CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00086297 17 Date Received CANDIDATE / MS / MRS / MR **FIRST** ΜI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Gia Jolene 07/24/2023 NAME NICKNAME LAST **SUFFIX** Josey Garcia Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff January 15 Other (specify) REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed 8th day before election Final Report (Attach C/OH-FR) **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 01/01/2023 06/30/2023 **EXPLANATION OF CORRECTION** Upon review of my records, I discovered additional information that needed to be included in this report. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable Gia Jolene Garcia Signature of Candidate or Officeholder

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

_____, 20_____, to certify which, witness my hand and seal of office.

___, this the __

Signature of officer administering oath

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00086297	ssion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Gia Jolene			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LACT		SUFFIX	07/24/2023	
		LAST Garcia		SUFFIX	0112412023	
	Josey	Garcia				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	718 Amber Knoll					
ADDRESS					Receipt #	Amount
Change of Address	San Antonio, TX 78251				Date Processed	
🖰					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>	
TREASURER	Ms.	Gia Jolene				
NAME	IVIS.	Old Soletie				
	NIOVALANAE					
	NICKNAME	LAST		SUFFIX		
	Josey	Garcia				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	718 Amber Knoll					
(Residence or Business)						
	San Antonio, TX 78251					
7 CAMPAICNI	ADEA CODE DUOS	IE NILIMBED - F	VTENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(210) 781-9935					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after can	nnaign treasurer
				_	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
				reporting intil		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	IROUGH	06/30/202	.3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		│ □G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 124 Bexar		12 011102 0000111	(II KIIOWII)	
		10t 12 1 2 0 x 0 x 1				
		GO T	O PAGE 2			
1						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 17

13 C / OH NAME	Garcia, Gia Jolene (he Honorable)	14 Filer ID 00086297	(Ethics Comr	nission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to ceholder's kno notice of such	wledge or								
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL	GENERAL COMMITTEE ADDRESS								
	SPECIFIC	COMMITTEE ADDICESS								
		COMMITTEE CAMPAIGN TREASURER NAI	ME							
		COMMITTEE CAMPAIGN TREASURER ADI	DRESS							
		COMMITTEE CAMI AIGN TREASONER ADI	SKESS							
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		, \$	0.00					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$	24,990.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES								
	4. TOTAL POLITION	CAL EXPENDITURES		\$	29,720.88					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF T	HE LAST DAY OF THE	\$	24,838.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$	0.00					
17 AFFIDAVIT			enalty of perjury, that the a des all information required ode.							
		The H	onorable Gia Jolene Ga	rcia						
		Signatu	ure of Candidate or Officeho	older						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subse	cribed before me, by the s	aid	, this the		_ day					
of	, 20, to c	ertify which, witness my hand and seal of office	> .							
Signature of office	cer administering	Printed name of officer administering	Title of office	er administerir	ng oath					
Signature or offic	cor auministening	rimed name of officer duffillistently	Title of office	ci auriiiilStefff	ig Ualii					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SI	HEET PG 3 4 of 17
	LER NA arcia, G	(Ethics Cor	nmission Filers)		
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	24,750.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	240.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	29,720.88
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). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	L. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	\$		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1					
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/2 Rpt: 5/17					
2	FILER NAME Garcia, Gia	Jolene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086297				
4	Date 06/30/2023	 Full name of contributor	7 Amount of Contribution (\$) \$250.00					
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Government		Campos Consulting Gro					
	Date 06/29/2023	Glenn, Summer (Ms.)	Glenn, Summer (Ms.)					
		San Antonio, TX 78251						
	Travel Agent	pation / Job title (See Instructions) t	Employer (See Instructions Self-Employed					
	Date Full name of contributor out-of-state PAC (ID#: 06/20/2023 Legacy 44 Contributor address; City; State; Zip Code		f:)	Amount of Contribution (\$) \$1,000.00				
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	Employer (See Instructions)				
06/29/2023 Sald		Salcedo, Ramon	Salcedo, Ramon Contributor address; City; State; Zip Code					
	•	pation / Job title (See Instructions)	Employer (See Instructions					
		nt Work Preservation	Self					
	Date Full name of contributor out-of-state PAC (ID#:		: :)	Amount of Contribution (\$) \$2,500.00				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions					

	MONETA	RY POLITICAL COI		SCHEDU	LE A1		
	The Instructi	on Guide explains how to o	complete this for	m.	1 Total page Sch: 2/2 I	s Schedule A1: Rpt: 6/17	
2	FILER NAME Garcia, Gia Jol	ene (The Honorable)			3 Filer ID (Ethics Commissi	on Filers)
4	06/22/2023	Full name of contributor TLR Contributor address; City; State; 2	out-of-state PAC (ID#:)	7 Amount of	Contribution (\$)	\$10,000.00
		Austin, TX 78701					
8	Principal occupat	tion / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 06/20/2023	Full name of contributor)	Amount of	Contribution (\$)	\$1,000.00
	Principal occupat	Austin, TX 78701 tion / Job title (See Instructions)		Employer (See Instructions	<u> </u>		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gia Jolene (The Honorable) 00086297 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/22/2023 Montford, John \$240.00 i Austin Club Fees 7 Contributor address; City; State; Zip Code San Antonio, TX 78257 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit (Card Payment	The Instruction Guide explains how to co	omple	ete this form.
1 Total p	ages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch:	1/10 Rpt: 8/17	Garcia, Gia Jolene (The Honorable)		00086297
4 Date		5 Payee name		'
02/21/	/2023	Adobe		
6 Amoun	nt (\$)	7 Payee address; City; State; Zip C	ode	
	\$21.64	345 Park Avenue		
		San Jose , CA 95110		
8 PU	RPOSE	(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.
EXPE	NDITURE	·		Check if Austin, TX, officeholder living expense
				Software
			<u> </u>	
	ete <u>ONLY</u> if direct diture to benefit C/O	Candidate/Officeholder name Office soil	ught	Office held
<u>'</u>				
Date		Payee name		
03/20/	/2023	Adobe		
Amoun	• ,	Payee address; City; State; Zip C	ode	
	\$21.64	345 Park Avenue		
		San Jose , CA 95110		
PU	RPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPE	OF NDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Software
				Commune
Comple	ete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office held
	diture to benefit C/O		J	
Date		Payee name		
04/18/	/2023	Adobe		
Amoun	nt (\$)	Payee address; City; State; Zip C	ode	
74110411	\$21.64	345 Park Avenue	ouc	
	,			
		San Jose , CA 95110		
DU	RPOSE		(b)	Description
PU	OF .	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
EXPE	NDITURE	Office Overflead/Netflat Expense		Check if Austin, TX, officeholder living expense
				Software
	ete <u>ONLY</u> if direct diture to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held
expend	iture to belieff C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T	<u> </u>	_
1	Total pages Schedule F1: Sch: 2/10 Rpt: 9/17	2 FILER NAME Garcia, Gia Jolene (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086297	
4	Date	5 Daves name	_
4	01/13/2023	5 Payee name Avis Rental	
6	Amount (\$)	7 Payee address; City; State; Zip Code	\neg
	\$1,120.00	Harlingen Airport	
	7-,		
		Harlingen, TX 78550	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Official travel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Data		=
	Date	Payee name	
	01/03/2023	Clark, Pharaoh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,000.00	147 Drew Ave	
	• •		
		0 - A-1	
		San Antonio, TX 78220	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		COS Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	Т
	expenditure to benefit C/OI	H	
H	Data	Davies marrie	=
	Date	Payee name	
	05/01/2023	Clark, Pharaoh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,850.00	147 Drew Ave	
		San Antonio, TX 78220	
		<u> </u>	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Staff Housing Expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
Н			

SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/10 Rpt: 10/17	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
Ļ	02/02/2023	Constant Contact
6	Amount (\$) \$403.00	7 Payee address; City; State; Zip Code 1601 Trapelo Road
	Ψ403.00	1001 Hapelo Roau
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Email service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2023	Hilbrandt, Nathaniel
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	147 Drew Ave
		Can Antonia TV 70205
	PURPOSE	San Antonio, TX 78205
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Pay
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
_	Date	Payee name
	01/01/2023	Latigo Plaza
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	8122 Marbach Rd
		Suite 105
		San Antonio, TX 78227
	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
		Community Office Rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/10 Rpt: 11/17 Garcia, Gia Jolene (The Honorable) 00086297 4 Date Payee name 02/01/2023 Latigo Plaza 6 Amount (\$) Payee address; City; State; Zip Code \$1,200.00 8122 Marbach Rd Suite 105 San Antonio, TX 78227 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Community Office Rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/01/2023 Latigo Plaza Amount (\$) Payee address; City; State; Zip Code \$1,200.00 8122 Marbach Rd Suite 105 San Antonio, TX 78227 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Community Office Rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2023 Latigo Plaza Amount (\$) Payee address: City: State; Zip Code \$1,200.00 8122 Marbach Rd Suite 105 San Antonio, TX 78227 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Community Office Rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 5/10 Rpt: 12/17	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	05/01/2023	Latigo Plaza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	8122 Marbach Rd
		Suite 105
		San Antonio, TX 78227
8	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 Community Office Rent
		Community office New
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	<u> </u>
	Date	Payee name
	06/01/2023	Latigo Plaza
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	8122 Marbach Rd
		Suite 105
		San Antonio, TX 78227
	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 Community Office Rent
		Community Office Nent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/09/2023	Norma Denham & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 461753
		San Antonio, TX 78246
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting
		Consuming
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memorials Legal Services	·		ages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)
L		_		The Instruction G	uiue expiains	now to cor	iibie	ete triis form.	_		
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
	Sch: 6/10 Rpt: 13/17	_		Jolene (The Ho	onorable)					00086297	
4	Date	5	Payee name								
	01/30/2023		SLICKTEX	г.СОМ							
6	Amount (\$)	7	Payee addre	ss; City;	State:	; Zip Co	de				
	\$350.00		209 10th Av	e S Ste 328,							
			Nashville, T	N 37203							
8	PURPOSE	(a)		ee Categories listed at	the ten of this sale	andula)	(b)	Description			
	OF	`¨	Advertising		ule top of this sch	ieuuie)	<i>,~,</i>		outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		vortioning					브		officeholder livin	•
								Text Outreac	h		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	03/01/2023		SLICKTEX	г.СОМ							
	Amount (\$)	\vdash	Payee addre	ss; City;	State;	; Zip Co	de				
	\$350.00		209 10th Av	e S Ste 328,		-					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,							
			Nachvillo T	N 37202							
	DUDD00-		Nashville, T			1	4.				
	PURPOSE OF	(a) 		ee Categories listed at	the top of this sch	nedule)	(b)	Description	OI :+	do of Town	mploto Cohodula T
	EXPENDITURE		Advertising	Expense				=		de of Texas. Cor officeholder livin	mplete Schedule T. na expense
								Text Outreach			9
								. 5 5 411 540	•		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/O		Carialadio OIII	SS.IOIGOI HUITIO		zco 50u(9'''			J.1100 11	
\vdash	Data	<u> </u>	Deurs - ::								
	Date		Payee name	T COM							
	03/28/2023		SLICKTEX								
	Amount (\$)		Payee addre	•	State	; Zip Co	de				
	\$350.00		209 10th Av	e S Ste 328,							
			Nashville, T	N 37203							
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Advertising		•	•		브			mplete Schedule T.
	LAFENDITURE		J					_		officeholder livin	ng expense
								Text Outreac	h		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	neld
	experioliture to beriefit C/Of	-1									
			<u>-</u>								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/10 Rpt: 14/17	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	05/01/2023	SLICKTEXT.COM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	209 10th Ave S Ste 328,
		Nashville, TN 37203
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Text Outreach
		TOAL GUILGUSTI
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	05/30/2023	SLICKTEXT.COM
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	209 10th Ave S Ste 328,
		Nashville, TN 37203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Text Outreach
	Operation ONLY if allowed	Our didn't lotter had a marrie of the country of th
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/29/2023	SLICKTEXT.COM
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	209 10th Ave S Ste 328,
		Nashville, TN 37203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Text Outreach
	Operation Objects "	Our didn't (Office helden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Com 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		-	orials Expense on Guide explains		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed abo	ve)
-	Total pages Cabadula 54:	12				,	-	_	Filor ID	(Ethios Commissis	n Filors)
1	Total pages Schedule F1: Sch: 8/10 Rpt: 15/17	ı	FILER NAME Garcia, Gia Jolene (The	e Honorable)				3	Filer ID 00086297	(Ethics Commission	ni Filers)
4	Date	5	Payee name				<u>l</u>				
•	01/24/2023	ı	SPECTRUM								
L	U1/24/2U23	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	SFEC I RUIVI								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de					
	\$55.28		4145 S Falkenburg Rd								
			Riverview, FL 33578								
8	PURPOSE	⊢				(h)	Description				
o	OF		Category (See Categories liste		nedule)	(u)	Description	vutoi.	do of Toyon Com	alota Cabadula T	
	EXPENDITURE		Office Overhead/Renta	∟xpense			=		de of Texas. Comp officeholder living		
							Internet	,		- Ferred	
_	Complete ONLY if direct	<u> </u>	andidata/Officabaldar = ===		Office	ab+			O#: !	ald.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder nam	ie (Office sou	yrıt			Office he	eiu	
L											
	Date	_	Payee name								
	02/24/2023		SPECTRUM								
	Amount (\$)	T	Payee address; City;	State	; Zip Co	de					
	\$55.28	ı	4145 S Falkenburg Rd		•						
	+55.20		2 2 1 2 S S 1 Cd								
			Diversion El 00570								
			Riverview, FL 33578								
	PURPOSE	(a)	Category (See Categories liste	ed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Renta	Expense			=		de of Texas. Com		
							ш	TX,	officeholder living	expense	
							Internet				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder nam	ie (Office sou	ght			Office he	eld	
L	experiulture to beliefit C/Of	1									
	Date		Payee name								
	03/24/2023		SPECTRUM								
-	Amount (\$)	\vdash	Payee address; City;	State	; Zip Co	de					
	\$55.28	ı	4145 S Falkenburg Rd	Sidic	, _,p 00						
	Ψ33.26		TITO O I WINCHBURY RU								
L		L	Riverview, FL 33578								
	PURPOSE	(a)	Category (See Categories liste	ed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Renta	Expense			=		de of Texas. Com		
	EM LINDITURE						ш	TX,	officeholder living	expense	
							Internet				
	Complete ONLY if direct		andidate/Officeholder nam	ie (Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н									

SCHEDULE F1

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 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: 9/10 Rpt: 16/17	Garcia, Gia Jolene (The Honorable) 00086297						
4	Date	5 Payee name						
	04/24/2023	SPECTRUM						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$55.28	4145 S Falkenburg Rd						
		Riverview, FL 33578						
8	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 Internet						
		internet						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OH							
⊨	Date	Dayso nama						
	05/24/2023	Payee name SPECTRUM						
L								
Amount (\$) Payee address; City; State; Zip Code								
	\$55.28	4145 S Falkenburg Rd						
		Riverview, FL 33578						
	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						
		Internet						
┝	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH							
H	Date	Payee name						
	06/24/2023	SPECTRUM						
H	Amount (\$) Payee address; City; State; Zip Code							
\$55.28 4145 S Falkenburg Rd								
	Ψ33.20	4145 5 Fairchburg Nu						
		Riverview, FL 33578						
L	PURPOSE	I in a						
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Internet						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
Г								
ı								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	FILER NAME		3	Filer ID	(Ethics Commission Filers)				
	Sch: 10/10 Rpt: 17/17	Garcia, Gia Jolene (The Hono	orable)		00086297					
4	Date	Payee name								
	03/07/2023	Texas Legislative Study Grou	p							
6	Amount (\$) \$250.00	Payee address; City; P.O. Box 12943 Austin, TX 78711	State; Zip Code							
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Fees	top of this schedule) (b)	Description Check if travel outsi Check if Austin, TX, Membership						
9	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name	Office sought		Office he	eld				
ſ	Date	Payee name								
	01/13/2023	UNITED AIRLINES								
Amount (\$) Payee address; City; State; Zip Code \$1,259.00 9800 Airport Blvd San Antonio, TX 78216										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Travel Out of District	top of this schedule) (b)	Description Check if travel outsi Check if Austin, TX, Legislative Trip						
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									