

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: 38	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms		FIRST Adriana	MI R	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME		LAST Garcia	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 240381 San Antonio TX 78224				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 580-4207	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr		FIRST Arthur	MI	
	NICKNAME A.J.		LAST Rodriguez	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 527 Logwood San Antonio TX 78221				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 507-7933	EXTENSION		
9 REPORT TYPE	8th Day Before General Election				
10 PERIOD COVERED	Month Day Year 3/26/2019		THROUGH Month Day Year 4/24/2019		
11 ELECTION	ELECTION DATE Month Day Year 5/4/2019		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Council District 4		

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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 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 12147.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21152.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20000.00

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 29th day of April, 2019, 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	\$ 13350.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1000.00
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	\$ 12147.98
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 14

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
3/26/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Barbara Greene

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**1100 NW Loop 410 #700
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Business Owner

9 Employer (See instructions)
Greene and Associates, Inc.

Date
3/28/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
USAA Employee Political Action Committee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9800 Fredericksburg Rd.
San Antonio, TX 78288**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/29/2019

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**200 E. Grayson St. #210
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
KGBTexas Communications

Date
3/29/2019

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**706 South Birdsong Way
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
None

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 14

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
3/29/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Barbara Gentry

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**104 Hiller Road
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
None

Date
3/30/2019

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**1738 Fox Tree Lane
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Grand Rounds, Inc.

Date
3/30/2019

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

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**1122 Colorado #2399
Austin, TX 78701**

Principal occupation / Job title (See instructions)
Lobbyist

Employer (See instructions)
Offices of Mar A. Rodriguez

Date
3/30/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Cathy O Green

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**128 Grant Avenue
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
None

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 14

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
3/31/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Ina Minjarez

7 Amount of contribution (\$) **200.00**

6 Contributor address; City; State; Zip Code
**9406 Hazelton Ln.
San Antonio, TX 78251**

8 Principal occupation / Job title (See instructions)

State Representative

9 Employer (See instructions)

State of Texas

Date
4/1/2019

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

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

Contributor address; City; State; Zip Code
**2011 McCollough
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Non-Profit

Employer (See instructions)

Naoko Mitsui Shrine Foundation

Date
4/1/2019

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

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

Contributor address; City; State; Zip Code
**600 E. Market #3302
San Antonio, TX 78266**

Principal occupation / Job title (See instructions)

Executive

Employer (See instructions)

Dailey & Wells Communications

Date
4/1/2019

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

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

Contributor address; City; State; Zip Code
**600 E. Market #3302
San Antonio, TX 78266**

Principal occupation / Job title (See instructions)

Executive

Employer (See instructions)

Dailey & Wells Communications

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 14

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
4/1/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Police Officers Association (PAC Fund)

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1939 NE Loop 410 #300
San Antonio, TX 78217**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
4/1/2019

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**706 South Birdsong Way
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
4/2/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1220 East Commerce
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Chairman Emeritus

Employer (See instructions)
The RK Group

Date
4/2/2019

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**775 Flightline
Spring Branch, TX 78070**

Principal occupation / Job title (See instructions)
Director, Public Affairs

Employer (See instructions)
Zachry Corporation

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:
5 of 14

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
4/2/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
TREPAC/Texas Association of Realtors Political Action Committee

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 2246
Austin, TX 78768**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
4/3/2019

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7 Saxy Glen
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Vice President

Employer (See instructions)
Integrated Human Capital

Date
4/3/2019

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2831 Bent Bow
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Chief of Engagement

Employer (See instructions)
Witte Museum

Date
4/3/2019

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**8415 Fredericksburg Rd. #805
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Philanthropy Advisor

Employer (See instructions)
The Marianist Province of the US

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: 6 of 14
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Geraldine Garcia 6 Contributor address; City; State; Zip Code 300 E. Basse Rd. #2520 San Antonio, TX 78209	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) Andrade Van de Putte and Associates
Date 4/3/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Kelli Cubeta Contributor address; City; State; Zip Code 130 Park Dr. San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Cubeta Law Group
Date 4/3/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Minerva Sanchez Contributor address; City; State; Zip Code 4002 River Falls San Antonio, TX 78259	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Andrade Van de Putte and Associates
Date 4/3/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr David West Contributor address; City; State; Zip Code 512 Ridgemont San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Real Estate Developer		Employer (See instructions) JLL
<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 14
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Ashley Barth 6 Contributor address; City; State; Zip Code 208 Bushnell #5 San Antonio, TX 78212	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) Self
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Melessa Rodriguez Contributor address; City; State; Zip Code 110 Broadway San Antonio, TX 78205	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Marketing Professional		Employer (See instructions) The DeBerry Group
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Hope Andrade Contributor address; City; State; Zip Code 921 Nottingham Rd. Keller, TX 76248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Entrepreneur		Employer (See instructions) Self
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Alison Cochrane Contributor address; City; State; Zip Code 208 Grandview Place #1 San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) Zachry Group
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 14
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Lauren Mandel 6 Contributor address; City; State; Zip Code 528 Normandy Ave. San Antonio, TX 78209	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Chief of Staff		9 Employer (See instructions) Bexar County
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Kevin Moore Contributor address; City; State; Zip Code 515 Cedar San Antonio, TX 78210	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Principal		Employer (See instructions) iFinancial
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Arthur Rodriguez Contributor address; City; State; Zip Code 204 E. Arsenal San Antonio, TX 78201	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) Zachry Group
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Josephine Hurtado Contributor address; City; State; Zip Code 347 Regent Circle San Antonio, TX 78231	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) Zachry 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: 9 of 14
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Anna Maria Suescun-Fast 6 Contributor address; City; State; Zip Code 360 Pike Rd. San Antonio, TX 78209	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Marketing Professional		9 Employer (See instructions) The DeBerry Group
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Leticia Van de Putte Contributor address; City; State; Zip Code 1616 W. Mulberry San Antonio, TX 78201	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) President/Co-Founder		Employer (See instructions) Andrade Van de Putte
Date 4/5/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Rebecca Cedillo Contributor address; City; State; Zip Code 75 Longsford San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Urban Planner		Employer (See instructions) Self
Date 4/5/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Bradford Kaufman Contributor address; City; State; Zip Code 223 Brackenridge Ave. #2422 San Antonio, TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Transwestern
<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 14
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Charles Amato 6 Contributor address; City; State; Zip Code 9311 San Pedro Ave. #600 San Antonio, TX 78216	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Chairman		9 Employer (See instructions) SWBC
Date 4/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Catherine Teague Contributor address; City; State; Zip Code 128 Furr Drive San Antonio, TX 78201	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Vice President of Studio and Marketing		Employer (See instructions) KB Home
Date 4/9/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Joshua Cude Contributor address; City; State; Zip Code 1160 Rodalyn Dr. Boerne, TX 78006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Civil Engineer		Employer (See instructions) Cude Engineering
Date 4/9/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jordan Ghawi Contributor address; City; State; Zip Code 903 W. Huisache Ave. San Antonio, TX 78201	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Healtcare		Employer (See instructions) STRAC
<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: 11 of 14
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Lloyd Denton 6 Contributor address; City; State; Zip Code 1 Bitterblue Ln. San Antonio, TX 78218	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Real Estate Developer		9 Employer (See instructions) Denton Communities
Date 4/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Steven Alaniz Contributor address; City; State; Zip Code 12118 Harris Hawk San Antonio, TX 78253	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Partner		Employer (See instructions) Momentum Physical Therapy
Date 4/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Stephen Dyer Contributor address; City; State; Zip Code 22 Court Cir San Antonio, TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Managing Director		Employer (See instructions) Aventine Hills Partners
Date 4/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Homero Rodriguez Contributor address; City; State; Zip Code 1523 Springhouse St. San Antonio, TX 78251	Amount of contribution (\$) 300.00
Principal occupation / Job title (See instructions) Deputy Superintendent		Employer (See instructions) Southwest ISD
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 14
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Elizabeth Costello 6 Contributor address; City; State; Zip Code 2011 McCollough Ave San Antonio, TX 78212	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Non-Profit		9 Employer (See instructions) Naoko Mitsui Shrine Foundation
Date 4/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valero Political Action Committee Contributor address; City; State; Zip Code PO Box 696000 San Antonio, TX 78269	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 4/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Smita Bhakta Contributor address; City; State; Zip Code 3 Privada Yesa San Antonio, TX 78257	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Lawyer		Employer (See instructions) Kruger Carson PLLC
Date 4/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Thomas OBrien Contributor address; City; State; Zip Code 24 Devon Wood San Antonio, TX 78257	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) None
<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: 13 of 14
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Thomas Yantis 6 Contributor address; City; State; Zip Code 1802 NW Military Dr. #100 San Antonio, TX 78213	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Real Estate Developer		9 Employer (See instructions) Mosaic Land Development
Date 4/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Blake Yantis Contributor address; City; State; Zip Code 12018 Indigo Bend San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate Developer		Employer (See instructions) Mosaic Land Development
Date 4/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Marc Ross Contributor address; City; State; Zip Code PO Box 28490 San Antonio, TX 78228	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Property Manager		Employer (See instructions) Ross Properties, LLC
Date 4/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chazar 410 Holdings LLC Contributor address; City; State; Zip Code 610 Chandler Dr. Chandler, TX 75758	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 14
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Roy White 6 Contributor address; City; State; Zip Code 853 Burr Rd. San Antonio, TX 78209	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Langley & Banack
Date 4/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Kay White Contributor address; City; State; Zip Code 853 Burr Rd. San Antonio, TX 78210	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Stay at home mom		Employer (See instructions) None
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3/26/2019		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr James Chandler 7 Contributor address; City; State; Zip Code 8627 Cinnamon Creek Dr. #602 San Antonio, TX 78240	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) President of Interactive Media		8 Amount of Contribution \$ 500.00 9 In-kind contribution description Videography <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
12 Contributor's principal occupation (FOR JUDICIAL)		11 Employer (FOR NON-JUDICIAL) (See instructions) The IMG Studio	
14 Contributor's employer/law firm (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
Date 3/26/2019		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Heather A Chandler Contributor address; City; State; Zip Code 8627 Cinnamon Creek Dr. San Antonio, TX 78240	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Founder, CEO		Amount of Contribution \$ 500.00 In-kind contribution description Editing video <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Contributor's principal occupation (FOR JUDICIAL)		Employer (FOR NON-JUDICIAL) (See instructions) The IMG Studio	
Contributor's employer/law firm (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		Law firm of contributor's spouse (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	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 9	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/2019	5 Payee name Chevron		
6 Amount (\$) 37.06	7 Payee address; City; State; Zip Code 9410 Potranco Rd. San Antonio, TX 78251		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description Gas for block walking <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 3/29/2019	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) Fees	Description 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 3/29/2019	Payee name Taqueria Mexico		
Amount (\$) 26.00	Payee address; City; State; Zip Code 7167 Somerset Rd. San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Meeting with 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 9	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/2019	5 Payee name Sazon Mexican Cafe		
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code 9822 Potranco Rd. San Antonio, TX 78251		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Volunteer breakfast <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 4/1/2019	Payee name Hearst Media Solutions		
Amount (\$) 1000.00	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 Campaign 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			
Date 4/8/2019	Payee name Ace Mart Restaurant Supply		
Amount (\$) 15.13	Payee address; City; State; Zip Code 1220 St. Marys San Antonio, TX 78210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Supplies for event <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 9	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2019	5 Payee name Liberty Bar		
6 Amount (\$) 994.24	7 Payee address; City; State; Zip Code 1111 South Alamo San Antonio, TX 78210		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Fundraiser event cost <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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date 4/8/2019	Payee name Matthew Hall		
Amount (\$) 500.00	Payee address; City; State; Zip Code 6503 Bluff Springs Rd. Austin, TX 78755		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Data 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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date 4/9/2019	Payee name Lopez Print & Marketing		
Amount (\$) 216.50	Payee address; City; State; Zip Code 427 Lombrano San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Campaign literature <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 9	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/2019	5 Payee name Lopez Print & Marketing		
6 Amount (\$) 262.90	7 Payee address; City; State; Zip Code 427 Lombrano San Antonio, TX 78207		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Campaign literature <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/9/2019	Payee name Lopez Print & Marketing		
Amount (\$) 1201.58	Payee address; City; State; Zip Code 427 Lombrano San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Campaign literature <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 4/9/2019	Payee name Mr Arnulfo Ybarra		
Amount (\$) 300.00	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 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 9	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/2019	5 Payee name Innovative Multimedia Group		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 8627 Cinnamon Creek Dr. #602 San Antonio, TX 78240		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign advertising <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 4/10/2019	Payee name Deco Pizzeria		
Amount (\$) 67.79	Payee address; City; State; Zip Code 2026 Babcock Rd. San Antonio, TX 78229		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Event catering expense <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 4/11/2019	Payee name Mr William Shaw III		
Amount (\$) 500.00	Payee address; City; State; Zip Code 1630 E. Houston #102 San Antonio, TX 78202		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Returned contribution	Description Returned contribution <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 9	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2019	5 Payee name Ms Sylvia Lopez	
6 Amount (\$) 840.00	7 Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Block walking <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 4/17/2019	Payee name Stripe, Inc.	
Amount (\$) 321.10	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) Fees	Description Stripe processing 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		
Date 4/17/2019	Payee name Alamo Mailing Co.	
Amount (\$) 1367.26	Payee address; City; State; Zip Code 11314 Lookout Run San Antonio, TX 78233	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Mailing <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		

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 9	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2019	5 Payee name Voice Broadcasting		
6 Amount (\$) 77.39	7 Payee address; City; State; Zip Code 1527 South Cooper Arlington, TX 76010		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense		(b) Description Voice poll <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 4/22/2019	Payee name EI Coqui		
Amount (\$) 75.05	Payee address; City; State; Zip Code 5036 SW Military Dr. San Antonio, TX 78242		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Volunteer lunch <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 4/22/2019	Payee name Walmart		
Amount (\$) 36.86	Payee address; City; State; Zip Code 7239 SW Loop 410 San Antonio, TX 78242		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Water, soda and snacks 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			

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 9	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2019	5 Payee name OReilly Auto Parts		
6 Amount (\$) 16.23	7 Payee address; City; State; Zip Code 6302 Old Pearsall Rd. San Antonio, TX 78242		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Supplies		(b) Description Screw heads for electric drill <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 4/22/2019	Payee name Lopez Print & Marketing		
Amount (\$) 855.00	Payee address; City; State; Zip Code 427 Lombrano San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Campaign literature <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 4/22/2019	Payee name Home Depot		
Amount (\$) 11.85	Payee address; City; State; Zip Code 611 SW Loop 410 San Antonio, TX 78227		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Supplies		Description Graffiti remover <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: 9 of 9	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2019	5 Payee name Ms Sylvia Lopez	
6 Amount (\$) 1970.00	7 Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Block walking <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 4/23/2019	Payee name Alamo Mailing Co.	
Amount (\$) 1264.04	Payee address; City; State; Zip Code 11314 Lookout Run San Antonio, TX 78233	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Mailer printing <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	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 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 <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	---

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

Date	Payee name
------	------------

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

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

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

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

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 <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	---

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

Date	Payee name
------	------------

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME 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)	

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
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