

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: 28	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Adriana MI R	NICKNAME LAST Garcia SUFFIX		OFFICE USE ONLY Date Received	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 27581 San Antonio TX 78227		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 580-4207	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Arthur	MI J	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed	
	Rodriguez			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 204 E. Arsenal San Antonio TX 78204				
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 4/22/2021 THROUGH 6/30/2021				
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description		
12 OFFICE	OFFICE HELD (if any) City Council, District 4		13 OFFICE SOUGHT (if known) Not Applicable		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

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

COMMITTEE TYPE	COMMITTEE NAME	
<input checked="" type="checkbox"/> GENERAL	AFSCME	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
	1625 L Street NW Washington DC 20036	
	COMMITTEE CAMPAIGN TREASURER NAME	
	Ms Elissa McBride	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	1625 L Street NW Washington DC 20036	

☒ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8728.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15661.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15000.00

18 AFFIDAVIT

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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adriana R Garcia, this the 13th day of July, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2 - A

The Instruction Guide explains how to complete this form.

1 Total pages:
1 of 1

2 FILER NAME

Adriana R Garcia

3 Filer ID (Ethics Commission filers)

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

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

San Antonio Professional Firefighters PAC

COMMITTEE ADDRESS

PO Box 100455
San Antonio TX 78201

COMMITTEE CAMPAIGN TREASURER NAME

Tiffany Jansky

COMMITTEE CAMPAIGN TREASURER ADDRESS

8925 IH 10 West
San Antonio TX 78230

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Adriana R Garcia		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5700.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8728.26
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 4

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
4/22/2021

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
4/22/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**108 Wild Basin Rd. #250
Austin, TX 78746**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Right of Way USA

Date
4/23/2021

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**7522 Five Palms Dr.
San Antonio, TX 78242**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

Date
4/26/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**439 Calumet
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Government Affairs Executive

Employer (See instructions)
Port San Antonio

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 4

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
4/27/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**12018 Indigo Bend
San Antonio, TX 78230**

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

9 Employer (See instructions)
Mosaic

Date
4/27/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**12018 Indigo Bend
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Mosaic

Date
4/27/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/23/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**145 Grand Oak Dr.
Hollywood Park, TX 78232**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 4

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
6/28/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 33240
San Antonio, TX 78265-3240**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Zachry Corp.

Date
6/28/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/28/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6100 Hollywood Blvd.
Hollywood, FL 33024**

Principal occupation / Job title (See instructions)
Principal

Employer (See instructions)
Duty Free America

Date
6/28/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6100 Hollywood Blvd.
Hollywood, FL 33024**

Principal occupation / Job title (See instructions)
Principal

Employer (See instructions)
Duty Free America

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 4

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
6/28/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**6100 Hollywood Blvd.
Hollywood, FL 33024**

8 Principal occupation / Job title (See instructions)
Principal

9 Employer (See instructions)
Duty Free America

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 1	
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <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			

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 8	2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2021	5 Payee name Prestige Printing LLC		
6 Amount (\$) 613.78	7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Marketing materials
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/26/2021	Payee name Mr Arnulfo Ybarra		
Amount (\$) 1680.00	Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Poll watchers
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/26/2021	Payee name Arco Iris		
Amount (\$) 25.76	Payee address; City; State; Zip Code 1435 Frio City Rd. San Antonio, TX 78226		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Paletas for volunteers.
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 8	2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2021	5 Payee name Stripe, Inc.		
6 Amount (\$) 11.30	7 Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Service fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/26/2021	Payee name Mr Arnulfo Ybarra		
Amount (\$) 27.60	Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Lunch for poll workers
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/26/2021	Payee name Mr Arnulfo Ybarra		
Amount (\$) 87.77	Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Food for volunteers.
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 8	2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2021	5 Payee name Mr Arnulfo Ybarra		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Trailer advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/27/2021	Payee name Ms Sylvia Lopez		
Amount (\$) 2700.00	Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalkers
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/27/2021	Payee name Stripe, Inc.		
Amount (\$) 44.30	Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Service fees
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 8	2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2021	5 Payee name Amegy Bank		
6 Amount (\$) 2.00	7 Payee address; City; State; Zip Code PO Box 4837 Houston, TX 77210-4837		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Statement and paper statement fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/30/2021	Payee name Amegy Bank		
Amount (\$) 2.50	Payee address; City; State; Zip Code PO Box 4837 Houston, TX 77210-4837		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description Service fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/3/2021	Payee name Taqueria El Charro de Jalisco		
Amount (\$) 437.93	Payee address; City; State; Zip Code 150 Valley Hi San Antonio, TX 78227		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Food for volunteers/supporters at watch party
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 8	2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2021	5 Payee name Tripolis Mediterranean Grill		
6 Amount (\$) 78.88	7 Payee address; City; State; Zip Code 322 Valley Hi #106 San Antonio, TX 78227		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Volunteer lunches
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/3/2021	Payee name Smiley Productions		
Amount (\$) 524.75	Payee address; City; State; Zip Code 218 Stafford San Antonio, TX 78208		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description AV for watch party
	<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 5/3/2021	Payee name Dollar Tree		
Amount (\$) 31.39	Payee address; City; State; Zip Code 214 Valley Hi Dr. San Antonio, TX 78227		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Decorations for watch party
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 8	2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2021	5 Payee name Mexico Taqueria		
6 Amount (\$) 64.00	7 Payee address; City; State; Zip Code 6333 Old Pearsall Rd. San Antonio, TX 78242		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Tacos for volunteers
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/11/2021	Payee name Traders Village		
Amount (\$) 200.00	Payee address; City; State; Zip Code 9333 SW Loop 410 San Antonio, TX 78242		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Hall for watch party
	<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 5/13/2021	Payee name Mr Arnulfo Ybarra		
Amount (\$) 150.00	Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Trailer advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 8	2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2021	5 Payee name Mr Arnulfo Ybarra		
6 Amount (\$) 1745.00	7 Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Poll watchers/poll dressing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/18/2021	Payee name Nonis Sweet Treats		
Amount (\$) 125.00	Payee address; City; State; Zip Code 5526 Ghost Hawk San Antonio, TX 78242		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Thank you cookies for supporters/volunteers
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/28/2021	Payee name Amegy Bank		
Amount (\$) 2.00	Payee address; City; State; Zip Code PO Box 4837 Houston, TX 77210-4837		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description Statement and paper statement fees
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 8	2 FILER NAME Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 6/23/2021	5 Payee name Stripe, Inc.	
6 Amount (\$) 22.30	7 Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 6/30/2021	Payee name Amegy Bank		
Amount (\$) 2.00	Payee address; City; State; Zip Code PO Box 4837 Houston, TX 77210-4837		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Statement and paper statement fees.	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

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

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

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

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

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Adriana R Garcia

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder