

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: 58	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms			FIRST Adriana	
	NICKNAME			LAST Garcia	
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 ()		PHONE NUMBER -		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr			FIRST Arthur	
	NICKNAME A.J.			LAST Rodriguez	
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 Runoff Election				
10 PERIOD COVERED	Month Day Year 4/25/2019		Month Day Year THROUGH 4/29/2019		
11 ELECTION	ELECTION DATE Month Day Year 6/8/2019		ELECTION TYPE		
			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Council District 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

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

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<table border="1" style="width:100%"> <tr> <td colspan="2">COMMITTEE NAME AFSCME</td> </tr> <tr> <td colspan="2">COMMITTEE ADDRESS 1625 L Street NW Washington DC 20036</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME Ms Elissa McBride</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS 1625 L Street NW Washington DC 20036</td> </tr> </table>	COMMITTEE NAME AFSCME		COMMITTEE ADDRESS 1625 L Street NW Washington DC 20036		COMMITTEE CAMPAIGN TREASURER NAME Ms Elissa McBride		COMMITTEE CAMPAIGN TREASURER ADDRESS 1625 L Street NW Washington DC 20036	
COMMITTEE NAME AFSCME									
COMMITTEE ADDRESS 1625 L Street NW Washington DC 20036									
COMMITTEE CAMPAIGN TREASURER NAME Ms Elissa McBride									
COMMITTEE CAMPAIGN TREASURER ADDRESS 1625 L Street NW Washington DC 20036									

☒ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL 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)	\$ 31375.45
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 25422.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24710.55
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 31st day of May, 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2 - A

The Instruction Guide explains how to complete this form.

1 Total pages:
1 of 1

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission filers)

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NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

TEXAS REALTORS PAC

COMMITTEE ADDRESS

PO Box 295305
Kerrville TX 78029

COMMITTEE CAMPAIGN TREASURER NAME

Mr Lance Lacey

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO Box 2246
Austin TX 78768

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 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	\$ 30604.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 771.45
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 500.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25422.94
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 23

2 FILER NAME
Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
4/25/2019

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**3915 Skylark Ave
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
N/A

Date
4/25/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**214 Regent
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
True Flavors

Date
4/25/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 Convent St.
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/29/2019

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**503 Wilcox
San Antonio, TX 78211**

Principal occupation / Job title (See instructions)
Cyber Software Engineer

Employer (See instructions)
Northrop Grumman

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 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr John Ernst 6 Contributor address; City; State; Zip Code 9386 Huebner Rd. San Antonio, TX 78240	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Contractor		9 Employer (See instructions) Self-Employed
Date 4/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Colleen Ernst Contributor address; City; State; Zip Code 9386 Huebner Rd. San Antonio, TX 78240	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self-employed		Employer (See instructions) Self-Employed
Date 4/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Robert Worth Contributor address; City; State; Zip Code 270 Terrell Rd. San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Worth & Associates
Date 4/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Amanda Skyes Contributor address; City; State; Zip Code 126 Brittany San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Homemaker		Employer (See instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Mellick Skyes 6 Contributor address; City; State; Zip Code 126 Brittany San Antonio, TX 78212	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Self-Employed
Date 4/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Apartment Association Contributor address; City; State; Zip Code 7525 Babcock Rd. San Antonio, TX 78249	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 4/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jesus Rendon Contributor address; City; State; Zip Code 503 Wilcox San Antonio, TX 78211	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Cyber Software Engineer		Employer (See instructions) Northrop Grumman
Date 4/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Daniel Mezza Contributor address; City; State; Zip Code 13755 Morningbluff San Antonio, TX 78216	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Self-employed		Employer (See instructions) Self-Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Gilbert Chavarria 6 Contributor address; City; State; Zip Code 7339 Sunscape Way San Antonio, TX 78250	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See instructions) Procurement		9 Employer (See instructions) USAA
Date 5/6/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin & Drought, P.C. Contributor address; City; State; Zip Code 300 Convent St. San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 5/9/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camille Denton Contributor address; City; State; Zip Code 1 Bitterblue Ln. San Antonio, TX 78216	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Homemaker		Employer (See instructions) N/A
Date 5/9/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Judy Perez Contributor address; City; State; Zip Code 959 W. Villaret Blvd. San Antonio, TX 78224	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Homemaker		Employer (See instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 23

2 FILER NAME
Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
5/9/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
IBC State Political Action Committee

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**130 E. Travis
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
5/10/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 1361
San Antonio, TX 78295**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
RK Group

Date
5/11/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**214 Regent
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
True Flavors

Date
5/11/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**204 E. Arsenal St.
San Antonio, TX 78204**

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: 6 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Jenee Gonzalez 6 Contributor address; City; State; Zip Code 427 E. Olmos #B San Antonio, TX 78212	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) Philanthropy Advisor		9 Employer (See instructions) The Marianist Province of the United States
Date 5/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Ina Minjarez Contributor address; City; State; Zip Code 9406 Hazelton Lane San Antonio, TX 78251	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Texas State Representative, HD-124		Employer (See instructions) State of Texas
Date 5/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Southwest Laborers District Council PAC Contributor address; City; State; Zip Code 11720 East 21 St. #D Tulsa, OK 74129	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 5/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Kristal Thomson Contributor address; City; State; Zip Code 37 Westerleigh San Antonio, TX 78218	Amount of contribution (\$) 300.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Langley & Banack
<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 23

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
5/14/2019

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

7 Amount of contribution (\$)
300.00

6 Contributor address; City; State; Zip Code
**1711 Citadel Plz.
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Co-Founder

9 Employer (See instructions)
Mobius Partners

Date
5/14/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Sonya Medina Williams

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**104 Bushnell Ave.
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self

Date
5/14/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/14/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linebarger Goggan Blair & Sampson, LLP

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

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: 8 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Michael Beldon 6 Contributor address; City; State; Zip Code 4 Westelm Cir. San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Chairman		9 Employer (See instructions) Beldon Roofing
Date 5/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Fire & Police Pension Association PAC Contributor address; City; State; Zip Code 11603 W. Coker Loop #201A San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 5/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr William Calve Contributor address; City; State; Zip Code 122 Roy Smith St. ##3429 San Antonio, TX 78215	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Norton Rose Fulbright
Date 5/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Oscar Perez Contributor address; City; State; Zip Code 5207 Hayden Dr. San Antonio, TX 78242	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Registered Nurse		Employer (See instructions) Harlandale 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: 9 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Cynthia Salazar 6 Contributor address; City; State; Zip Code 300 E. Basse ##2420 San Antonio, TX 78209	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) Teacher		9 Employer (See instructions) Harlandale ISD
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Cathy Obriotti Green Contributor address; City; State; Zip Code 128 Grant Ave. San Antonio, TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) None
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Police Officers Association Contributor address; City; State; Zip Code 1939 NE Loop 410 #300 San Antonio, TX 78217	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr AJ Hausman Contributor address; City; State; Zip Code 411 Bitters San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Food broker		Employer (See instructions) ADT LLC
<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 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Teal Lawrence Hausman 6 Contributor address; City; State; Zip Code 18627 Crosstimber San Antonio, TX 78258	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Employee		9 Employer (See instructions) ADT LLC
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Kelly Hasuman Contributor address; City; State; Zip Code 18627 Crosstimber San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Nursing		Employer (See instructions) Self-Employed
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yuhoe Gia Dice Contributor address; City; State; Zip Code 18627 Crosstimber San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Doctor		Employer (See instructions) Self-Employed
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Harry Hausman Contributor address; City; State; Zip Code 9364 Canyon Mist Helotes, TX 78023	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate Developer		Employer (See instructions) Hausman Homes
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 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Heather Love 6 Contributor address; City; State; Zip Code 310 Lantana Cerro Spring Branch, TX 78070	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Homemaker		9 Employer (See instructions) N/A
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jordan Love Contributor address; City; State; Zip Code 310 Lantana Cerro Spring Branch, TX 78070	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Employee		Employer (See instructions) Lovehaus LLC
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jimmy Hoyt Contributor address; City; State; Zip Code 9811 Wilderness Sun San Antonio, TX 78254	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Insurance		Employer (See instructions) USAA
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Mary Magdalen Hoyt Contributor address; City; State; Zip Code 9811 Wilderness Sun San Antonio, TX 78254	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Employee		Employer (See instructions) Hausman 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:
12 of 23

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
5/16/2019

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**6022 Opal Falls
San Antonio, TX 78222**

8 Principal occupation / Job title (See instructions)
Employee

9 Employer (See instructions)
ADT LLC

Date
5/16/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4702 Center Park Blvd.
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Texas Towing

Date
5/16/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Offices of Marc Rodriguez

Date
5/16/2019

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**208 Grandview Pl. #1
San Antonio, TX 78209**

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: 13 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Smita Bhakta 6 Contributor address; City; State; Zip Code 3 Privada Yesa San Antonio, TX 78257	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Kruger Carson, PLLC
Date 5/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jude Aguinaga Contributor address; City; State; Zip Code 3027 Sandstone Creek Lane Rosenberg, TX 77471	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Director of Health and Safety		Employer (See instructions) Rago Enterprises, LLC.
Date 5/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leo Pacheco Campaign Contributor address; City; State; Zip Code PO Box 14244 San Antonio, TX 78214	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 5/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Rey Saldana Contributor address; City; State; Zip Code 8902 Victoria Lake San Antonio, TX 78224	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) City Councilman		Employer (See instructions) City of San Antonio
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 23

2 FILER NAME
Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
5/20/2019

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

7 Amount of contribution (\$)
300.00

6 Contributor address; City; State; Zip Code
**213 Woodlief St.
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self Employed

Date
5/20/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**11202 Vance Jackson Rd. #11
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/20/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1202 W. Bitters #1200
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
Hartman Foundation

Date
5/20/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**419 Happy Trail
Shavano Park, TX 78231**

Principal occupation / Job title (See instructions)
Attorney and Executive

Employer (See instructions)
NuStar Energy

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/21/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Susan Blackwood 6 Contributor address; City; State; Zip Code 706 South Birdson Way San Antonio, TX 78258	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) None
Date 5/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr William Greehey Contributor address; City; State; Zip Code PO Box 780489 San Antonio, TX 78278	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Chairman of the Board		Employer (See instructions) NuStar Energy
Date 5/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Paul Bell Contributor address; City; State; Zip Code 312 Pearl Parkway #2403 San Antonio, TX 78215	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Co-Founder		Employer (See instructions) Group 42
Date 5/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Celina Pena Contributor address; City; State; Zip Code 2007 W. Martin St. San Antonio, TX 78207	Amount of contribution (\$) 104.00
Principal occupation / Job title (See instructions) NGO		Employer (See instructions) LiftFund
<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:
16 of 23

2 FILER NAME
Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
5/22/2019

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)
CEO

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

Date
5/22/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 Convent St. #2700
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Bracewell

Date
5/22/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 15070
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Independenct Contractor

Employer (See instructions)
Self-Employed

Date
5/22/2019

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

Amount of contribution (\$)
125.00

Contributor address; City; State; Zip Code
**2101 W. Summit Ave.
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
None

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Mary Rose Brown 6 Contributor address; City; State; Zip Code 48 Vineyard San Antonio, TX 78257	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Executive Vice President		9 Employer (See instructions) NuStar Energy
Date 5/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Paul Basaldua Contributor address; City; State; Zip Code 3 Woltwood San Antonio, TX 78248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Mosaic Development
Date 5/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Fernando Reyes Contributor address; City; State; Zip Code 2 Davenport Lane San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Reyes Ventures
Date 5/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Estella DeLuna Contributor address; City; State; Zip Code 11950 Autumn Vista St. San Antonio, TX 78249	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Client Service Representative		Employer (See instructions) SWBC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
5/23/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Guillermo Reyes-Long

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

6 Contributor address; City; State; Zip Code
**502 W. Woodlawn Ave.
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Manager

9 Employer (See instructions)
CEC

Date
5/23/2019

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

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

Contributor address; City; State; Zip Code
**2018 Sunbend Fls.
San Antonio, TX 78224**

Principal occupation / Job title (See instructions)
Administrator

Employer (See instructions)
Harlandale ISD

Date
5/23/2019

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

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

Contributor address; City; State; Zip Code
**680 E. Basse Rd. #128
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Entrepreneur

Employer (See instructions)
Self

Date
5/23/2019

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

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code
**221 Lexington Ave.
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Partner

Employer (See instructions)
Phipps Deacon Purnell PLLC

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Rosemary Kowalski 6 Contributor address; City; State; Zip Code 1220 E. Commerce St. San Antonio, TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Chairman Emeritus		9 Employer (See instructions) RK Group
Date 5/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Ruby Perez Contributor address; City; State; Zip Code 368 New Laredo Highway San Antonio, TX 78211	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) A. Perez Restaurant Equipment Parts & Services Inc.
Date 5/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Roberto Espinosa Contributor address; City; State; Zip Code 3218 Falling Brook San Antonio, TX 78258	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Financial Manager		Employer (See instructions) Northwestern Mutual
Date 5/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Alcide Longoria Contributor address; City; State; Zip Code 125 Aylesbury Hill St. San Antonio, TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Real Estate		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:
20 of 23

2 FILER NAME
Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
5/24/2019

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

7 Amount of contribution (\$)
200.00

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

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

9 Employer (See instructions)
JLL

Date
5/24/2019

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 St.
San Antonio, TX 78266**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Dailey & Wells Communication

Date
5/24/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Dailey & Wells Communication

Date
5/28/2019

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**22818 Cardigan Chase
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Maria Janet Guzman 6 Contributor address; City; State; Zip Code 26227 Dakota Chief San Antonio, TX 78261	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 5/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Johnathon Cruz Contributor address; City; State; Zip Code 7918 Dempsey St. San Antonio, TX 78242	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Administrator		Employer (See instructions) Southwest ISD
Date 5/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Pedro Cazares Contributor address; City; State; Zip Code 2300 Nacogdoches Rd. San Antonio, TX 78209	Amount of contribution (\$) 300.00
Principal occupation / Job title (See instructions) Entrepreneur		Employer (See instructions) Self-Employed
Date 5/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Martha Martinez-Flores Contributor address; City; State; Zip Code 204 Clay St. San Antonio, TX 78204	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Creative Director		Employer (See instructions) MM Creative
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:
22 of 23

2 FILER NAME

Ms Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
5/28/2019

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**11814 Mill Rock Rd.
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)

Medical Doctor

9 Employer (See instructions)

Retired

Date
5/29/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Chazar 410 Holdings LLC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**610 Chandler Dr.
Chandler, TX 78758**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/29/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
American Federation of State, County and Municipal Employees (AF

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/29/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3115 Iron Stone Ln.
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)

President

Employer (See instructions)

Briggs Medical Office Park

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23 of 23
2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Ann Wells 6 Contributor address; City; State; Zip Code 106 Crescent St. San Antonio, TX 78209	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) CPA		9 Employer (See instructions) Self
Date 5/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Juan Antonio Flores Contributor address; City; State; Zip Code 348 Redwood San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Port San Antonio
Date 5/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Juan Elias Contributor address; City; State; Zip Code 12414 Alstroemeria San Antonio, TX 78253	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		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)
<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>		

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 5/25/2019	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	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Recording for run off <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) President of Interactive Media		11 Employer (FOR NON-JUDICIAL) (See instructions) The IMG Studio
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 5/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr JC Florenson Contributor address; City; State; Zip Code 3801 Kirby Dr. Houston, TX 77098	Amount of Contribution \$ 271.45 In-kind contribution description Event space, food and beverage. <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Regional Director		Employer (FOR NON-JUDICIAL) (See instructions) Citelum Corporation
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 5/27/2019	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Valero Political Action Committee 7 Pledgor address; City; State; Zip Code PO Box 696000 San Antonio, TX 78269	8 Amount of Pledge \$ 500.00 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)

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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 19	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2019	5 Payee name Mr Arnulfo Ybarra	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Signs <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 4/25/2019	Payee name Bexar County Clerk	
Amount (\$) 40.00	Payee address; City; State; Zip Code 1103 S. Frio #100 San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description List <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/26/2019	Payee name Stripe, Inc.	
Amount (\$) 29.80	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 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: 2 of 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2019	5 Payee name Ms Sylvia Lopez		
6 Amount (\$) 1280.00	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) Consulting Expense	(b) Description Block walk <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/30/2019	Payee name Mr Arnulfo Ybarra		
Amount (\$) 2100.00	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) Polling Expense	Description Poll work <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 4/30/2019	Payee name Amegy Bank		
Amount (\$) 8.00	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 Bank 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			

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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 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2019	5 Payee name Stripe, Inc.		
6 Amount (\$) 12.70	7 Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			
Date 5/1/2019	Payee name Stripe, Inc.		
Amount (\$) 18.00	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 <div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			
Date 5/1/2019	Payee name Lopez Print & Marketing		
Amount (\$) 394.34	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 Postcards <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> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </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 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/1/2019	5 Payee name Lopez Print & Marketing		
6 Amount (\$) 925.54	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 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 5/1/2019	Payee name Alamo Mailing Co.		
Amount (\$) 1209.43	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 Candidate / Officeholder name Office sought Office held			
Date 5/1/2019	Payee name Rockys Taco House		
Amount (\$) 38.00	Payee address; City; State; Zip Code 1302 Cupples San Antonio, TX 78226		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Food for volunteers <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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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 19	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2019	5 Payee name Walmart	
6 Amount (\$) 58.38	7 Payee address; City; State; Zip Code 7239 SW Loop 410 San Antonio, TX 78242	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Volunteer snacks and beverages <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 5/2/2019	Payee name Taqueria El Charro de Jalisco	
Amount (\$) 1260.00	Payee address; City; State; Zip Code 150 Valley Hi San Antonio, TX 78227	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Watch party food <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 5/3/2019	Payee name Tru Branding	
Amount (\$) 337.74	Payee address; City; State; Zip Code 1414 West Poplar San Antonio, TX 78207-1233	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Shirts for volunteers <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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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 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)			
4 Date 5/3/2019	5 Payee name Smiley Productions					
6 Amount (\$) 262.38	7 Payee address; City; State; Zip Code 218 Stafford San Antonio, TX 78208					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Projector deposit			
			<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 <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/3/2019	Payee name Dollar Tree					
Amount (\$) 25.98	Payee address; City; State; Zip Code 214 Valley Hi Dr. San Antonio, TX 78227					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Balloons			
			<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/6/2019	Payee name Facebook					
Amount (\$) 77.00	Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Facebook 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 <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)			
4 Date 5/6/2019	5 Payee name Mexico Taqueria					
6 Amount (\$) 58.46	7 Payee address; City; State; Zip Code 6333 Old Pearsall Rd. San Antonio, TX 78242					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast tacos for volunteers <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 <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/6/2019	Payee name Brendas Burgers					
Amount (\$) 148.30	Payee address; City; State; Zip Code 3837 SW Military Dr. San Antonio, TX 78211					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Food 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 <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/6/2019	Payee name Taqueria El Charro de Jalisco					
Amount (\$) 39.00	Payee address; City; State; Zip Code 150 Valley Hi San Antonio, TX 78227					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description 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 <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 19	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2019	5 Payee name Mr Arnulfo Ybarra	
6 Amount (\$) 840.00	7 Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Poll working <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 5/6/2019	Payee name Walmart	
Amount (\$) 33.22	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 Volunteer snacks <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 5/7/2019	Payee name Ms Sylvia Lopez	
Amount (\$) 1980.00	Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Block walking <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: 9 of 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2019	5 Payee name Mr Arnulfo Ybarra		
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Poll work <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 5/7/2019	Payee name Mr Arnulfo Ybarra		
Amount (\$) 160.00	Payee address; City; State; Zip Code 3215 Coconino San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Poll dressing <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 5/7/2019	Payee name Smiley Productions		
Amount (\$) 262.37	Payee address; City; State; Zip Code 218 Stafford San Antonio, TX 78208		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Balance for projector set up. <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: 10 of 19	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2019	5 Payee name Blue Skies of Texas East	
6 Amount (\$) 59.54	7 Payee address; City; State; Zip Code 4917 Ravenswood San Antonio, TX 78227	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Volunteer 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 5/8/2019	Payee name Innovative Multimedia Group	
Amount (\$) 450.00	Payee address; City; State; Zip Code 8627 Cinnamon Creek Dr. #602 San Antonio, TX 78240	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Digital ads <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 5/10/2019	Payee name South San Antonio Chamber of Commerce	
Amount (\$) 20.00	Payee address; City; State; Zip Code 3315 Sidney Brooks #200 San Antonio, TX 78235	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Networking breakfast <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: 11 of 19	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2019	5 Payee name Stripe, Inc.	
6 Amount (\$) 29.80	7 Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div>		
Date 5/13/2019	Payee name Matthew Hall	
Amount (\$) 550.00	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
		<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; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div>		
Date 5/13/2019	Payee name Stripe, Inc.	
Amount (\$) 12.10	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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 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: 12 of 19	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2019	5 Payee name Traders Village	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 9333 SW Loop 410 San Antonio, TX 78242	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Space rental <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5/14/2019	Payee name Stripe, Inc.	
Amount (\$) 54.30	Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description 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		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5/14/2019	Payee name Lopez Print & Marketing	
Amount (\$) 1353.13	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 Mailer <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: 13 of 19	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2019	5 Payee name Stripe, Inc.	
6 Amount (\$) 9.45	7 Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5/16/2019	Payee name Lopez Print & Marketing	
Amount (\$) 703.63	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 Runoff postcards <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5/16/2019	Payee name Stripe, Inc.	
Amount (\$) 21.55	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		
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: 14 of 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/17/2019	5 Payee name Stripe, Inc.		
6 Amount (\$) 29.80	7 Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 5/20/2019	Payee name Stripe, Inc.		
Amount (\$) 33.05	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 Candidate / Officeholder name Office sought Office held			

Date 5/20/2019	Payee name Lopez Print & Marketing		
Amount (\$) 811.88	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 Postcards <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
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: 15 of 19	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5/20/2019	5 Payee name Mr Haolrd Orosco	
6 Amount (\$) 1082.50	7 Payee address; City; State; Zip Code 8015 West 2nd Somerset, TX 78069	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Signs <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 5/20/2019	Payee name Ms Sylvia Lopez	
Amount (\$) 2350.00	Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Block walking <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 5/21/2019	Payee name Stripe, Inc.	
Amount (\$) 33.05	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 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: 16 of 19	2 FILER NAME Ms Adriana R Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2019	5 Payee name Stripe, Inc.	
6 Amount (\$) 18.54	7 Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 5/22/2019	Payee name Alamo Mailing Co.	
Amount (\$) 1389.38	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 Candidate / Officeholder name Office sought Office held		

Date 5/23/2019	Payee name Stripe, Inc.	
Amount (\$) 48.10	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 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: 17 of 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/24/2019	5 Payee name Stripe, Inc.		
6 Amount (\$) 24.80	7 Payee address; City; State; Zip Code 185 Berry St. #550 San Francisco, CA 94107-9105		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 5/28/2019	Payee name Stripe, Inc.		
Amount (\$) 59.60	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 Candidate / Officeholder name Office sought Office held			

Date 5/28/2019	Payee name Walmart		
Amount (\$) 33.14	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 and drinks for poll watchers <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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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: 18 of 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)			
4 Date 5/28/2019	5 Payee name HEB					
6 Amount (\$) 45.69	7 Payee address; City; State; Zip Code 368 Valley Hi Dr. San Antonio, TX 78227					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Snacks for volunteers <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 <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/29/2019	Payee name Corner Store					
Amount (\$) 36.56	Payee address; City; State; Zip Code 6003 Old Pearsall Rd. San Antonio, TX 78242					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description Rides to polls, poll watching, blockwalking. <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/29/2019	Payee name Ms Sylvia Lopez					
Amount (\$) 2960.00	Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Block walking <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 19 of 19	2 FILER NAME Ms Adriana R Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2019	5 Payee name Voice Broadcasting		
6 Amount (\$) 37.08	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) Fees		(b) Description Robocalls <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 5/29/2019	Payee name Stripe, Inc.		
Amount (\$) 67.63	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 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			

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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
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 (\$)

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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)
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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
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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
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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 <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			

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Ms Adriana R Garcia

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder