

# 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: <b>52</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms</b>		FIRST <b>Adriana</b>	MI <b>R</b>	<b>OFFICE USE ONLY</b>  Date Received          Date Hand-delivered or Date Postmarked   Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME		LAST <b>Garcia</b>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 240381 San Antonio TX 78224</b>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>580-4207</b>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>		FIRST <b>Arthur</b>	MI	
	NICKNAME <b>A.J.</b>		LAST <b>Rodriguez</b>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>527 Logwood San Antonio TX 78221</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>507-7933</b>	EXTENSION		
9 REPORT TYPE	<b>30th Day Before General Election</b>				
10 PERIOD COVERED	Month    Day    Year <b>1/1/2019</b>		Month    Day    Year THROUGH <b>3/25/2019</b>		
11 ELECTION	ELECTION DATE Month    Day    Year <b>5/4/2019</b>		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Council District 4</b>		

GO TO PAGE 2

**FORM C/OH**  
**COVER SHEET PG 2**

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# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 10709.99</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 3902.44</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 1300.00</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 12246.32</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 13**

2 FILER NAME  
**Ms Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/8/2019**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Jesus Garza**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**6806 Crested Quail  
San Antonio, TX 78250**

8 Principal occupation / Job title (See instructions)  
**Govt Admin**

9 Employer (See instructions)  
**City of Kingsville**

Date  
**1/9/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs Stephanie A Fineleon Cortez**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**242 Ranch Country Dr.  
San Antonio, TX 78121**

Principal occupation / Job title (See instructions)  
**Chief Development and Communications Officer**

Employer (See instructions)  
**Girl Scouts of Southwest Texas**

Date  
**1/9/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs Cynthia Salazar**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**300 E. Basse Rd. #2420  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Teacher**

Employer (See instructions)  
**Harlandale ISD**

Date  
**1/10/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Cabinets Plus**

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**1716 S. San Marcos #13  
San Antonio, TX 78207**

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: <b>2 of 13</b>
2 FILER NAME <b>Ms Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/10/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Ashlee Pena</b> ..... 6 Contributor address; City; State; Zip Code <b>126 Longridge Dr.</b> <b>San Antonio, TX 78228</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>Trivent Financial</b>
Date <b>1/10/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Eduardo Parra</b> ..... Contributor address; City; State; Zip Code <b>7323 Eagle Ledge</b> <b>San Antonio, TX 78249</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>Parra &amp; Company</b>
Date <b>1/10/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs Sara McAndrew</b> ..... Contributor address; City; State; Zip Code <b>205 Ruelle Ln.</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Leadership Programs Director</b>		Employer (See instructions) <b>SWISD</b>
Date <b>1/10/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Emily McAndrew</b> ..... Contributor address; City; State; Zip Code <b>205 Ruelle Ln.</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>Admin Clerk Spec Ed</b>		Employer (See instructions) <b>SAISD</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3 of 13**

**2** FILER NAME

**Ms Adriana R Garcia**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**1/10/2019**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Albert Carrisalez**

**7** Amount of contribution (\$)  
**49.99**

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

**8** Principal occupation / Job title (See instructions)

**Assistant Vice President**

**9** Employer (See instructions)

**UTSA**

Date  
**1/10/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs Jo Ann Jordan**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**4702 Roxio Dr.  
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)

**Dental Hygiene Program Director**

Employer (See instructions)

**UTHSCSA**

Date  
**1/10/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Anissa Mahone**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**542 Adrian Dr.  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)

**Director of Corporate Engagement**

Employer (See instructions)

**UTSA**

Date  
**1/10/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Anne-Marie Grube**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**2136 West Sumit  
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)

**Director of Operations**

Employer (See instructions)

**Northwestern Mutual**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 13**

2 FILER NAME

**Ms Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/11/2019**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Jeannette Garcia**

7 Amount of contribution (\$)  
**30.00**

6 Contributor address; City; State; Zip Code  
**5709 Cactus Sun  
San Antonio, TX 78244**

8 Principal occupation / Job title (See instructions)

**Communications Manager**

9 Employer (See instructions)

**San Antonio Hispanic Chamber of Commerce**

Date  
**1/11/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Melessa Rodriguez**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**2717 N. Pine  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

**Marketing Professional**

Employer (See instructions)

**The DeBerry Group**

Date  
**1/12/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Alan Inchaurregui**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**619 Marshall St #1  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

**Substitute Teacher**

Employer (See instructions)

**San Antonio Independent School District**

Date  
**1/13/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Peggy Stover**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**PO Box 157  
Marion, IA 52302**

Principal occupation / Job title (See instructions)

**Director of Marketing Institute and Associate Professor of Pr**

Employer (See instructions)

**The University of Iowa**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>5 of 13</b>
<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/14/2019</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Jeremy Hahn</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>715 Ware Blvd.</b> <b>San Antonio, TX 78221</b>	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Financial Advisor</b>		<b>9</b> Employer (See instructions) <b>Edward Jones</b>
Date <b>1/16/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Steve Garcia Jr.</b> ..... Contributor address; City; State; Zip Code <b>PO Box 307</b> <b>Macdona, TX 78054</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Components Designer</b>		Employer (See instructions) <b>Hart Components</b>
Date <b>1/16/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Ryan Cox</b> ..... Contributor address; City; State; Zip Code <b>2911 North Main Avenue</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Texas Civil Rights Project</b>
Date <b>1/22/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Esteban Garcia</b> ..... Contributor address; City; State; Zip Code <b>PO Box 307</b> <b>Macdona, TX 78054</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>None</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 13</b>
2 FILER NAME <b>Ms Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/22/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Al Arreola</b> ..... 6 Contributor address; City; State; Zip Code <b>335 E. Southcross</b> <b>San Antonio, TX 78214</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>CEO</b>		9 Employer (See instructions) <b>South SA Chamber</b>
Date <b>1/26/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Jude Aguinaga</b> ..... Contributor address; City; State; Zip Code <b>3027 Sandstone Creek Lane</b> <b>Rosenberg, TX 77471</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Director</b>		Employer (See instructions) <b>Rago</b>
Date <b>1/26/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Juan Elias</b> ..... Contributor address; City; State; Zip Code <b>12414 Alstromeria</b> <b>San Antonio, TX 78253</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>None</b>
Date <b>1/28/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Geraldine Garcia</b> ..... Contributor address; City; State; Zip Code <b>300 E. Basse</b> <b>San Anotnio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>None</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>7 of 13</b>
2 FILER NAME <b>Ms Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/1/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr William Shaw III</b> ..... 6 Contributor address; City; State; Zip Code <b>1630 E. Houston #102</b> <b>San Antonio, TX 78202</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>William Cruz Shaw III</b>
Date <b>2/5/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Christopher Escobedo</b> ..... Contributor address; City; State; Zip Code <b>7914 Roanoke Run</b> <b>San Antonio, TX 78240</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>OAG</b>
Date <b>2/11/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Kenneth Oleson</b> ..... Contributor address; City; State; Zip Code <b>327 E. Sunset</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
Date <b>2/11/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Michael Beldon</b> ..... Contributor address; City; State; Zip Code <b>4 Westelm Cir.</b> <b>San Antonio, TX 78230</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Chairman</b>		Employer (See instructions) <b>Beldon Roofing</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>8 of 13</b>
2 FILER NAME <b>Ms Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/13/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr James Goudge</b> ..... 6 Contributor address; City; State; Zip Code <b>200 Clairborne Way</b> <b>San Antonio, TX 78209</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See instructions) <b>Chairman</b>		9 Employer (See instructions) <b>Broadway Bank</b>
Date <b>2/13/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs Norma S Rodriguez</b> ..... Contributor address; City; State; Zip Code <b>2101 W. Summit Ave.</b> <b>San Antonio, TX 78201</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>None</b>
Date <b>2/19/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Pat Frost</b> ..... Contributor address; City; State; Zip Code <b>604 Garraty Rd.</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>President</b>		Employer (See instructions) <b>Frost Bank</b>
Date <b>2/20/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Friends of Nelson Wolff</b> ..... Contributor address; City; State; Zip Code <b>PO Box 857</b> <b>Burnet, TX 76611</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>9 of 13</b>
2 FILER NAME <b>Ms Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/22/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Bill Greehey</b> ..... 6 Contributor address; City; State; Zip Code <b>PO Box 780489</b> <b>San Antonio, TX 78278</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Chairman of the Board</b>		9 Employer (See instructions) <b>NuStar Energy</b>
Date <b>2/22/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Alexander Miller</b> ..... Contributor address; City; State; Zip Code <b>9014 Beartooth Pass</b> <b>San Antonio, TX 78255</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Physician</b>		Employer (See instructions) <b>Retired</b>
Date <b>2/22/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Marc Sewell</b> ..... Contributor address; City; State; Zip Code <b>17022 Turin Ridge</b> <b>San Antonio, TX 78255</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>CPA</b>		Employer (See instructions) <b>RSM US</b>
Date <b>2/24/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Jonathan Cruz</b> ..... Contributor address; City; State; Zip Code <b>7918 Dempsey</b> <b>San Antonio, TX 78242</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>Administrator</b>		Employer (See instructions) <b>Southwest ISD</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:  
**10 of 13**

**2** FILER NAME

**Ms Adriana R Garcia**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**2/25/2019**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Jordan Ghawi**

**7** Amount of contribution (\$)  
**50.00**

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)  
**Southwest Texas Regional Advisory Council**

Date  
**2/26/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mrs Judy Perez**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**959 W. Villaret Blvd.**  
**San Antonio, TX 78224**

Principal occupation / Job title (See instructions)  
**Homemaker**

Employer (See instructions)  
**None**

Date  
**2/27/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**NuStar PAC**

Amount of contribution (\$)  
**500.00**

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**2/28/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Mary Rose Brown**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**48 Vineyard**  
**San Antonio, TX 78257**

Principal occupation / Job title (See instructions)  
**Executive Vice President**

Employer (See instructions)  
**NuStar Energy**

**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: <b>11 of 13</b>
2 FILER NAME <b>Ms Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/28/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>IBC State Political Action Committee</b> ..... 6 Contributor address; City; State; Zip Code <b>130 E. Travis</b> <b>San Antonio, TX 78205</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>3/1/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Paul Basaldua</b> ..... Contributor address; City; State; Zip Code <b>3 Woltwood</b> <b>San Antonio, TX 78248</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Partner</b>		Employer (See instructions) <b>Mosaic</b>
Date <b>3/1/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Phillip D Green</b> ..... Contributor address; City; State; Zip Code <b>157 Cibolo Ridge Trail</b> <b>Boerne, TX 78015</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Banker</b>		Employer (See instructions) <b>Cullen/Frost Bank</b>
Date <b>3/6/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr David West</b> ..... Contributor address; City; State; Zip Code <b>512 Ridgemont</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Real Estate</b>		Employer (See instructions) <b>JLL</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>12 of 13</b>
2 FILER NAME <b>Ms Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/11/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Greg Kowalski</b> ..... 6 Contributor address; City; State; Zip Code <b>PO Box 1361</b> <b>San Antonio, TX 78295</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>President</b>		9 Employer (See instructions) <b>RK Group</b>
Date <b>3/15/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Patrick Shearer</b> ..... Contributor address; City; State; Zip Code <b>PO Box 23129</b> <b>San Antonio, TX 78223</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Real Estate</b>		Employer (See instructions) <b>Crockett Urban Ventures</b>
Date <b>3/15/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Alfred Castellano</b> ..... Contributor address; City; State; Zip Code <b>1621 Somerset Rd.</b> <b>San Antonio, TX 78211</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Owner</b>		Employer (See instructions) <b>Freds Fish Fry</b>
Date <b>3/15/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Kevin Matula</b> ..... Contributor address; City; State; Zip Code <b>427 E.Olmos</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Government Affairs Specialist</b>		Employer (See instructions) <b>Zachry Group</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:  
**13 of 13**

2 FILER NAME

**Ms Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/18/2019**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Juan Cano**

7 Amount of contribution (\$)  
**100.00**

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

8 Principal occupation / Job title (See instructions)  
**CEO**

9 Employer (See instructions)  
**Cano Development**

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

**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 6
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 1/10/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deco Pizzeria 7 Contributor address; City; State; Zip Code 2026 Babcock Rd. San Antonio, TX 78229	8 Amount of Contribution \$ 332.00 9 In-kind contribution description Location, pizza, chicharrones, wings, and tea for fundraiser. <input type="checkbox"/> 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 1/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 2600 Plaza Contributor address; City; State; Zip Code 2600 SW Military Dr. San Antonio, TX 78224	Amount of Contribution \$ 500.00 In-kind contribution description Space for Campaign Kick-Off event <input type="checkbox"/> 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**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**2 of 6**

2 FILER NAME  
**Ms Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**1/26/2019**

6 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Unique Creations**

8 Amount of Contribution \$ **500.00**

9 In-kind contribution description  
**Balloons, table cloths and stage for  
Campaign Kick-Off**

7 Contributor address; City; State; Zip Code  
**2600 SW Military Dr.  
San Antonio, TX 78224**

☐ 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  
**1/26/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr John Canales**

Amount of Contribution \$ **130.54**

In-kind contribution description  
**Chips, plates, napkins, charcoal for  
Campaign Kick-Off event**

Contributor address; City; State; Zip Code  
**14414 Challadeon Circle  
San Antonio, TX 78248**

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  
**Director of Continuous Improvement**

Employer (FOR NON-JUDICIAL) (See instructions)  
**Kiolbassa**

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**3 of 6**

2 FILER NAME  
**Ms Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**1/26/2019**

6 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Kiolbassa**

8 Amount of Contribution \$ **114.90**

9 In-kind contribution description  
**Kiolbassa sausage for Campaign Kick-Off event**

7 Contributor address; City; State; Zip Code  
**1325 South Brazos  
San Antonio, TX 78207**

☐ 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  
**1/26/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Leonard Lopez**

Amount of Contribution \$ **500.00**

In-kind contribution description  
**Yard signs**

Contributor address; City; State; Zip Code  
**7354 Canterfield  
San Antonio, TX 78240**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)  
**Lopez Print and Marketing**

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**4 of 6**

2 FILER NAME  
**Ms Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**1/26/2019**

6 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Roger Lopez**

8 Amount of Contribution \$ **500.00**

9 In-kind contribution description  
**Invitations for Campaign Kick-Off event and push cards**

7 Contributor address; City; State; Zip Code  
**18447 Rogers Bend  
San Antonio, TX 78258**

☐ Check if travel outside of Texas, complete Schedule T

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

11 Employer (FOR NON-JUDICIAL) (See instructions)  
**Lopez Marketing and Print**

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  
**1/26/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Roger Campos**

Amount of Contribution \$ **300.00**

In-kind contribution description  
**DJ and photography for Campaign Kick-Off**

Contributor address; City; State; Zip Code  
**12107 Presidio Path  
San Antonio, TX 78253**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)  
**Southwest ISD**

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**5 of 6**

2 FILER NAME  
**Ms Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**1/26/2019**

6 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Patrick Jordan**

8 Amount of Contribution \$ **25.00**

9 In-kind contribution description  
**Water and sodas.**

7 Contributor address; City; State; Zip Code  
**4702 Roxio  
San Antonio, TX 78238**

☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  
**Building Tech 3**

11 Employer (FOR NON-JUDICIAL) (See instructions)  
**Corporate Office Properties Trust**

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**2/11/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Sergio Rodriguez**

Amount of Contribution \$ **500.00**

In-kind contribution description  
**4x8 signs**

Contributor address; City; State; Zip Code  
**623 Cantrell  
San Antonio, TX 78221**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)  
**Bexar County**

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**6 of 6**

2 FILER NAME  
**Ms Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**2/11/2019**

6 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Haoird Orosco**

8 Amount of Contribution \$ **500.00**

9 In-kind contribution description  
**4x8 signs**

7 Contributor address; City; State; Zip Code  
**8015 West 2nd  
Somerset, TX 78069**

☐ Check if travel outside of Texas, complete Schedule T

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

11 Employer (FOR NON-JUDICIAL) (See instructions)  
**3-D Screen Printing**

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 2
2 FILER NAME <b>Ms Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date 3/2/2019	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Jenee M Gonzales</b> 7 Pledgor address; City; State; Zip Code <b>8415 Fredericksburg Rd. #805 San Antonio, TX 78229</b>	8 Amount of Pledge \$ <b>100.00</b> 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions) <b>Philanthropy Advisor</b>		11 Employer (See instructions) <b>Marianist Province of the U.S.</b>
Date 3/2/2019	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Melessa Rodriguez</b> Pledgor address; City; State; Zip Code <b>2717 N. Pine San Antonio, TX 78209</b>	Amount of Pledge \$ <b>100.00</b> In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions) <b>Marketing Professional</b>		Employer (See instructions) <b>The DeBerry Group</b>
Date 3/2/2019	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Kelli Cubeta</b> Pledgor address; City; State; Zip Code <b>130 Park Dr. San Antonio, TX 78212</b>	Amount of Pledge \$ <b>500.00</b> In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Cubeta Law Group</b>
Date 3/2/2019	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Leticia R Van de Putte</b> Pledgor address; City; State; Zip Code <b>1616 W. Mulberry San Antonio, TX 78201</b>	Amount of Pledge \$ <b>250.00</b> In-kind contribution description <b>Food for women's fundraiser</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions) <b>President/Co-Founder</b>		Employer (See instructions) <b>Andrade-Van de Putte &amp; Associates</b>
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:  
2 of 2

2 FILER NAME

**Ms Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date  
3/25/2019

6 Full name of pledgor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Smita Bhakta**

7 Pledgor address; City; State; Zip Code  
**3 Privada Yesa  
San Antonio, TX 78257**

8 Amount of Pledge \$ **100.00**  
9 In-kind contribution description

☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (See instructions)  
**Attorney**

11 Employer (See instructions)  
**Kruger Carson PLLC**

Date  
3/25/2019

Full name of pledgor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Ashley Barth**

Pledgor address; City; State; Zip Code  
**208 Bushnell #5  
San Antonio, TX 78212**

Amount of Pledge \$ **250.00**  
In-kind contribution description

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions)  
**Consultant**

Employer (See instructions)  
**Self-Employed**

Date

Full name of pledgor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of Pledge \$  
In-kind contribution description

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of Pledge \$  
In-kind contribution description

☐ 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  
Ms 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

<b>1</b> Total pages Schedule F1: <b>1 of 18</b>		<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>1/2/2019</b>		<b>5</b> Payee name <b>Amegy Bank</b>			
<b>6</b> Amount (\$) <b>8.00</b>		<b>7</b> Payee address; City; State; Zip Code <b>PO Box 4837 Houston, TX 77210-4837</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		<b>(b)</b> Description <b>Checks</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH           Candidate / Officeholder name           Office sought           Office held					
Date <b>1/3/2019</b>		Payee name <b>Stripe, Inc.</b>			
Amount (\$) <b>6.20</b>		Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Stripe Processing Fee</b>  <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 <b>1/10/2019</b>		Payee name <b>Stripe, Inc.</b>			
Amount (\$) <b>6.20</b>		Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Stripe Processing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH           Candidate / Officeholder name           Office sought           Office held					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/10/2019</b>	<b>5</b> Payee name <b>Deco Pizzeria</b>		
<b>6</b> Amount (\$) <b>67.79</b>	<b>7</b> Payee address; City; State; Zip Code <b>2026 Babcock Rd. San Antonio, TX 78229</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Jan. 10 Fundraiser taxes for food</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>1/11/2019</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>6.20</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Stripe Processing Fee</b>  <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 <b>1/12/2019</b>	Payee name <b>City of San Antonio</b>		
Amount (\$) <b>30.00</b>	Payee address; City; State; Zip Code <b>PO Box 839966 San Antonio, TX 78283</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Candidate Package</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/14/2019</b>	<b>5</b> Payee name <b>Stripe, Inc.</b>	
<b>6</b> Amount (\$) <b>12.40</b>	<b>7</b> Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Stripe Processing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>1/15/2019</b>	Payee name <b>Stripe, Inc.</b>	
Amount (\$) <b>11.52</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Stripe Processing Fee</b>  <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 <b>1/16/2019</b>	Payee name <b>City of San Antonio</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>PO Box 839966 San Antonio, TX 78283</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Filing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/18/2019</b>	<b>5</b> Payee name <b>Stripe, Inc.</b>		
<b>6</b> Amount (\$) <b>36.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Stripe Processing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name           Office sought           Office held			
Date <b>1/22/2019</b>	Payee name <b>CLLR427</b>		
Amount (\$) <b>3518.13</b>	Payee address; City; State; Zip Code <b>427 Lombrano San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Yard signs</b>  <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 <b>1/22/2019</b>	Payee name <b>United State Postal Service</b>		
Amount (\$) <b>10.00</b>	Payee address; City; State; Zip Code <b>7411 Barlite San Antonio, TX 78224</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Postage</b>		Description <b>Stamps for thank you cards</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name           Office sought           Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/24/2019</b>	<b>5</b> Payee name <b>Taqueria El Charro de Jalisco</b>	
<b>6</b> Amount (\$) <b>233.28</b>	<b>7</b> Payee address; City; State; Zip Code <b>150 Valley Hi San Antonio, TX 78227</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Tacos for Campaign Kick Off</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>1/25/2019</b>	Payee name <b>Tru Branding</b>	
Amount (\$) <b>530.97</b>	Payee address; City; State; Zip Code <b>1414 West Poplar San Antonio, TX 78207-1233</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>T-shirts for Campaign Kick Off</b>  <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 <b>1/25/2019</b>	Payee name <b>3-D Screen Printing</b>	
Amount (\$) <b>2165.00</b>	Payee address; City; State; Zip Code <b>8015 West 2nd Somerset, TX 78069</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>4x4 signs</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/25/2019</b>	<b>5</b> Payee name <b>Stripe, Inc.</b>		
<b>6</b> Amount (\$) <b>6.20</b>	<b>7</b> Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Stripe Processing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>1/29/2019</b>	Payee name <b>Cookie Cab</b>		
Amount (\$) <b>43.98</b>	Payee address; City; State; Zip Code <b>1832 Nacagdoches San Antonio, TX 78209</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Gift/Awards/Memorials Expense</b>		Description <b>Thank you cookies for volunteer crew</b>  <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 <b>1/30/2019</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>36.00</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Stripe Processing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>7 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/31/2019</b>	<b>5</b> Payee name <b>Amegy Bank</b>		
<b>6</b> Amount (\$) <b>2.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 4837 Houston, TX 77210-4837</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Statement and paper statement fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>1/31/2019</b>	Payee name <b>Matthew Hall</b>		
Amount (\$) <b>1000.00</b>	Payee address; City; State; Zip Code <b>6503 Bluff Springs Rd. Austin, TX 78755</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Data Services and Field Plan</b>  <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 <b>2/1/2019</b>	Payee name <b>Harold Orosco</b>		
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>8015 West 2nd Somerset, TX 78069</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Fee to put up 4x4 signs</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>8 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/5/2019</b>	<b>5</b> Payee name <b>United State Postal Service</b>		
<b>6</b> Amount (\$) <b>11.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>7411 Barlite San Antonio, TX 78224</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Postage</b>		<b>(b)</b> Description <b>Stamps for thank you cards</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>2/6/2019</b>	Payee name <b>Home Depot</b>		
Amount (\$) <b>96.75</b>	Payee address; City; State; Zip Code <b>611 SW Loop 410 San Antonio, TX 78227</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Supplies</b>		Description <b>Supplies for placing up 4x4 signs</b>  <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 <b>2/7/2019</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>6.20</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Stripe Processing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>9 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/8/2019</b>	<b>5</b> Payee name <b>Home Depot</b>		
<b>6</b> Amount (\$) <b>19.68</b>	<b>7</b> Payee address; City; State; Zip Code <b>611 SW Loop 410 San Antonio, TX 78227</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Supplies</b>		<b>(b)</b> Description <b>Supplies for placing up 4x4 signs</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>2/12/2019</b>	Payee name <b>Easy Drive</b>		
Amount (\$) <b>296.43</b>	Payee address; City; State; Zip Code <b>906 Ruiz San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Supplies</b>		Description <b>Wooden stakes for posting 4x4 signs</b>  <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 <b>2/19/2019</b>	Payee name <b>Freds Fish Fry</b>		
Amount (\$) <b>47.28</b>	Payee address; City; State; Zip Code <b>6323 Old Pearsall Rd. San Antonio, TX 78242</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Lunch for volunteers</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>10 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/22/2019</b>	<b>5</b> Payee name <b>La Margarita</b>		
<b>6</b> Amount (\$) <b>125.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>120 Produce Row San Antonio, TX 78207</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Event Expense</b>		<b>(b)</b> Description <b>Fundraiser Deposit</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			
Date <b>2/22/2019</b>	Payee name <b>Lopez Print &amp; Marketing</b>		
Amount (\$) <b>216.50</b>	Payee address; City; State; Zip Code <b>427 Lombrano San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Door hangers</b>  <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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			
Date <b>2/26/2019</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>18.30</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Stripe Processing Fee</b>  <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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>11 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>2/26/2019</b>	<b>5</b> Payee name <b>Taco Cabana</b>					
<b>6</b> Amount (\$) <b>31.73</b>	<b>7</b> Payee address; City; State; Zip Code <b>6867 U.S. Highway 90 San Antonio, TX 78227</b>					
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <b>Lunch for volunteers</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date <b>2/26/2019</b>	Payee name <b>SNA</b>					
Amount (\$) <b>30.00</b>	Payee address; City; State; Zip Code <b>4114 SW Loop 410 San Antonio, TX 78227</b>					
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Benefit plate sale for Neighborhood Association/ volunteer lunch</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date <b>2/27/2019</b>	Payee name <b>Stripe, Inc.</b>					
Amount (\$) <b>5.03</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>					
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Stripe Processing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>12 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/28/2019</b>	<b>5</b> Payee name <b>Amegy Bank</b>	
<b>6</b> Amount (\$) <b>2.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 4837 Houston, TX 77210-4837</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Statement and paper statement fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>3/1/2019</b>	Payee name <b>Tru Branding</b>	
Amount (\$) <b>362.64</b>	Payee address; City; State; Zip Code <b>1414 West Poplar San Antonio, TX 78207-1233</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>T-shirts for volunteer block walkers</b>  <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 <b>3/1/2019</b>	Payee name <b>Matthew Hall</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>6503 Bluff Springs Rd. Austin, TX 78755</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Data fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>13 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/1/2019</b>	<b>5</b> Payee name <b>La Margarita</b>		
<b>6</b> Amount (\$) <b>205.27</b>	<b>7</b> Payee address; City; State; Zip Code <b>120 Produce Row San Antonio, TX 78207</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Fundraiser lunch expenses</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>3/8/2019</b>	Payee name <b>SA Flavor</b>		
Amount (\$) <b>1353.13</b>	Payee address; City; State; Zip Code <b>4906 Brandeis San Antonio, TX 78249</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Fiesta Medals</b>  <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 <b>3/8/2019</b>	Payee name <b>Innovative Multimedia Group</b>		
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>8627 Cinnamon Creek Dr. #602 San Antonio, TX 78240</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Digital ads</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>14 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/8/2019</b>	<b>5</b> Payee name <b>Harold Orosco</b>		
<b>6</b> Amount (\$) <b>354.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>8015 West 2nd Somerset, TX 78069</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	<b>(b)</b> Description <b>Fee to post 4x8 signs</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH           Candidate / Officeholder name           Office sought           Office held			
Date <b>3/8/2019</b>	Payee name <b>Harold Orosco</b>		
Amount (\$) <b>82.50</b>	Payee address; City; State; Zip Code <b>8015 West 2nd Somerset, TX 78069</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Taxes for 4x8 signs</b>  <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 <b>3/8/2019</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>6.20</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Stripe Processing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH           Candidate / Officeholder name           Office sought           Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>15 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/11/2019</b>	<b>5</b> Payee name <b>Home Depot</b>	
<b>6</b> Amount (\$) <b>7.79</b>	<b>7</b> Payee address; City; State; Zip Code <b>611 SW Loop 410 San Antonio, TX 78227</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Supplies</b>	<b>(b)</b> Description <b>Supplies for posting signs</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>3/11/2019</b>	Payee name <b>Fruteria Cano</b>	
Amount (\$) <b>37.60</b>	Payee address; City; State; Zip Code <b>9333 SW Loop 410 San Antonio, TX 78242</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Lunch for volunteers</b>  <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 <b>3/13/2019</b>	Payee name <b>Taqueria Mexico</b>	
Amount (\$) <b>122.00</b>	Payee address; City; State; Zip Code <b>7167 Somerset Rd. San Antonio, TX 78211</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Meet the Candidate Event</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>16 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/14/2019</b>	<b>5</b> Payee name <b>Office Depot</b>	
<b>6</b> Amount (\$) <b>5.16</b>	<b>7</b> Payee address; City; State; Zip Code <b>119 SW Loop 410 San Antonio, TX 78245</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Copies of documents</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>3/15/2019</b>	Payee name <b>Bill Miller BBQ</b>	
Amount (\$) <b>31.00</b>	Payee address; City; State; Zip Code <b>8888 SW Loop 410 San Antonio, TX 78242</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Pies for social media post to thank first responders</b>  <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 <b>3/18/2019</b>	Payee name <b>Market Square Parking</b>	
Amount (\$) <b>20.00</b>	Payee address; City; State; Zip Code <b>120 Produce Row San Antonio, TX 78207</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Parking for meeting with Finance Committee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>17 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/19/2019</b>	<b>5</b> Payee name <b>EZ IN San Antonio Exxon</b>	
<b>6</b> Amount (\$) <b>20.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>3703 SW Military Dr. San Antonio , TX 78211</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Travel In District</b>	<b>(b)</b> Description <b>Gas for volunteer block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>3/19/2019</b>	Payee name <b>Stripe, Inc.</b>	
Amount (\$) <b>6.20</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Stripe Processing Fee</b>  <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 <b>3/20/2019</b>	Payee name <b>Stripe, Inc.</b>	
Amount (\$) <b>6.20</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Stripe Processing Fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>18 of 18</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/20/2019</b>	<b>5</b> Payee name <b>Tripolis Mediterranean Grill</b>	
<b>6</b> Amount (\$) <b>58.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>322 Valley Hi #106 San Antonio, TX 78227</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <b>Volunteer appreciation lunch</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>3/21/2019</b>	Payee name <b>Circle K</b>	
Amount (\$) <b>32.36</b>	Payee address; City; State; Zip Code <b>6003 Old Pearsall Rd. San Antonio, TX 78242</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Travel In District</b>	Description <b>Gas for volunteer block walking</b>  <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	
<b>PURPOSE OF EXPENDITURE</b>	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

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

<b>11</b> 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

**Ms 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

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ms Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

<b>11</b> 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

# 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

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Ms 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: <b>1 of 1</b>
2 FILER NAME <b>Ms Adriana R Garcia</b>		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)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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  
**Ms Adriana R Garcia**

Filer ID (Ethics Commission Filers)

## SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

\_\_\_\_\_  
Signature of Candidate

## OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder