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) 00086056						2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER		RST Rochelle Merc	odes	MI	OFFICE	USE ONLY	
NAME	NICKNAME L	AST		SUFFIX	Date Received ELECTRONIC 07/14/2023	ALLY FILED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / S 1200 E. Harrison St.	SUITE#; CITY	Y ;	ZIP CODE	Date Hand-delivered Receipt #	or Date Postmarked	
Change of Address	Brownsville, TX 78520				Date Processed		
					Date Imaged		
5 CAMPAIGN TREASURER NAME		IRST erri T.		MI	-		
		AST urke		SUFFIX			
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BO 500 Crawford	OX PLEASE);	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE	
(Residence or Business)	Houston, TX 77002						
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (956) 224-9256	NUMBER E	XTENSION				
8 REPORT TYPE	January 15	30th day before 8th day before e		Runoff Exceeded modified	15th day after ca appointment (off		
				reporting limit	_ · ·		
9 PERIOD COVERED	Month Day Year 01/01/2023	ТН	ROUGH	Month Day 06/30/202	Year 3		
10 ELECTION	ELECTION DATE Month Day Year		imary eneral	ELECTION TYPE Runoff Special	Other		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT Attorney Genera			
		GO T	O PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Garza, Rochelle Mer	cedes		14 Filer ID (00086056	(Ethics Comr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditu may have been made without to equired to report this information	the candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS	5)	\$	5,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	KPENDITURES		\$	587.13
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	24,528.76
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	80,308.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
			Rochel	le Mercedes Garza		
			Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day
			my hand and seal of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of office	r administerir	ng oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 14
18 FILE	ER NAM rza, Ro	19 Filer ID 00086056	(Eth	ics Commission Filers)	
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	_
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	0.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	24,528.76
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION		\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	42,102.14

FARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
action Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/14	
talla Marcadas		3 Filer ID (Ethics Commission Filers) 00086056
	:)	7 Amount of Contribution (\$) \$5,000.00
San Antonio, TX 78201 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
	Gene Toscano, Inc.	
	tection Guide explains how to complete this melle Mercedes 5 Full name of contributor	Toscano, Andrew 6 Contributor address; City; State; Zip Code San Antonio, TX 78201 upation / Job title (See Instructions) 9 Employer (See Instructions)

	LOANS					SCHEDU	JLE E
	The Instruction	on Guide explains how to c	complete this f	orm.	I	ages Schedule E: /1 Rpt: 5/14	
2	FILER NAME Garza, Rochelle	Mercedes			3 Filer ID 00086	(Ethics Commission	n Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	.C (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	on / Job title (See Instructions)		13 Employer (See Instruc	ctions)	•	
14	Description of Coll None	ateral		15 Check if personal fund	ds were deposite	d into political account (See Instructions	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarant	eed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruc	ctions)	1	

SCHEDULE F1

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

Fees Office Overhead/Rental Expens
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services 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)

OF EXPENDITURE Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Rent		Credit Card Payment	The Instruction Guide explains how to complete this	is form.		
Date Payee name Garza Property Holdings LLC	1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
Garza Property Holdings LLC Amount (\$) \$12,800.00 \$12,800.00 \$1200 East Harrison Brownsville, TX 78520 Brownsville, TX 78520 Gree Caregories listed at the tips of this schedule) Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Payee name Office Set Set Set Set Set Set Set Set Set Se		Sch: 1/7 Rpt: 6/14	Garza, Rochelle Mercedes		00086056	
Garza Property Holdings LLC Amount (\$) \$12,800.00 \$12,800.00 Brownsville, TX 78520 Brownsville, TX 78520 Gree Categories Isseed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Office Sought Office Held Candidate/Officeholder name Office sought Office held Date Office POB S582.00 Payee address; City; State; Zip Code Payee address; City; State; Zip Code POB S683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (See Categories Isseed at the top of this schedule) Office Sought Office Held	4	Date	5 Payee name	I		
S12,800.00 1200 East Harrison Brownsville, TX 78520 Description Creck if save lostise of Texas Complete Schedule T. Creck If Austin, TX, difficeholder Name expenditure to benefit C/OH Creck if Save lostise of Texas Complete Schedule T. Creck If Austin, TX, difficeholder Name expenditure to benefit C/OH Creck If Austin, TX, difficeholder Name expenditure to benefit C/OH Office hold Creck If Austin, TX, difficeholder Name expenditure to benefit C/OH Office hold Creck If Austin, TX, difficeholder Name expenditure to benefit C/OH Office hold Creck If Austin, TX, difficeholder Name expenditure to benefit C/OH Creck If If Austin, TX, difficeholder Name expenditure to benefit C/OH Creck If If Austin, TX, difficeholder Name expenditure to benefit C/OH Creck If If Austin, TX, difficeholder Name expenditure to benefit C/OH Creck If		02/14/2023				
Brownsville, TX 78520 (a) Category Size Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check of Austin, TX, officerholder Name Office Sought Office held	6	Amount (\$)	7 Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		\$12,800.00	1200 East Harrison			
PURPOSE OF EXPENDITURE						
Office Overhead/Rental Expense			Brownsville, TX 78520			
Office Overhead/Rental Expense	8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription		
9 Complete ONLY if direct expenditure to benefit C/OH Date O1/20/2023 Gheorghe, Jax Amount (\$) Payee address; City; State; Zip Code PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office sought Office held (a) Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Date O6/30/2023 Gheorghe, Jax Amount (\$) Payee name Office held PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel Out of District Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held			· · · · · · · · · · · · · · · · · · ·		le of Texas. Com	plete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH Date O1/20/2023		LAFENDITORE				g expense
Date O1/20/2023 Payee name Gheorghe, Jax Payee address; City; State; Zip Code PO Box 5683 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Complete QNLY if direct expenditure to benefit C/OH Payee name Gheorghe, Jax Amount (\$)			Rein	mbursement	for Rent	
Date O1/20/2023 Payee name Gheorghe, Jax Payee address; City; State; Zip Code PO Box 5683 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Complete QNLY if direct expenditure to benefit C/OH Payee name Gheorghe, Jax Amount (\$)	_	Complete ONLY if direct	Candidate/Officeholder name Office cought		Office he	ald.
Amount (\$)	9				Office he	eiu
Amount (\$)						
Amount (\$)						
### St82.00 ### PO Box 5683 ### Brownsville, TX 78523-5683 ### PURPOSE OF EXPENDITURE ### Candidate/Officeholder name			-			
Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Health Insurance Complete ONLY if direct expenditure to benefit C/OH Date 06/30/2023 Amount (\$) Payee name Gheorghe, Jax Amount (\$) Payee address; City; State; Zip Code PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel Out of District (b) Description (c) Description (d) Description Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office sought Office held		` '				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense Reimbursement for Health Insurance Complete ONLY if direct expenditure to benefit C/OH Date O6/30/2023 Amount (\$) Payee name Gheorghe, Jax Amount (\$) Payee address; City; State; Zip Code PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office beld		\$582.00	PO Box 5683			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense Reimbursement for Health Insurance Complete ONLY if direct expenditure to benefit C/OH Date O6/30/2023 Amount (\$) Payee name Gheorghe, Jax Amount (\$) Payee address; City; State; Zip Code PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office beld						
Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense Reimbursement for Health Insurance Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Payee name Gheorghe, Jax Amount (\$) Payee address; City; State; Zip Code PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel Out of District Check if Austin, TX, officeholder inving expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Brownsville, TX 78523-5683			
Complete ONLY if direct expenditure to benefit C/OH			· · · · · · · · · · · · · · · · · · ·			
Complete ONLY if direct expenditure to benefit C/OH Date			Salaries/Wages/Contract Eabor			
Complete ONLY if direct expenditure to benefit C/OH Date 06/30/2023 Amount (\$) Payee name Gheorghe, Jax Amount (\$) Payee address; City; State; Zip Code PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if valuation, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			ı —			
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Date 06/30/2023 Gheorghe, Jax Amount (\$) Payee address; City; State; Zip Code PO Box 5683 Brownsville, TX 78523-5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
O6/30/2023 Amount (\$) Payee address; City; State; Zip Code PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			1			
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Amount (\$) Payee address; City; State; Zip Code PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			-			
\$787.75 PO Box 5683 Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
Brownsville, TX 78523-5683 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Brownsville, TX 78523-5683			
OF EXPENDITURE Travel Out of District Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		DUDDOSE		arintian		
Complete ONLY if direct Candidate/Officeholder name Check if Austin, TX, officeholder living expense Reimbursement for Uber and Lodging for Political Staffing Office sought Office held		OF	l —		le of Texas. Com	plete Schedule T.
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE		Check if Austin, TX, o	officeholder living	expense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					for Uber an	d Lodging for Political
			Staff	πing		
experiulure to beriefit C/On					Office he	eld
		expericiture to benefit C/O	1			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	category not listed above)			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	(Ethics Commission Filers)			
	Sch: 2/7 Rpt: 7/14	Garza, Rochelle Mercedes 00086056				
4	Date	5 Payee name				
	01/03/2023	Google Workspaces				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$145.66	1600 Amphitheatre Pkwy				
		Mountain View, CA 94043-1351				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living Google Workspaces Softwa				
		Google Workspaces Softwa	li C			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	old			
9	expenditure to benefit C/OI		eiu			
	Date	Payee name				
	02/01/2023	Google Workspaces				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$140.71	. 1600 Amphitheatre Pkwy				
		Mountain View, CA 94043-1351				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living Google Workspaces Softwa				
		Coogle Workspaces Softwa				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld			
	expenditure to benefit C/OI		ciu			
	Date	Device verse				
	04/03/2023	Payee name Google Workspaces				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$140.71	. 1600 Amphitheatre Pkwy				
		Mountain View, CA 94043-1351				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Com	•			
		Google Workspaces Softwa				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld			
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 8/14	Garza, Rochelle Mercedes 00086056
4	Date	5 Payee name
	05/01/2023	Google Workspaces
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.71	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Google Workspaces Software
		Coogie Workspaces conware
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	06/02/2023	Google Workspaces
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.13	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Google Workspaces Software
	Compulate ONLY if direct	Condidate/Office helds name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/19/2023	Keating, Tom
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	PO Box 5683
		Brownsville, TX 78523-5683
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Compliance and Operations Services
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 9/14	Garza, Rochelle Mercedes 00086056
4	Date	5 Payee name
	02/13/2023	Keating, Tom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.07	PO Box 5683
		Brownsville, TX 78523-5683
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for filing 1099s
		Tellibursement for ming 1999
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/12/2023	MAS Strategy Group LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,435.25	190 E Stacy Rd
		Ste Pm 306
		Allen, TX 75002-8738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement for Flight and Lodging for Political Staffing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/26/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	675 Ponce De Leon Ave
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Service
		Email Golvice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/7 Rpt: 10/14	Garza, Rochelle Mercedes 00086056
4	Date	5 Payee name
	01/27/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$266.50	675 Ponce De Leon Ave
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Ŭ	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/O	
	Date	Payee name
	02/27/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.04	675 Ponce De Leon Ave
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Email Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<u> </u>	
	Date	Payee name
	03/27/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$287.82	675 Ponce De Leon Ave
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/7 Rpt: 11/14	Garza, Rochelle Mercedes 00086056
4	Date	5 Payee name
	04/25/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$287.82	675 Ponce De Leon Ave
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Ī	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to beliefit C/O	<u>'</u>
	Date	Payee name
	05/25/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$287.82	675 Ponce De Leon Ave
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Service
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experience to borionic Grou	
	Date	Payee name
	06/26/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$287.82	675 Ponce De Leon Ave
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Service
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/7 Rpt: 12/14	Garza, Rochelle Mercedes 00086056
4	Date	5 Payee name
	01/19/2023	Martinez Jr., Vicente
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$341.50	4105 Old Highway 77
		Brownsville, TX 78520-9864
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for Health Insurance
		rembursement for ricular insulance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/09/2023	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,279.20	655 15th St NW
	Ψ1,213.20	Ste 650
		Washington, DC 20005-5701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/12/2023	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$701.80	233 S Wacker Dr
	Ψ101.00	200 O Wadker Bi
		Chicago, IL 60606
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garza, Rochelle Mercedes 00086056 8 Amount (\$) Date 5 Name of person from whom amount is received 06/08/2023 **GMMB INC** \$42,102.14 6 Address of person from whom amount is received; City; State; Zip Code Washington, DC 20007 7 Purpose for which amount is received Check if political contribution returned to filer Refund for TV Ads Not Placed

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garza, Rochelle Mercedes 00086056 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Gheorghe, Jax 8 Departure city or name of departure location 06/14/2023 Houston 9 Destination city or name of destination location 07/16/2023 Washington 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Political Staffing