

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>31</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST <b>Adriana</b> LAST <b>Garcia</b>	MI <b>R</b> SUFFIX	OFFICE USE ONLY Date Received	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE			Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST <b>Mr</b> LAST <b>Rodriguez</b>	MI <b>J</b> SUFFIX	Receipt # Amount \$	
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			Date Processed	
	8 CAMPAIGN TREASURER PHONE			Date Imaged	
9 REPORT TYPE <b>July 15: Semi-Annual</b>					
10 PERIOD COVERED Month Day Year <b>1/1/2022</b> THROUGH <b>6/30/2022</b>					
11 ELECTION		ELECTION TYPE			
ELECTION DATE Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE OFFICE HELD (if any) <b>City Council, District 4</b>		13 OFFICE SOUGHT (if known) <b>Council District 4</b>			

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

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# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME <b>Adriana R Garcia</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 11125.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 3940.74</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 10**

2 FILER NAME  
**Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/9/2022**

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

7 Amount of contribution (\$)  
**75.00**

6 Contributor address; City; State; Zip Code  
**3300 Govalle Ave.  
Austin, TX 78702**

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

9 Employer (See instructions)  
**N/A**

Date  
**3/23/2022**

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

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

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

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

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

Date  
**3/31/2022**

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

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

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**4/6/2022**

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

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

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

**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 10**

2 FILER NAME  
**Adriana R Garcia**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/6/2022**

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

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

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

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**4/6/2022**

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

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

Contributor address; City; State; Zip Code  
**PO Box 780489  
San Antonio, TX 78278**

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

Employer (See instructions)  
**NuStar Energy**

Date  
**4/6/2022**

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

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

Contributor address; City; State; Zip Code  
**7323 Eagle Ledge  
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)  
**Civil Engineer**

Employer (See instructions)  
**Parra & Co., LLC**

Date  
**4/6/2022**

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

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

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

Principal occupation / Job title (See instructions)  
**Assistant to the President**

Employer (See instructions)  
**UTSA**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 10</b>
2 FILER NAME <b>Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/6/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Geraldine Garcia</b> ..... 6 Contributor address; City; State; Zip Code <b>300 E. Basse</b> <b>San Anotnio, TX 78209</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>consultant / school resource officer</b>		9 Employer (See instructions) <b>andradevandeputte and associates East Central Independen</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Jordan Ghawi</b> ..... Contributor address; City; State; Zip Code <b>903 W. Huisache Ave.</b> <b>San Antonio, TX 78201</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Director of Strategic Initiatives</b>		Employer (See instructions) <b>STRAC</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Mary Rose Brown</b> ..... Contributor address; City; State; Zip Code <b>48 Vineyard</b> <b>San Antonio, TX 78257</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>EVP</b>		Employer (See instructions) <b>NuStar Energy</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Paul Basaldua</b> ..... Contributor address; City; State; Zip Code <b>3 Woltwood</b> <b>San Antonio, TX 78248</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>President</b>		Employer (See instructions) <b>VesaTerra Development</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 10</b>
2 FILER NAME <b>Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/6/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Jane Macon</b> ..... 6 Contributor address; City; State; Zip Code <b>300 Convent St. #2700</b> <b>San Antonio, TX 78205</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>Bracewell LLP</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Hope Andrade</b> ..... Contributor address; City; State; Zip Code <b>680 E. Basse Rd. #128</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Entrepreneur</b>		Employer (See instructions) <b>Self-employed</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Louis Barrios</b> ..... Contributor address; City; State; Zip Code <b>1102 Morgans Peak</b> <b>San Antonio, TX 78258</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See instructions) <b>Owner</b>		Employer (See instructions) <b>Los Barrios</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alexandra J Rodriguez</b> ..... Contributor address; City; State; Zip Code <b>204 E. Arsenal</b> <b>San Antonio, TX 78204</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Partnership Specialist</b>		Employer (See instructions) <b>CAST Schools Network</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5 of 10</b>
2 FILER NAME <b>Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/6/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Steve Alaniz</b> ..... 6 Contributor address; City; State; Zip Code <b>6060 Talley Rd.</b> <b>San Antonio, TX 78253</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See instructions) <b>CEO/Partner</b>		9 Employer (See instructions) <b>Momentum Physical Therapy</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chris Aldrete</b> ..... Contributor address; City; State; Zip Code <b>335 Country Wood Dr.</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Consultant</b>		Employer (See instructions) <b>Aldrete Strategic Partners</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marina Gavito</b> ..... Contributor address; City; State; Zip Code <b>1931 West French Place</b> <b>San Antonio, TX 78201</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Executive Director</b>		Employer (See instructions) <b>Sa Digital Connects</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Ortiz</b> ..... Contributor address; City; State; Zip Code <b>9103 Mellbrook St.</b> <b>San Antonio, TX 78230</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Brown &amp; Ortiz</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 10</b>
2 FILER NAME <b>Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/6/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kenneth Brown</b> ..... 6 Contributor address; City; State; Zip Code <b>2454 Toftrees</b> <b>San Antonio, TX 78209</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>Brown &amp; Ortiz</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chris Alderete</b> ..... Contributor address; City; State; Zip Code <b>1602 Hillcrest Drive</b> <b>San Antonio, TX 78228</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Owner</b>		Employer (See instructions) <b>The Rose Boutique</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brianna Dimas</b> ..... Contributor address; City; State; Zip Code <b>7772 Birch Stage</b> <b>San Antonio, TX 78244</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Vice President of Programs and Communications</b>		Employer (See instructions) <b>United States Hispanic Chamber of Commerce</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stephen Poppoon</b> ..... Contributor address; City; State; Zip Code <b>145 Grand Oak Dr.</b> <b>Hollywood Park, TX 78232</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Self-employed</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7 of 10</b>
2 FILER NAME <b>Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/6/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Denise Hernandez</b> ..... 6 Contributor address; City; State; Zip Code <b>3710 Owl Creek</b> <b>San Antonio, TX 78257</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Owner</b>		9 Employer (See instructions) <b>The Eatery Culinary Group</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Olivia Travieso</b> ..... Contributor address; City; State; Zip Code <b>508 Channing Ave.</b> <b>San Antonio, TX 78210</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Partner/Co-Founder</b>		Employer (See instructions) <b>OCI Group</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Anita Fernandez</b> ..... Contributor address; City; State; Zip Code <b>1714 Arroya Vista Dr.</b> <b>San Antonio, TX 78213</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Partner/Co-Founder</b>		Employer (See instructions) <b>OCI Group</b>
Date <b>4/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>H Analco Gonzalez</b> ..... Contributor address; City; State; Zip Code <b>11703 Bridge Hampton</b> <b>San Antonio, TX 78251</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Managing Partner/Co-founder</b>		Employer (See instructions) <b>OCI Group</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8 of 10</b>
2 FILER NAME <b>Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/6/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brown &amp; Ortiz PC</b> ..... 6 Contributor address; City; State; Zip Code <b>112 E. Pecan #1360</b> <b>San Antonio, TX 78205</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>4/7/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Jenee M Gonzales</b> ..... Contributor address; City; State; Zip Code <b>8415 Fredericksburg Rd. #805</b> <b>San Antonio, TX 78229</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Philanthropy Coordinator</b>		Employer (See instructions) <b>The Marianist Province of the United States</b>
Date <b>4/8/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr James Chandler</b> ..... Contributor address; City; State; Zip Code <b>8627 Cinnamon Creek Dr. #602</b> <b>San Antonio, TX 78240</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>CTO</b>		Employer (See instructions) <b>Self-employed</b>
Date <b>4/11/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bekki Kowalski</b> ..... Contributor address; City; State; Zip Code <b>PO Box 1361</b> <b>San Antonio, TX 78295</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Not employed</b>		Employer (See instructions) <b>N/A</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9 of 10</b>
2 FILER NAME <b>Adriana R Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/11/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Greg Kowalski</b> ..... 6 Contributor address; City; State; Zip Code <b>PO Box 1361</b> <b>San Antonio, TX 78295</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Executive</b>		9 Employer (See instructions) <b>The RK Group</b>
Date <b>6/21/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>San Antonio Professional Firefighters PAC</b> ..... Contributor address; City; State; Zip Code <b>PO Box 100455</b> <b>San Antonio, TX 78201</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>6/22/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>S&amp;B PAC</b> ..... Contributor address; City; State; Zip Code <b>PO Box 266245</b> <b>Houston, TX 77207</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>6/23/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andi Rodriguez</b> ..... Contributor address; City; State; Zip Code <b>222 E. Houston</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Vice President of Cultural Placemaking</b>		Employer (See instructions) <b>Centro San Antonio</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>10 of 10</b>
<b>2</b> FILER NAME <b>Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/24/2022</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Matthew Jones</b> . . . . . <b>6</b> Contributor address; City; State; Zip Code <b>PO Box 12037</b> <b>San Antonio, TX 78212</b>	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>President</b>		<b>9</b> Employer (See instructions) <b>Azul Strategies, LLC</b>
Date <b>6/27/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Louis Bernardy</b> . . . . . Contributor address; City; State; Zip Code <b>215 Center St. #1304</b> <b>San Antonio, TX 78202</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Senior Vice President, Director of Development, TX</b>		Employer (See instructions) <b>McCormack Baron Salazar, Inc.</b>
Date <b>6/27/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gilberto Ocanas</b> . . . . . Contributor address; City; State; Zip Code <b>7 Champions Run</b> <b>San Antonio, TX 78258</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Founder</b>		Employer (See instructions) <b>Ocanas Group</b>
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Adriana R Garcia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral  
☐ none

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

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral  
☐ none

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

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 6</b>	<b>2</b> FILER NAME <b>Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/31/2022</b>	<b>5</b> Payee name <b>Amegy Bank</b>	
<b>6</b> Amount (\$) <b>2.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 4837</b> <b>Houston, TX 77210-4837</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Statement and Paper Statement Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

  

Date <b>2/9/2022</b>	Payee name <b>Stripe, Inc.</b>	
Amount (\$) <b>3.60</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550</b> <b>San Francisco, CA 94107-9105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Processing fees</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

  

Date <b>2/28/2022</b>	Payee name <b>Amegy Bank</b>	
Amount (\$) <b>2.00</b>	Payee address; City; State; Zip Code <b>PO Box 4837</b> <b>Houston, TX 77210-4837</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Statement and paper statement fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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

<b>1</b> Total pages Schedule F1: <b>2 of 6</b>	<b>2</b> FILER NAME <b>Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/23/2022</b>	<b>5</b> Payee name <b>Stripe, Inc.</b>	
<b>6</b> Amount (\$) <b>4.70</b>	<b>7</b> Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Processing fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>3/28/2022</b>	Payee name <b>SA Flavor</b>		
Amount (\$) <b>3085.13</b>	Payee address; City; State; Zip Code <b>4906 Brandeis San Antonio, TX 78249</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Fiesta medals</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <b>3/29/2022</b>	Payee name <b>Divine Providence Catholic Church</b>		
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>5667 Old Pearsall Rd. San Antonio, TX 78242</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Sponsorship: Run for Human Need</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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

# 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

<b>1</b> Total pages Schedule F1: <b>3 of 6</b>	<b>2</b> FILER NAME <b>Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/31/2022</b>	<b>5</b> Payee name <b>Amegy Bank</b>		
<b>6</b> Amount (\$) <b>2.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 4837 Houston, TX 77210-4837</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		<b>(b)</b> Description <b>Statement and Paper Statement Fees.</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/8/2022</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>102.00</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing fees</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/8/2022</b>	Payee name <b>Deco Pizzeria</b>		
Amount (\$) <b>441.91</b>	Payee address; City; State; Zip Code <b>2026 Babcock Rd. San Antonio, TX 78229</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Food for fundraiser.</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 6</b>	<b>2</b> FILER NAME <b>Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/11/2022</b>	<b>5</b> Payee name <b>Stripe, Inc.</b>		
<b>6</b> Amount (\$) <b>4.70</b>	<b>7</b> Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Processing fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

  

Date <b>4/12/2022</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>4.70</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing fees</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

  

Date <b>4/29/2022</b>	Payee name <b>Amegy Bank</b>		
Amount (\$) <b>2.00</b>	Payee address; City; State; Zip Code <b>PO Box 4837 Houston, TX 77210-4837</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Statement fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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

<b>1</b> Total pages Schedule F1: <b>5 of 6</b>	<b>2</b> FILER NAME <b>Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/31/2022</b>	<b>5</b> Payee name <b>Amegy Bank</b>		
<b>6</b> Amount (\$) <b>2.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 4837 Houston, TX 77210-4837</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		<b>(b)</b> Description <b>Statement fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>6/27/2022</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>4.70</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing fees</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>6/28/2022</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>4.70</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing fees</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

**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

<b>1</b> Total pages Schedule F1: <b>6 of 6</b>	<b>2</b> FILER NAME <b>Adriana R Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/29/2022</b>	<b>5</b> Payee name <b>Stripe, Inc.</b>		
<b>6</b> Amount (\$) <b>11.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Processing fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

  

Date <b>6/30/2022</b>	Payee name <b>Stripe, Inc.</b>		
Amount (\$) <b>11.30</b>	Payee address; City; State; Zip Code <b>185 Berry St. #550 San Francisco, CA 94107-9105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing fees</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

  

Date <b>6/30/2022</b>	Payee name <b>Amegy Bank</b>		
Amount (\$) <b>2.00</b>	Payee address; City; State; Zip Code <b>PO Box 4837 Houston, TX 77210-4837</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Statement</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$ 0</b>
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

  

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME  
**Adriana R Garcia**

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

**4** Date

**5** Name of person from whom investment is purchased

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

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Adriana R Garcia</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

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

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

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

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

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

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

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

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Adriana R Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

**SCHEDULE T**

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

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME  
**Adriana R Garcia**

Filer ID (Ethics Commission Filers)

## SIGNATURE

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

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

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

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

## OFFICEHOLDER

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

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

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