed		9 Employer (See instructions) N/A
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ed Belmares Contributor address; City; State; Zip Code 5919 Pearl Pass San Antonio, TX 78222	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) COO		Employer (See instructions) Capital
Date 3/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lori Alvarez Contributor address; City; State; Zip Code 12105 Stratsburg San Antonio, TX 78252	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Operations leader		Employer (See instructions) Nationwide
Date 3/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patricia Luna Contributor address; City; State; Zip Code 2909 Piping Rock San Antonio, TX 78253	Amount of contribution (\$) 30.00
Principal occupation / Job title (See instructions) VP of Administration		Employer (See instructions) Division Laundry
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 15
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stacy Ybarra 6 Contributor address; City; State; Zip Code 111 Probandt Street San Antonio, TX 78204	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See instructions) CA		9 Employer (See instructions) ACD
Date 3/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anamaria Suescun-Fast Contributor address; City; State; Zip Code 360 Pike Road San Antonio, TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Marketing		Employer (See instructions) The DeBerry Group
Date 3/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erica Salinas Contributor address; City; State; Zip Code 11801 Loop 1604 North #7301 Universal City, TX 78148	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Accounting Manager		Employer (See instructions) -
Date 3/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Virginia McRae Contributor address; City; State; Zip Code 114 East Lambert Street San Antonio, TX 78204	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions) Campaign Consultant		Employer (See instructions) Virginia McRae Consulting
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
3/31/2021

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

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**712 South Browne Street
Karnes City, TX 78118**

8 Principal occupation / Job title (See instructions)
Real Estate Broker

9 Employer (See instructions)
Self - Mitchell Realty

Date
3/31/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1602 Hillcrest Drive
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
owner

Employer (See instructions)
The Rose Boutique

Date
4/2/2021

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**7772 Birch Stage
San Antonio, TX 78244**

Principal occupation / Job title (See instructions)
Communications

Employer (See instructions)
USHCC

Date
4/4/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**140 Evans Avenue
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Healthcare

Employer (See instructions)
Texas Vista Medical Center

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 15
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lauren Mandel 6 Contributor address; City; State; Zip Code 528 Normandy Avenue San Antonio, TX 78209	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) Cross-National Advisory Partners
Date 4/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Escobedo Contributor address; City; State; Zip Code 7914 Roanoke Run # 19 San Antonio, TX 78240	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Management		Employer (See instructions) Covenant
Date 4/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meredith McGuire Contributor address; City; State; Zip Code 30545 Bridlegate Drive Bulverde, TX 78163	Amount of contribution (\$) 35.00
Principal occupation / Job title (See instructions) unemployed		Employer (See instructions) unemployed
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julissa Carielo Contributor address; City; State; Zip Code 211 Honeysuckle Lane San Antonio, TX 78213	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Developer/Builder		Employer (See instructions) DreamOn Group
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
4/10/2021

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

7 Amount of contribution (\$)
77.00

6 Contributor address; City; State; Zip Code
**2039 South Ellison Drive
San Antonio, TX 78245**

8 Principal occupation / Job title (See instructions)
Ministry Operations Administrator

9 Employer (See instructions)
New Life Christian Center

Date
4/13/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**PO Box 12814
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/13/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9364 Canyon Mist
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Hausman Homes

Date
4/13/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**711 Louisiana St. #2300
Houston, TX 77002**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 15

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
4/13/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
PO Box 781600
San Antonio, TX 78278

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
4/13/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
9364 Canyon Mist
Helotes, TX 78023

Principal occupation / Job title (See instructions)
Real Estate Developer

Employer (See instructions)
Hausman Homes

Date
4/13/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1510 West Loop South
Houston, TX 77027-9505

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/13/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
PO Box 100455
San Antonio, TX 78201

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 15
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baltazar Serna 6 Contributor address; City; State; Zip Code 237 W. Travis San Antonio, TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Serna & Serna
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Mary Rose Brown Contributor address; City; State; Zip Code 48 Vineyard San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CAO		Employer (See instructions) Nustar Energy
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr William Greehey Contributor address; City; State; Zip Code PO Box 780489 San Antonio, TX 78278	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Chairman of the Board		Employer (See instructions) Nustar Energy
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Israel Martinez Contributor address; City; State; Zip Code 6912 Cynthia McAllen, TX 78504	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Comptroller		Employer (See instructions) South Texas Buick GMC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 15
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marisol Flores 6 Contributor address; City; State; Zip Code 6912 Cynthia McAllen, TX 78504	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Stay at home mom		9 Employer (See instructions) N/A
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Gonzalez Contributor address; City; State; Zip Code 3302 Midlands Circle Edinburg, TX 78539	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Sales Manager		Employer (See instructions) South Texas Buick GMC
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alma Martinez Gonzalez Contributor address; City; State; Zip Code 3302 Midlands Circle Edinburg, TX 78539	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Stay at home mom		Employer (See instructions) N/A
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramon Martinez Contributor address; City; State; Zip Code 1005 N 41ST St McAllen, TX 78501	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CRM		Employer (See instructions) South Texas Buick GMC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 15
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anette Martinez 6 Contributor address; City; State; Zip Code 1005 N 41ST St McAllen, TX 78501	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Stay at home mom		9 Employer (See instructions) N/A
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose L Salinas Contributor address; City; State; Zip Code 409 Dove McAllen, TX 78504	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Finance Director		Employer (See instructions) South Texas Buick GMC
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angelica L Salinas Contributor address; City; State; Zip Code 409 Dove McAllen, TX 78504	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Stay at home mom		Employer (See instructions) N/A
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pardo Victor Contributor address; City; State; Zip Code 2404 Antigua Mission, TX 78572	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive Director		Employer (See instructions) South Texas Buick GMC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 15

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
4/19/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2404 Antigua
Mission, TX 78572**

8 Principal occupation / Job title (See instructions)
Stay at home mom

9 Employer (See instructions)
N/A

Date
4/21/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 28490
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Ross Properties, LLC

Date
4/21/2021

Full name of contributor ☒ out-of-state PAC (ID# **C00011114**)
AFSCME

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1625 L Street NW
Washington, DC 20036**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/21/2021

Full name of contributor ☒ out-of-state PAC (ID# **C00002089**)
CWA-COPE- PCC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**501 3rd St.
Washington, DC 20001**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 15
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silver Vasquez 6 Contributor address; City; State; Zip Code 16006 Ponderosa Pass Helotes, TX 78023	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Prinicpal		9 Employer (See instructions) Quatro Strategic Solutions
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
1 of 1

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 0

5 Date

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

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 4	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2021	5 Payee name 3-D Screen Printing	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 8015 West 2nd Somerset, TX 78069	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(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 3/26/2021	Payee name Tru Branding		
Amount (\$) 175.91	Payee address; City; State; Zip Code 1414 West Poplar San Antonio, TX 78207-1233		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Branded masks for volunteers	
	<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 3/31/2021	Payee name Amegy Bank		
Amount (\$) 2.00	Payee address; City; State; Zip Code PO Box 4837 Houston, TX 77210-4837		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Monthly statement fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2021	5 Payee name Prestige Printing LLC	
6 Amount (\$) 368.05	7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Push cards
	(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 4/9/2021	Payee name Prestige Printing LLC		
Amount (\$) 1314.16	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Doorhangers	
	<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 4/12/2021	Payee name Ms Sylvia Lopez		
Amount (\$) 855.00	Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Block walkers	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2021	5 Payee name Viva Politics		
6 Amount (\$) 3000.00	7 Payee address; City; State; Zip Code 1850 Fredericksburg Rd. San Antonio, TX 78250		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Campaign Management
	(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 4/19/2021	Payee name Ms Sylvia Lopez		
Amount (\$) 4110.00	Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Block walkers
	<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 4/19/2021	Payee name HEB		
Amount (\$) 26.76	Payee address; City; State; Zip Code 368 Valley Hi Dr. San Antonio, TX 78227		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Water and sodas for volunteers
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2021	5 Payee name Stripe, Inc.	
6 Amount (\$) 210.50	7 Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Combined Processing and Platform fees 3/23-4/20, 2021
	(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	
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4:
1 of 1

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 0

5 Date

6 Payee name

7 Amount (\$)

8 Payee address; City; State; Zip Code

9 TYPE OF
EXPENDITURE

☐ Political ☐ Non-Political

10 PURPOSE
OF
EXPENDITURE

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

(b) Description

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

11 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

TYPE OF
EXPENDITURE

☐ Political ☐ Non-Political

PURPOSE
OF
EXPENDITURE

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

Description

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

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

SCHEDULE T

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Adriana R Garcia

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder