

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Ms Adriana R Garcia	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6934.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 38931.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10000.00

18 AFFIDAVIT

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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ms Adriana R Garcia, this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Ms 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	\$ 15650.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
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	\$ 6934.73
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 11

2 FILER NAME
Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
1/12/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**124 East Edgewood Place
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Momentum Advisory Services

Date
1/23/2023

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

Employer (See instructions)
NuStar Energy

Date
1/31/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**18 Gallery Court
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Kruger Carson PLLC

Date
1/31/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 781609
San Antonio, TX 78278**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 11
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Aldrete 6 Contributor address; City; State; Zip Code 335 Country Wood Drive San Antonio , TX 78216	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) Aldrete Strategic Partners
Date 2/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyssa Ochoa Contributor address; City; State; Zip Code 708 Canterbury Hill San Antonio , TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Vascular Surgeon		Employer (See instructions) The SAVE Clinic
Date 2/7/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Half Associates State PAC Contributor address; City; State; Zip Code 1201 N Bowser Rd San Antonio , TX 75081	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 2/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Esperanza H Andrade Contributor address; City; State; Zip Code 123 Lexington Ave #1604 San Antonio, TX 78206	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Andrade and Van De Putte
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 11

2 FILER NAME
Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
2/15/2023

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**2105 Clamp Ave
San Antonio , TX 78221**

8 Principal occupation / Job title (See instructions)
Self Employed

9 Employer (See instructions)
Self Employed

Date
2/15/2023

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

Amount of contribution (\$)
250.00

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

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

Employer (See instructions)
Merit Commercial

Date
2/15/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**8127 N New Braunfels #801
San Antonio , TX 78209**

Principal occupation / Job title (See instructions)
Government Relations

Employer (See instructions)
Andrade and Van De Putte

Date
2/15/2023

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

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**529 W Elsmere Pl
San Antonio , TX 78212**

Principal occupation / Job title (See instructions)
Vice President of University Relations

Employer (See instructions)
UTSA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 11
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert Carrisalez 6 Contributor address; City; State; Zip Code 111 W Huisache Ave San Antonio, TX 78212	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Government Relations		9 Employer (See instructions) UTSA
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnny Hernandez Contributor address; City; State; Zip Code 411 E Cevallos San Antonio , TX 78204	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Chef		Employer (See instructions) Self-Employed
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown and Ortiz PC Contributor address; City; State; Zip Code 112 E Pecan #1360 San Antonio , TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime Arechiga Contributor address; City; State; Zip Code 2310 Winding View San Antonio , TX 78259	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Developer		Employer (See instructions) Hillstar Investment
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 11
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan Ghawl 6 Contributor address; City; State; Zip Code 903 West Huisache Avenue San Antonio , TX 78201	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Director		9 Employer (See instructions) Southwest Texas Regional Advisory Council
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richardson Gill Contributor address; City; State; Zip Code 25010 Silverstone San Antonio , TX 78258	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Unemployed		Employer (See instructions) Unemployed
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Parra Contributor address; City; State; Zip Code 7323 Eagle Ledge San Antonio , TX 78249	Amount of contribution (\$) 300.00
Principal occupation / Job title (See instructions) Civil Engineer		Employer (See instructions) Parra and Co
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bret Piatt Contributor address; City; State; Zip Code 3627 Boulder Peak Street San Antonio , TX 78247	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Tech Executive		Employer (See instructions) CyberFortress
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 11
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suzanne Matthews 6 Contributor address; City; State; Zip Code 243 Encino Avenue San Antonio , TX 78209	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) Director		9 Employer (See instructions) Lucifer Lighting Company
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louis Escareno Contributor address; City; State; Zip Code 2717 W Martin St San Antonio , TX 78207	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Louis R Escareno, PC
Date 2/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicolas Hollis Contributor address; City; State; Zip Code 720 Ivy Lane San Antonio , TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) CoherentCyber LLC
Date 2/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelby Miller Contributor address; City; State; Zip Code 320 Devonshire San Antonio , TX 78209	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Perfusionst Specialist		Employer (See instructions) CHRISTUS Santa Rosa
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 11
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valero Political Action Committee 6 Contributor address; City; State; Zip Code PO Box 696000 San Antonio , TX 78269	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 2/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manuel Reyna Contributor address; City; State; Zip Code 8714 Bent Willow San Antonio , TX 78254	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Reyna Glass LLC
Date 2/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ivalis Meza Contributor address; City; State; Zip Code 12402 King Walnut Street San Antonio , TX 78230	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Associate		Employer (See instructions) Andrade Van de Putte and Associates
Date 2/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Avinash Bhakta Contributor address; City; State; Zip Code 38 Westerleigh San Antonio , TX 78218	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Hotelier Lawyer		Employer (See instructions) ABH Hospitality Krueger Carson PLLC
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: <div style="text-align: center;">8 of 11</div>
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Kowalski 6 Contributor address; City; State; Zip Code PO Box 1361 San Antonio , TX 78295	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) President		9 Employer (See instructions) The RK Group
Date 3/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Worth Contributor address; City; State; Zip Code 270 Terrel Rd San Antonio , TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Chairman		Employer (See instructions) Worth and Associates
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Gannon Contributor address; City; State; Zip Code 6423 Longhouse Court San Antonio , TX 78238	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Metorlogist		Employer (See instructions) Retired
Date 3/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramon Flores Contributor address; City; State; Zip Code 132 East Magnolia Avenue San Antonio , TX 78212	Amount of contribution (\$) 350.00
Principal occupation / Job title (See instructions) Investor		Employer (See instructions) Flores Holdings LLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 11
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louis Escareno 6 Contributor address; City; State; Zip Code 2717 W Martin St San Antonio , TX 78207	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Louis R Escareno PC
Date 3/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimberly B McKnight Contributor address; City; State; Zip Code 2019 Flint Oak San Antonio , TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Nurse		Employer (See instructions) Methodist Healthcare
Date 3/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Ortiz Contributor address; City; State; Zip Code 9103 Mellbrook St San Antonio , TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Brown and Ortiz PC
Date 3/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bekki Kowalski Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Director of Special Projects		Employer (See instructions) The RK Group
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 11

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
3/16/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1214 Corte Bello
San Marcos , CA 92069**

8 Principal occupation / Job title (See instructions)
Director

9 Employer (See instructions)
Innovative Medical Center

Date
3/16/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2047 Rigsby Ave
San Antonio , TX 78210**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Clay Jackson Inc

Date
3/17/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
VersaTerra Development

Date
3/17/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**326 Big Oak Dr
Adkins, TX 78101**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Texas Towing

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 11
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandon Seale 6 Contributor address; City; State; Zip Code 202 Ridgehaven Place San Antonio , TX 78209	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Executive		9 Employer (See instructions) Howard Energy Partners
Date 3/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Chandler Contributor address; City; State; Zip Code 16526 Loma Landing Helotes , TX 78023	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) CTO		Employer (See instructions) IMG
Date 3/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Ruiz Contributor address; City; State; Zip Code 410 Cliff Avenue San Antonio , TX 78214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) LJC Painting
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 3/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grupo La Gloria 7 Contributor address; City; State; Zip Code 411 E. Cevallos San Antonio, TX 78204	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Food for event <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 Ms 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
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
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 F1: 1 of 3	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 1/23/2023	5 Payee name City of San Antonio	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code PO Box 839966 San Antonio, TX 78283	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Filing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 1/30/2023	Payee name Carriqui	
Amount (\$) 500.00	Payee address; City; State; Zip Code 239 E. Grayson St. San Antonio, TX 78215	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 1/31/2023	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 fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 3	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/2023	5 Payee name USPS		
6 Amount (\$) 201.00	7 Payee address; City; State; Zip Code 5510 SW Loop 410 San Antonio, TX 78227-9998		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description PO Box rental
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 2/28/2023	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 fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/6/2023	Payee name 3-D Screen Printing		
Amount (\$) 2381.50	Payee address; City; State; Zip Code 8015 West 2nd Somerset, TX 78069		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Campaign signs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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 3	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2023	5 Payee name SA Flavor	
6 Amount (\$) 3085.13	7 Payee address; City; State; Zip Code 4906 Brandeis San Antonio, TX 78249	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Fiesta Medals
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 3/24/2023	Payee name Society of Professional Journalists, San Antonio Chapter		
Amount (\$) 400.00	Payee address; City; State; Zip Code 301 Avenue E San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description GridIron Ad	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date 3/27/2023	Payee name Stripe, Inc.		
Amount (\$) 263.10	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) Accounting/Banking	Description Transaction feeds for Jan 1-March 27, 2023	
	<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 Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

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

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

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Ms 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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

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

Signature of Officeholder