FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081893 53 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Cynthia Marie NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Chapa CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Linda NAME NICKNAME LAST **SUFFIX** Hardberger **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 382-8203 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 288 Bexar Court Of Appeals, Justice Place 3

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Chapa, Cynthia Mario	e (The Honorable)	14 Filer ID 00081893	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	olitical expenditures made by political made without the candidate's or office this information only if they receive n	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
<u> </u>	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTIO	S(OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$ 0.00
		ICAL CONTRIBUTIONS	TEES OF LOANS)	\$ 54,996.33
EXPENDITURE TOTALS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$ 699.47
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 26,669.40
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINEI	O AS OF THE LAST DAY OF THE	\$ 133,283.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			n, under penalty of perjury, that the a and includes all information required Election Code.	
			The Honorable Cynthia Marie C	Chapa
			Signature of Candidate or Officeho	older
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
			, this the	day
of	, 20, to co	ertify which, witness my hand and se	eal of office.	
Signature of offic	er administering oath	Printed name of officer admin	istering oath Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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				3 of 53			
18 FILER N. Chapa,	AME Cynthia Marie (The Honorable)	L9 Filer ID 00081893	(Ethics Commiss	ion Filers)			
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	47,650.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	7,346.33			
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00			
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00			
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	0.00			
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$				
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	48.11			
			•				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 1/17 Rpt: 4/53
2	FILER NAME	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	10/26/2023 Sanchez Campos , Roger 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00		
		SAN ANTONIO, TX 782	49			
8		Principal Occupation		9 Contributor's Job Title		
_	Dentist			Dentist		Ct
10		employer/law firm mily Dental P.C.		11 Law firm of contributor's sp	oous	se (II any)
12	•	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/20/2023 Alvarez , Omar Contributor address; City; State; Zip Code				\$5,000.00	
	O a stalle at a size I	San Antonio , TX 78260		Occasile tente Joh Title		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
H		employer/law firm		Law firm of contributor's sp	วดบร	se (if any)
		ices of O.G. Alvarez & Asso	ciates, P.C.			
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/11/2023 Bozada , John Contributor address; City; State; Zip Code				\$250.00	
		San Antonio, TX 78212				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		nas Injury Lawyers				
	If contributor is	s a child, law firm of parent(s) (i	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 2/17 Rpt: 5/53
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 10/18/2023 Canales , David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00		
		San Antonio , TX 78259				
8		Principal Occupation		9 Contributor's Job Title		
	State Distric			Judge		
10		employer/law firm State Texas Judiciary		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	10/18/2023 Cano , Jefferson Contributor address; City; State; Zip Code				\$1,000.00	
		SAN ANTONIO, TX 782	05			
		Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
	Contributor's of Jefferson Ca	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	anvi			
	ii continuator i	s a cilila, iaw iiiiii oi pareiil(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/28/2023	Casseb , Joseph	_			\$250.00
		Contributor address; City; 9 San Antonio, TX 78209	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Goode Case	b Riklin Choate & Watson				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (SCHEDULE A(J)1			
	The Instru	ction Guide explains how	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/17 Rpt: 6/53	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Chapa, Cyn	hia Marie (The Honorable)			00081893	
4	Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)			
			\$1,500.00			
		San Antonio, TX 78204				
8	Contributor's	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/26/2023 DeSouza Law PC		/	\$5,000.00			
	Contributor address; City; State; Zip Code					
		San Antonio, TX 78230				
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	10/25/2023	Dennis L Moreno Attorne	—	·	\$1,000.00	
Contributor address; City; State; Zip Code						
		SAN ANTONIO, TX 7822	9			
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/17 Rpt: 7/53
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			1	Filer ID (Ethics Commission Filers) 00081893
4	Date 10/18/2023 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00		
		San Antonio, TX 78215				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm Diaz Jr. Accident & Injury At	torney	11 Law firm of contributor's sp	oous	e (if any)
12		s a child, law firm of parent(s) (i		L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/18/2023 Escobedo, George Contributor address; City; State; Zip Code				\$1,100.00	
	Contributorio	Helotes , TX 78023 Principal Occupation		Contributor's Job Title		
	Attorney	Tilicipal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if anv)
	George Esco					. ,
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/26/2023	Fuentes, Daniel Contributor address; City;	State; Zip Code			\$250.00
		San Antonio, TX 78212		I		
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		Criminal Defense PLLC				. ,
	If contributor is	s a child, law firm of parent(s) (i	f any)	I		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 5/17 Rpt: 8/53
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Fuentes, Maria 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$200.00		
		San Antonio, TX 78216				
8		Principal Occupation		9 Contributor's Job Title		
10	Owner	omployer/low firm		Owner	2011	on (if any)
10	ISI Automati	employer/law firm on		11 Law firm of contributor's sp	ous	se (II any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	10/30/2023 Gamez , Carmen Contributor address; City; State; Zip Code				\$2,000.00	
		San Antonio , TX 78230		T		
		Principal Occupation		Contributor's Job Title		
	Administrativ	employer/law firm		Administrative Support Law firm of contributor's sp		on (if any)
	Law Firm Jo	, ,		Law Firm Joe A Gamez		se (ii ariy)
		s a child, law firm of parent(s) (i	f any)	24.7 1111 000 / (04.1102	•	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/20/2023	Garcia, Paul (Dr.) Contributor address; City; San Antonio, TX 78230	State; Zip Code		<u>-</u>	\$500.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Physician			Physician		
Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)		
	Self employe	ed				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 6/17 Rpt: 9/53
2	FILER NAME Chapa, Cynt	LER NAME hapa, Cynthia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 10/26/2023 5 Full name of contributor out-of-state PAC (ID#:) Garza & Associates PLLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
L		SAN ANTONIO, TX 782	12	T		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	10/26/2023 Higdon, Hardy & Zuflacht Contributor address; City; State; Zip Code				\$1,000.00	
		San Antonio, TX 78230				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/18/2023	Hill, Justin				\$1,000.00
		Contributor address; City; S	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Hill Law Firm	า				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	1	Total pages Schedule A(J)1: Sch: 7/17 Rpt: 10/53		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Chapa, Cynt	hia Marie (The Honorable)			L	00081893
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 10/26/2023 Holtermann, Mary Ann 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00		
		San Antonio, TX 78251				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	_	
	Education			Vice Principal		
10		employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
		nentary School				
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/23/2023	ISI Industries LLC	_			\$200.00
		Contributor address; City; S SAN ANTONIO, TX 7825				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/26/2023	James E Monning Attorne	ey At Law			\$500.00
		Contributor address; City; S SAN ANTONIO, TX 7820			•	
	Contributor's F	I Principal Occupation		Contributor's Job Title	1	
		- Francisco Promo				
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A(J)1: Sch: 8/17 Rpt: 11/53
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Chapa, Cynt	hia Marie (The Honorable)				00081893
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Jenkins , Brennen 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$200.00		
		Boerne , TX 78015				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
	Crosley Law	Firm				
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	10/26/2023 Law Office of Letty Gavito Contributor address; City; State; Zip Code				\$250.00	
		SAN ANTONIO, TX 78212				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	10/26/2023	Locke Law Group PLLC				\$1,000.00
		Contributor address; City; State; SAN ANTONIO, TX 78232	Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.					l:
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commissi 00081893	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 11/18/2023 Lopez , Steven 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00		
		San Antonio, TX 78209					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's 6 Lopez Law F	employer/law firm Firm		11 Law firm of contributor's sp	ou	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if any	у)	l			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/18/2023	Maloney , Tim Contributor address; City; Stat	te; Zip Code				\$2,500.00
		SAN ANTONIO, TX 78205					
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	ou	se (if any)	
		of Maloney & Campolo LLP					
	ii contributor i	s a child, law firm of parent(s) (if any	у)				
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/29/2023	Martinez & Associates PLL	C				\$2,500.00
		Contributor address; City; Stat	te; Zip Code		•		
	Contributor's I	Principal Occupation		Contributor's Job Title	_		
	Contributors	- ппстраг Оссирация		Continuator's 300 Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ou	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	у)	<u> </u>			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 10/17 Rpt: 13/53
2	FILER NAME	ILER NAME Chapa, Cynthia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4			7	Amount of Contribution (\$) \$100.00		
		SAN ANTONIO, TX 782	04			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm y Company LP		11 Law firm of contributor's sp	oous	se (if any)
12	·	s a child, law firm of parent(s) (if	any)			
	Date 10/26/2023	Full name of contributor Martinez , Oscar Contributor address; City; \$	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$100.00
		SAN ANTONIO, TX 782:	32			
		Principal Occupation		Contributor's Job Title		
	Human Res			Corporate Human Reso		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Alamo Group	s a child, law firm of parent(s) (if	anvi			
	ii contributor i	s a crima, raw inini or parcria(s) (ii	uily)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	10/26/2023	Mazaheri , Rashin				\$200.00
		Contributor address; City; \$	State; Zip Code			
	O a materilla contra da la f	SAN ANTONIO, TX 782	U5 	Occasillant and Dala Title		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
			Law firm of contributor's sp	oous	se (if any)	
		zaheri PLLC				· · · · ·
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 11/17 Rpt: 14/53
2	FILER NAME	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 10/16/2023	 5 Full name of contributor Mazuca, James (Mr.) 6 Contributor address; City; \$ 	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78212				
8 Contributor's Principal Occupation 9 Contributor's Job Title						
Lawyer Lawyer 10 Contributor's employer/law firm 11 Law firm of contributor's					on (if any)	
10 Contributor's employer/law firm James Mazuca Attorney At Law 11 Law firm of contributor's s				ou	se (II aliy)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)
10/18/2023 Nava , Alex Contributor address; City; State; Zip Code			\$1,000.00			
		Shavano Park , TX 7823	80			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	A Nava & GI	ander Law Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/11/2023	Orozco , Eduardo	_			\$200.00
		Contributor address; City; S SAN ANTONIO, TX 782	·			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Owner	····o.pa. • ooupa.o		Owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	ISI Automati	on Intl Inc				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1	Total pages Schedule A(J)1 Sch: 12/17 Rpt: 15/53	:
2	FILER NAME				3 F	Filer ID (Ethics Commission	on Filers)
	Chapa, Cynt	thia Marie (The Honorable)				00081893	
	Date 5 Full name of contributor out-of-state PAC (ID#:) Pearsall Law Firm, PLLC 6 Contributor address; City; State; Zip Code		7 /	Amount of Contribution (\$)	\$200.00		
		San Antonio, TX 78230					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse	(if any)	
12	If contributor i	s a child, law firm of parent(s) (i	if any)				
_	Date	Full name of contributor	out-of-state PAC (ID#:	1	Τ /	Amount of Contribution (\$)	
	10/18/2023	Pearson , Linda	United State 1 AC (ID#.	J	′	unount of Contribution (¢)	\$50.00
		Contributor address; City;	State; Zip Code				
		San Antonio, TX 78247					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Interim CEO			CEO			
		employer/law firm		Law firm of contributor's s	pouse	(if any)	
	Southside F						
	If contributor i	s a child, law firm of parent(s) (i	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	l A	Amount of Contribution (\$)	
	10/18/2023	Prichard Young, LLP					\$500.00
		Contributor address; City; San Antonio, TX 78216	State; Zip Code				
	Contributoric	l .		Contributor's Job Title			
	Continuators	Principal Occupation		Continuator 5 300 Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse	(if any)	
	If contributor i	s a child, law firm of parent(s) (i	if any)	1			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 13/17 Rpt: 16/53
2	FILER NAME	thia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 12/11/2023 Full name of contributor out-of-state PAC (ID#:) Ramirez , Rick 6 Contributor address; City; State; Zip Code Austin , TX 78748		7	Amount of Contribution (\$) \$500.00		
		Austin , TX 78748				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Managing Partner		
10 Contributor's employer/law firm Clayton Ramirez & Null				oous	se (if any)	
12		s a child, law firm of parent(s) (if	anv)			
		, , , , , , , , , , , , , , , , , , , ,	•			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	12/26/2023	Richard , Dennis	out of state 1710 (IBM.	······································		\$200.00
	Contributor address; City; State; Zip Code		┨			
		SAN ANTONIO, TX 782	16			
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Dennis L. Richard				
	If contributor is	s a child, law firm of parent(s) (if	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/09/2023	Salinas , George				\$2,500.00
		Contributor address; City;	State: Zip Code		1	
			·			
		San Antonio , TX 78230		I		
		Principal Occupation		Contributor's Job Title		
	Attorney	employer/law firm		Attorney Law firm of contributor's sp	2011	co (if any)
		nas Injury Lawyers		Law IIIII of Contributor's Sp	Jou:	se (ii ariy)
_		s a child, law firm of parent(s) (if	anv)			
	ii continuator i	o a crima, law initir of pareril(o) (ii	arry			
\vdash						

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 14/17 Rpt: 17/53
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 10/18/2023	5 Full name of contributor Sciano , Daniel6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00
		San Antonio , TX 78216				
8		Principal Occupation		9 Contributor's Job Title		
_	Partner			Attorney		
10	Contributor's 6 Tinsman & S	employer/law firm Sciano		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	Out of state BAC (ID#:	,	Т	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 10/24/2023 Sheehy Ware Pappas & Grubbs Contributor address; City; State; Zip Code			\$500.00			
		Houston , TX 77010-100)3	I		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/18/2023	Skemp , Andrew Contributor address; City; SAN ANTONIO, TX 782				\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Janicek Law					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 15/17 Rpt: 18/53
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 10/11/2023	5 Full name of contributor Suarez , San Juanita6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Corpus Christi , TX 7840	8			
8						
Retired Retired 10 Contributor's employer/law firm 11 Law firm of contributor's s				20116	co (if any)	
None				Jous	se (ii aiiy)	
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/18/2023	Tess House Law PLLC Contributor address; City; \$				\$2,500.00
L	Cambrilanda	SAN ANTONIO, TX 782	16	Constribute de Joh Title		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/18/2023	The Crosley Law Firm Contributor address; City; \$				\$1,000.00
	Contributorio	SAN ANTONIO, TX 782	18	Contributorio Joh Titlo		
	Continuators	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	S	CHEDULE A(J)1
The Instruc	ction Guide explains how	to complete this f	orm.		Schedule A(J)1: ' Rpt: 19/53
2 FILER NAME				3 Filer ID (E	thics Commission Filers)
Chapa, Cynt	hia Marie (The Honorable)			00081893	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of 0	Contribution (\$)
10/18/2023	The Law Firm of Oscar A. (Garza, PLLC			\$1,000.0
	6 Contributor address; City; Sta	te; Zip Code			
	San Antonio, TX 78201				
8 Contributor's F	Principal Occupation		9 Contributor's Job Title		
10 Contributor's e	employer/law firm		11 Law firm of contributor's sp	ouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if an	у)			
Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of C	Contribution (\$)
10/18/2023 Thomson, Kristal			\$500.0		
	Contributor address; City; Sta San Antonio, TX 78218	te; ZIp Code			
Contributor's F	Principal Occupation		Contributor's Job Title	l	
Attorney			Attorney		
Contributor's e	employer/law firm		Law firm of contributor's sp	ouse (if any)	
Langley & Ba	anack				
If contributor is	s a child, law firm of parent(s) (if an	у)			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of 0	Contribution (\$)
10/26/2023	Torres Martinez , Erica				\$250.0
	Contributor address; City; Sta	te; Zip Code			
	Schertz , TX 78154				
	Principal Occupation		Contributor's Job Title		
Construction			President		
	employer/law firm General Contractors		Law firm of contributor's sp	ouse (if any)	
	s a child, law firm of parent(s) (if an				
ii continuutoi is	s a crillu, law litti or parerit(s) (ii ari	у)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 17/17 Rpt: 20/53
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Chapa, Cynt	hia Marie (The Honorable)				00081893
4	Date 10/18/2023	5 Full name of contributorVance, Lisa6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		SAN ANTONIO, TX 7821	5			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
				11 Law firm of contributor's sp	ous	se (if any)
_		ice of Lisa A. Vance P.C.				
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/26/2023 Vela , Miguel			\$100.00		
	Contributor address; City; State; Zip Code		1	,		
		Continuator address, City, S	tate, Zip Code			
		0.4.1.4.1.7.0.11.0.71.7.00.4	•			
		SAN ANTONIO, TX 7821	.2			
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Vela Law Of	fice				
	If contributor is	s a child, law firm of parent(s) (if	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	10/26/2023	Wayne Wright Lawyers	out of other 1710 (1271)			\$2,500.00
		Contributor address; City; S	tate: 7in Code		1	¥-,000.00
		Contributor address, City, C	iate, zip oode			
		SAN ANTONIO, TX 7820)1			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instru	action Guide explains how to complete this f	orm	1	1 Total pages Schedule A2:			
	1110 1113010	retion Guide explains now to complete this i	Sch: 1/2 Rpt: 21/53					
2	FILER NAME			3		Commission Filers)		
	Chapa, Cyn	thia Marie (The Honorable)			00081893			
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		0.00		
5	Date	6 Full name of contributor out-of-state PAC (ID#:)	8		9 In-kind contribution		
	10/18/2023 Espinoza , Javier				contribution (\$)	description Food and drinks for Oct.		
		7 Contributor address; City; State; Zip Code				18th Fundraiser		
					į			
		SANI ANITONIO TV 79216			_ ;			
SAN ANTONIO, TX 78216 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL)			11 Employer (FOR NON			tside of Texas. Complete Schedule T.		
10	Principal occi	apation / Job title (POR NON-JODICIAL) (See instructions)	TI Employer (FOR NON	1-30	DICIAL) (See ins	su delions)		
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	R JUDICIAL) (S	See instructions)		
	Attorney		Attorney					
14		employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (F	OR JUDICIAL)		
		Brock, PLLC						
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of contribution (\$)	In-kind contribution description		
	11/26/2023	Garcia , Carlo				Food for Oct 26th		
		Contributor address; City; State; Zip Code				Fundraiser		
i i								
		SAN ANTONIO, TX 78249			п [†]			
	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	 - 11		tside of Texas. Complete Schedule T.		
	i illicipai occi	apadion / cost tide (i ork work costie), (eee massesses)	Employer (FOR NOT		(
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	R JUDICIAL) (S	See instructions)		
	Attorney		Attorney					
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	Oliva Saks	Garia & Curiel PLLC						
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of	In-kind contribution		
	10/18/2023	Herrera , Jorge			contribution (\$)	description Food and drinks for		
		Contributor address; City; State; Zip Code				fundraiser		
		CAN ANTONIO TV 70007						
	Delegational	SAN ANTONIO, TX 78207	Frankrika (FOR NON			tside of Texas. Complete Schedule T.		
	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JU	IDICIAL) (See ins	structions)		
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(EC	D TUDICIAL) (9	See instructions)		
	Attorney	principal occupation (FOR JODICIAL)	Attorney	(FC	ik Jobicial) (see manuchons)		
		employer/law firm (FOR JUDICIAL)	Law firm of contributo	nr's	SDOUSE (if any) (E	OR JUDICIAL)		
	The Herrera		East min of contributo		opoudo (ii uiiy) (i	5 30D1011 (L)		
		is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 22/53 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chapa, Cynthia Marie (The Honorable) 00081893 0.00 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/26/2023 Ortiz, Miguel \$736.33 I DJ and alcohol for Oct 7 Contributor address; City; State; Zip Code 26th fundraiser SAN ANTONIO, TX 78261 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (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) Ortiz Law Offices PC 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGED CO	NTRIBUTIONS (JUDICI	AL)		SCHE	DULE B(J)
The Instructio	n Guide explains how to comple	ete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commiss	sion Filers)
4 TOTAL OF UNITEM	ZED PLEDGES			\$	0.00
	I name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind (If a	d description applicable)
7 Ple	dgor Address; City; State; Zip	Code	Check if travel	I I I I outside of Texas	s. Complete Schedule T.
10 Pledgor's principal occupa	ation	11 Pledgor's job title	, Ш		
12 Pledgor's employer/law fir	 m	13 Law firm of pledgor's	s spouse (if any)		
14 If pledgor is a child, law fir	m of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHED	OULE E	(J)
	The Instructio	The Instruction Guide explains how to complete this form.				ges Schedule 1 Rpt: 24/53		
2	FILER NAME Chapa, Cynthia	Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893			ers)	
4	TOTAL OF UN	FOTAL OF UNITEMIZED LOANS				\$		0.00
5	Date of loan 7 Name of lender)	9 Loan Am	ount (\$)	
6	Is lender a financial institution? 8 Lender address; City; State; Zip Code					10 Interest F		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	eposited	into political (See Inst		
19	GUARANTOR INFORMATION	20 Name of guarantor	•			22 Amount (Guaranteed	(\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's spouse (if any)					
	· 				(* * ****)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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	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: 1/27 Rpt: 25/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	12/26/2023	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.34	345 Park Ave
		San Jose , CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Adobe Pro office expense
		Adobe 1 to office expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	12/27/2023	Adobe
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$21.34	345 Park Ave
	Ψ21.04	one i alkine
		San Jose , CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Adobe Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Adobe Pro - monthly fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
⊨	Data	Davida marra
	Date 10/25/2023	Payee name Adobe
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.34	345 Park Ave
L		San Jose , CA 95110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Computer Program Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Adobe Pro for office
		Adobe 1 to tot office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

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

	Candidate/Officenoider/Politica 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: 2/27 Rpt: 26/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	09/18/2023	Adobe
6	Amount (\$) \$21.34	7 Payee address; City; State; Zip Code 345 Park ave San Jose , CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Programing Computer Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adobe Pro monthly fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/28/2023	Amarillo Area Foundation
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 919 S Polk St.
		Amarillo, TX 79101
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation for scholarship fundraising event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/31/2023	Payee name Amazon
	Amount (\$) \$27.05	Payee address; City; State; Zip Code 410 Terry Ave. North,
		Seattle, WA 98109-5210
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chair back support for office chair
	Complete ONLY 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 I Candidate/Officeholder/Politic Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		not listed above)		
1	Total pages Schedule F1:		s Commission Filers)		
1	Sch: 3/27 Rpt: 27/53	Chapa, Cynthia Marie (The Honorable) 00081893	s Commission Filers)		
4	Date	5 Payee name			
	07/25/2023	Amazon			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,507.93	410 Terry Ave. North,			
		Seattle, WA 98109-5210			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee			
		Back to school - Backpack and sc donations for Judson ISD	nooi suppiy		
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	07/24/2023	Amazon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$152.91	410 Terry Ave. North,			
		Seattle, WA 98109-5210			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Scl Check if Austin, TX, officeholder living expense			
		Supplies (pens, etc) for the groovy			
		office	, gg,		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1			
	Date	Payee name			
	07/24/2023	Amazon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$64.06	410 Terry Ave. North,			
		Seattle, WA 98109-5210			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Sch			
		Check if Austin, TX, officeholder living expense supplies	e		
		Supplies			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	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 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 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: Sch: 4/27 Rpt: 28/53	2 FILER NAME Chapa, Cynthia Marie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081893	
4	Date 10/24/2023	5 Payee name Candy's Old Fashion Burgers	
6	Amount (\$) \$75.86	7 Payee address; City; State; Zip Code 115 S. Flores St.	
		San Antonio, TX 78204	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch Meeting with Children's Court staff (CWOP)	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 12/28/2023	Payee name Candy's Old Fashion Burgers	
	Amount (\$) \$46.29	Payee address; City; State; Zip Code 115 S. Flores St.	
		San Antonio, TX 78204	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch w/ CWOP staff meeting	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	_
	Date 09/05/2023	Payee name Chapa , Aaron	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 2914 Olmos Creek Dr. Apt 4210 San Antonio, TX 78230	
	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 living expense Campaign work	
	Complete ONLY if direct expenditure to benefit C/Oh	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 -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:					
	Sch: 5/27 Rpt: 29/53	Chapa, Cynthia Marie (The Honorable) 00081893				
4	Date 08/21/2023	5 Payee name Chapa , Aaron				
_		<u> </u>				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$200.00	2914 Olmos Creek Dr.				
		Apt 4210				
		San Antonio, TX 78230				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Galaries/ Wages/ Cortifact Labor	vel outside of Texas. Complete Schedule T.			
			stin, TX, officeholder living expense			
		Campaign	WOIK			
Ļ	Opening ONE V & Street	One district (Office helder reserve	O##: -			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
_						
	Date	Payee name				
	07/05/2023	Chapa , Aaron				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	2914 Olmos Creek Dr.				
		Apt 4210				
		San Antonio, TX 78230				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			vel outside of Texas. Complete Schedule T.			
	LXI LINDITORL		stin, TX, officeholder living expense			
		campaign work				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office field			
_						
	Date	Payee name				
	08/17/2023	Chick-Fil- A				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$81.19	106 E Houston				
		SAN ANTONIO, TX 78205				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	1 000/Develage Expense	vel outside of Texas. Complete Schedule T.			
	Check if Austin, 1X, officenoider living expense					
		Eulicitions	Staff Meeting			
_	Complete ONLY if alice of	Condidate/Officeholder name	Office hold			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
I						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 6/27 Rpt: 30/53	FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4	Date 08/15/2023	5 Payee name Chick-Fil- A	
6	Amount (\$) \$69.08	7 Payee address; City; State; Zip Code 106 E Houston SAN ANTONIO, TX 78205	
8	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ng lunch provided for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/24/2023	Payee name Child Advocates of San Antonio	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 1956 S. WW White Rd SAN ANTONIO, TX 78222	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense 023 Galle3ry of Hope Celebration (Gala
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 12/04/2023	Payee name Cricket Wireless LLC	
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 21 Peachtree St	
		Atlanta, GA 30303	
	PURPOSE OF EXPENDITURE	Wileless flot spot	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

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

	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: 7/27 Rpt: 31/53	Chapa, Cynthia Marie (The Honorable) 00081893	
4	Date	5 Payee name	
	11/06/2023	Cricket Wireless LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.00	21 Peachtree St	
		Atlanta, GA 30303	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Wireless Hotspot 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/O		
⊨			
	Date	Payee name	
	10/04/2023	Cricket Wireless LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	21 Peachtree St	
		Atlanta, GA 30303	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Hotspot Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
Internet Wireless Hotspot monthly fee			
L	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	<u>'</u>		
	Date	Payee name	
	08/04/2023	Cricket Wireless LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	21 Peachtree St	
		Atlanta, GA 30303	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Hotspot Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Wireless Internet fee	
\vdash	Commission ON II V 15 allians	Condidate/Officeholder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 8/27 Rpt: 32/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	07/05/2023	Cricket Wireless LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	21 Peachtree St
		Atlanta, GA 30303
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	hotspot Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Wireless internet monthly fee
		Throngs me
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	12/20/2023	
		Flagship Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,100.00	7926 Broadway
		Apt 707
		SAN ANTONIO, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense Blockwalkers and blockwalking list
		biockwaikers and biockwaiking list
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 11/02/2023	Payee name
		From You Flowers LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.58	143 Mill Rock Road East
		Old Saybrook , CT 06475
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Flower arrangement for Judge Diaz bday
		Hower arrangement for Judge Diaz Budy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:	l						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/27 Rpt: 33/53	Cha	pa, Cynthia Marie (The	Honorable)					00081893	
4	Date	5 Paye	e name							
	10/02/2023	GoD	addy.Com							
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Co	de				
	\$89.42	215	E GoDaddy Way							
		Tem	pe , AZ 85284							
8	PURPOSE	(a) Cate	gory (See Categories listed at the	ne top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		ertising Expense				·	outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITORE						_		officeholder living	
							Website dom	am	iee ior camp	aign
_	Complete ONLY if direct	Ca	data/Officebolder		ffice say:	ah+			Office hel	14
9	Complete ONLY if direct expenditure to benefit C/OI		date/Officeholder name		ffice sou	yııı			Office hel	lu .
	Date	Paye	e name							
L	12/28/2023	Gos	oel Vision Ministry							
	Amount (\$)	Paye	e address; City;	State;	Zip Co	de				
	\$500.00	500	N. Santa Rosa							
		#814	1							
		San	Antonio, TX 78207							
	PURPOSE	(a) Cate	gory (See Categories listed at the	ne top of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Con	tributions/Donations Ma	ade By			=		de of Texas. Comp	
	ZA ZABITORZ	Can	didate/Officeholder/Poli	tical Commi	ttee		—		officeholder living	
							TOYS TOT LITE K	lus	ili communi	ty (Christmas)
_	Complete ONLY if direct	Candi	date/Officeholder name		ffice sou	aht			Office hel	ld
	expenditure to benefit C/O		acco, o moonoidor name	O	00 300	ສານ			Jilioc Hel	· •
\vdash	Date	Dovo	o namo							
	10/13/2023	1 1	e name pel Vision Ministry							
			e address; City;	Ctata	Zip Co	de				
	Amount (\$) \$500.00	1	e address, City, N. Santa Rosa	ડાતાંં,	Zip C0	ue				
	φ500.00	#81 ₄								
		l								
			Antonio, TX 78207		1					
	PURPOSE OF		GORY (See Categories listed at the		dule)	(b)	Description Check if travel (Ulitei	de of Texas. Comp	lete Schedule T
	EXPENDITURE		tributions/Donations Ma didate/Officeholder/Poli		ttee		ш		officeholder living	
							Annual Thank			
	Complete ONLY if direct		date/Officeholder name	0	ffice sou	ght			Office hel	d
	expenditure to benefit C/OI	H								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 10/27 Rpt: 34/53	Chapa, Cynthia Marie (The Honorable) 00081893		
4	Date	5 Payee name		
	12/08/2023	Gristmill River Restaurant		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$121.15	1287 Gruene Rd		
		New Brunfels , TX 78130		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Lunch w/ staff after filing		
		Euron W Stan alter hilling		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
\vdash	Date	Pausa sama		
	12/06/2023	Payee name		
		Grotto		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$47.89	1001 Avenida De Las Americas		
		Ste A		
		Houston, TX 77010		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Dinner at Judicial Conference in Houston		
		Diffiel at Judicial Coffielence in Houston		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Data			
	Date	Payee name		
	09/01/2023	HEB 262		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$264.52	5601 Bandera RD.		
		San Antonio, TX 78238		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Snacks, cups, coffee etc for jurors		
		Silacks, caps, collectic for jurois		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

SCHEDULE F1

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

	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: 11/27 Rpt: 35/53	Chapa, Cynthia Marie (The Honorable) 00081893		
4	Date	5 Payee name		
	12/20/2023	HEB		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$128.00	5601 Bandera Rd		
		San Antonio, TX 78238		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Staff B-day Celebration (Judy Stewart)		
		Stall b-uay Celebration (Judy Stewart)		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
_	Data			
	Date	Payee name		
	12/19/2023	HEB		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$168.42	5601 Bandera Rd		
		San Antonio, TX 78238		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Staff Christmas Luncheon at office		
		Stan Christinas Euricheon at Onice		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Data			
	Date 10/17/2023	Payee name HEB		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$80.99	5601 Bandera Rd		
		San Antonio, TX 78238		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Snacks for Jurors		
		SHACKS IOI JUIOIS		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

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 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: 12/27 Rpt: 36/53		Chapa, Cynthia Marie (The Honorable)		00081893
4	Date	5	Payee name		
	10/16/2023		HEB		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$56.99		5601 Bandera Rd		
			San Antonio, TX 78238		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Coffee, creamer, cups, etc for jurors
					, , , , , , , , , , , , , , , , , , ,
9	Complete ONLY if direct		Candidate/Officeholder name Office soil	ught	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	10/13/2023		HEB		
	Amount (\$)	T	Payee address; City; State; Zip C	ode	
	\$124.83		5601 Bandera Rd		
			San Antonio, TX 78238		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Office Supplies		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Supplies for office
	Complete ONLY if direct		Candidate/Officeholder name Office sor	ught	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	08/07/2023		HEB		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$133.19		5601 Bandera Rd		
			San Antonio, TX 78238		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Snacks and paper goods for jurors
					Chacke and paper goods for jurisis
_	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	Н		-	
ı					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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: 13/27 Rpt: 37/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	09/11/2023	Hampton Inn Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$532.02	710 Crawford Street
	!	
		Houston , TX 77002
8	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
	!	Hotel Stay for Annual Judicial Conference
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	09/11/2023	Hampton Inn Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.56	710 Crawford Street
	!	
		Houston , TX 77002
	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
	!	Parking fee at hotel
	!	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Date	Payee name
	12/27/2023	JVC Media LLC
		0.00.0000000000000000000000000000000000
	Amount (\$) \$297.70	Payee address; City; State; Zip Code 7113 San Pedro Ave
	ΦΖ31.10	
	!	Suite 391
		San Antonio , TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Table Cover w/ Logo
	!	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens ages	e /Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 14/27 Rpt: 38/53	ı	Chapa, Cynthia Marie (The Honorable))				00081893	, 		
4	Date	5	Payee name	_							
	10/18/2023		JVC Media LLC								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$1,786.14		7113 San Pedro Ave								
			Suite 391								
			San Antonio , TX 78216								
8	PURPOSE	├		1	(h)	Description					
	OF		Category (See Categories listed at the top of this sche Printing Expense	edule)	(~)	_ `	outsi	de of Texas. Compl	ete Schedule T.		
	EXPENDITURE							officeholder living e			
						Campaign Si	gns	3			
L											
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght			Office hel	d		
	Date		Payee name								
	12/04/2023		Jacqueline Smith Foundation								
Amount (\$) Payee address; City; State; Zip Code											
\$500.00			1213 Iowa St.								
			San Antonio, TX 78203								
	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By			Check if travel outside of Texas. Complete Schedule T.					
			Carialatte/Ciliceriolaei/i Cilical Committee				eck if Austin, TX, officeholder living expense Donations for Making Spirts Bright Christmas				
						Event	15 10	oi iviaking Spi	ins bright Christmas		
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	tdr			Office hel	d		
	expenditure to benefit C/O		Candidate/Officeriolder Hattle	vilice 200(JIIL			Office field	u		
L	Dete	<u> </u>									
	Date	ı	Payee name								
	08/03/2023		Jason's Deli								
	Amount (\$)	l		Zip Co	de						
	\$106.51		25 NE Interstate 410 Loop								
			San Antonio, TX 78216								
	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b)	Description					
	OF EXPENDITURE		Fees			=		de of Texas. Compl			
						Lunch for sta		officeholder living e	expense		
						Lunch IUI Sla	.11				
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name C	Office sou	thr			Office hel	d		
	expenditure to benefit C/Ol		andrate/Officenduel Hattle	vilice sou(JIIL			Office Heli	u		

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Polling Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet 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: 15/27 Rpt: 39/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	07/25/2023	Jason's Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$254.10	25 NE Interstate 410 Loop
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Children's Court Oversight Committee Lunch meeting
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/14/2023	Jimmy Johns
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.38	518 E. Houston St.
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/18/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce DE Leon Ave NE
	411.01	Ste. 50000
		Atlanta , GA 30308
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Email Blast (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fee for email blast program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	nmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	•		Vages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 16/27 Rpt: 40/53			ıthia Marie (The	Honorable))				00081893	`	ŕ
4	Date	5	Payee name									
	11/20/2023		Mailchimp									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	ode					
	\$47.97		675 Ponce	DE Leon Ave N	E							
			Ste. 50000									
			Atlanta , GA	30308								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he ton of this sch	nedule)	(b)	Description				
	OF	``	Fees	se outegones listed at t	ne top of this son	icuaic)	` `	_ :	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							Check if Austin	ı, TX,	officeholder livin	ig expense	
								Email Distrib	utio	n (program	fee)	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	(Office sou	ıght			Office h	eld	
	Date		Payee name									
	10/18/2023		Mailchimp									
	Amount (\$)	H	Payee addres	ss; City;	State	; Zip Co	ode					
	\$47.97		675 Ponce	DE Leon Ave N	E							
			Ste. 50000									
			Atlanta , GA	20200								
	D. I.D. D. G. E.	_					<i>a</i> >					
	PURPOSE OF	(a) 		ee Categories listed at t	he top of this sch	nedule)	(a)	Description Check if travel	outci	do of Toyas Cor	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense				<u> </u>		officeholder livin		
								Email blast p			- '	
								•	_			
	Complete ONLY if direct		 Candidate/Offi	ceholder name	(Office sou	ıght			Office h	ield	
	expenditure to benefit C/OI	+										
	Date		Payee name									
	12/21/2023		Maldonado	Cloud, LLC								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$410.00		8710 Timbe	er Ridge Dr								
			Crossroads	, TX 76227								
	PURPOSE OF	(a)		ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				므			nplete Schedule T.	
								Website and		officeholder livin	ig expense	
								o o o i o u i u	401			
_	Complete ONLY if direct	Щ		ceholder name	(Office sou	laht			Office h	ield	
	expenditure to benefit C/O		Janualo, OIII	confider name		J11100 300	agi it			Office II		

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

	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: 17/27 Rpt: 41/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	09/08/2023	Marriott Marquis
6	Amount (\$) \$40.64	7 Payee address; City; State; Zip Code 1777 Walker Street Houston , TX 77010
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Lunch at Hotel during conference
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2023	Mexican American Bar Association of SA
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 830953
		San Antonio, TX 78283
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship of the Annual Holiday Pachaga & Awards Gala
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/24/2023	NE Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	7122 San Pedro Ave.
		#114
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Labor Day Event
_	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 -

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	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: 18/27 Rpt: 42/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	11/06/2023	North East School of Arts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.00	1400 Jackson Keller Rd.
		SAN ANTONIO, TX 78213
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bondaon to made program
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
		Payee name
	10/02/2023	Papa Johns
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.00	100 N Santa Rosa
		San Antonio, TX 78207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Pizza for Jurors
		FIZZA IOI JUIOIS
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/28/2023	Papa Johns
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.18	100 N Santa Rosa
		San Antonio, TX 78207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch for Jurors
		Editor for Surois
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By - Gift/Aw

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•		xpens Vages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
	<u> </u>	_	The Instruction Guide explains	how to co	mple			
1	Total pages Schedule F1: Sch: 19/27 Rpt: 43/53	2	FILER NAME Chapa, Cynthia Marie (The Honorable	!)		3		Filer ID (Ethics Commission Filers) 00081893
4	Date	5	Payee name			_		
•	12/08/2023		QT					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$79.00		10429 S US HWY 181	, ,				
			SAN ANTONIO, TX 78223					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sol	hedule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District					le of Texas. Complete Schedule T. officeholder living expense
						—		tin to file for place on the ballot
						J		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	<u>I</u> ight			Office held
	Date	Г	Davis as as					
	09/11/2023		Payee name QT					
	Amount (\$)	\vdash		e; Zip Co	nde			
	\$38.71		10429 S US HWY 181	s, Zip Cc	Jue			
	Q00.71		10423 C CC 11W1 101					
			SAN ANTONIO, TX 78223					
	PURPOSE	(a)	Category (See Categories listed at the top of this sci	hedule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District					le of Texas. Complete Schedule T.
						Gas	Χ,	officeholder living expense
						Cus		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	<u>l</u> ight			Office held
	expenditure to benefit C/OI	Н			J			
	Date		Payee name					
	12/06/2023		Shell Oil					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$88.36		11595 New Sulpher Springs Rd					
			Adkins , TX 78101					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sol	hedule)	(b)	Description		
	EXPENDITURE		Travel Out of District			_		le of Texas. Complete Schedule T. officeholder living expense
								Judicial Conference
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	<u>L</u> ight			Office held
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	<u> </u>
	Sch: 20/27 Rpt: 44/53	Chapa, Cynthia Marie (The Honorable) 00081893	,
4	Date	5 Payee name	
	11/11/2023	St. Mary's Hispanic Law Alumni Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	1 Caminio Santa Maria St.	
		SAN ANTONIO, TX 78228	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	nt
		Sponsorship of Suisu & Sunghu Scholufship even	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	_
	10/17/2023	Stonewall Democrats of San Antonio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.00	PO Box 12814	
		San Antonio, TX 78212	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Membership Fees	
		Weinbership Fees	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	_
	12/08/2023	Texas Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	1106 Lavaca Street, Suite 100	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Filing Fee for Place on Ballot	
		Filling Fee tol Flace on Ballot	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 21/27 Rpt: 45/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	09/29/2023	Texas Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,300.00	1106 Lavaca Street, Suite 100
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	VAN Access Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee for VAN Access
		1 66 101 17 11 10 10 10 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	12/20/2023	The Indian Night
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.44	136 Main Plaza
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Farewell for staff - Court Reporter
		r dieweir for stant - Court (Ceporter
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/15/2023	The Jacqueline Smith Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO BOX 17401
		San Antonio , TX 78217
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Thanksgiving food give away (sponsor)
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/O	1

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 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 co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	F	iler ID	(Ethics Commission	on Filers)
	Sch: 22/27 Rpt: 46/53		Chapa, Cynthia Marie (The Ho	norable)			(00081893		
4	Date	5	Payee name			•				
	10/12/2023		The Jacqueline Smith Foundat	tion						
6	Amount (\$)	7	Payee address; City;	State; Zip Co	de					
	\$500.00		PO BOX 17401							
			San Antonio , TX 78217							
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made	Ву		Check if travel outs				
			Candidate/Officeholder/Politica	al Committee		Check if Austin, TX Enchanted Hear				Domontia
						Literianted Hear	ıιι	Gaia ioi Ai	ZIIICIIICIS AIIU L	Jemenua
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/O				9					
=	Date	Π	Payee name							
	12/11/2023		The Lilly of The Valley Baptist	Church						
	Amount (\$)	H	Payee address; City;	State; Zip Co	de					
	\$250.00		134 Cardiff Ave	, ,						
			SAN ANTONIO, TX 78220							
	PURPOSE	(a)	Category (See Categories listed at the to	un of this schodulo)	(b)	Description				
	OF EXPENDITURE	<u> `</u> `	Contributions/Donations Made		. ,	Check if travel outsi	side	of Texas. Com	olete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Politica			Check if Austin, TX				
						Sponsorship of	С	hristmas or	n the Ave event	•
L	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht			Office he	uld.	
	expenditure to benefit C/O		Sandidate/Onicendider name	Office sou	ynı			Office fie	iiu	
⊨	Date	_	Davies name							
	10/19/2023		Payee name The Team Factory							
		┢		State; Zip Co	do					
	Amount (\$) \$1,217.81		Payee address; City; 12066 Starcrest Dr.	State, Zip Ct	ue					
	Ψ1,Ζ17.01		12000 Starciest Dr.							
			SAN ANTONIO, TX 78247							
	DUDDOCE	(2)			/l=\	<u> </u>				
	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this schedule)	(D)	Description Check if travel outsi	side	e of Texas. Com	olete Schedule T.	
	EXPENDITURE		Printing Expense			Check if Austin, TX				
						Campaign T-shi	irt	S		
L										
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		_	Office he	eld	
	experiulture to beliefft C/OI	П								

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 23/27 Rpt: 47/53	2 FILER NAME Chapa, Cynthia Marie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081893
4 Date 12/08/2023	5 Payee name UPS Store
6 Amount (\$) \$19.00	7 Payee address; City; State; Zip Code 4102 New Braunfels Ave Ste. 110 SAN ANTONIO, TX 78223
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Copies of petitions filed
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 11/06/2023	Payee name UPS Store
Amount (\$) \$28.16	Payee address; City; State; Zip Code 4102 New Braunfels Ave Ste. 110 SAN ANTONIO, TX 78223
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printed copies of the petition to place name on ballot to collect more signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 10/20/2023	Payee name UPS Store
Amount (\$) \$28.16	Payee address; City; State; Zip Code 4102 New Braunfels Ave Ste. 110 SAN ANTONIO, TX 78223
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Petitions for Place on Ballot- Petition signing events
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 C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 24/27 Rpt: 48/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	10/02/2023	UPS Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.81	4102 New Braunfels Ave
		Ste. 110
		SAN ANTONIO, TX 78223
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing campaign materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/27/2023	USPS PO Boxes
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.00	6825 Huebner Rd.
		San Antonio, TX 78238
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	PO Box Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee for PO Box
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/25/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.37	1455 Market ST.
		4th Fl
		Trevose , PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Staff lunch meeting
		Star tarior meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Committee

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: 25/27 Rpt: 49/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	10/23/2023	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.55	1455 Market ST.
		4th Fl
		Trevose , PA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch provided for Committee Meeting
		Lanen provided for Committee weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	10/17/2023	Uber Eats
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$117.64	1455 Market ST.
		4th Fl
		Trevose , PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff lunch meeting
		Ctan landin meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	09/13/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.96	1455 Market ST.
		4th Fl
		Trevose , PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch for Presiding Staff
		Editor for Festung Stan
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		

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 Committe

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

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

	Candidate/Officeholder/Politica 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: 26/27 Rpt: 50/53	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	08/22/2023	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.10	1455 Market ST.
		4th Fl
		Trevose, PA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Pan Dulce for the Jurors and for Central Jury Staff
		r an Baise for the said for Sential sary Stan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/18/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.84	1455 Market ST.
		4th Fl
		Trevose , PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tacos for Jurors
		Tudos for durons
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/26/2023	Wal-Mart Val-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$479.92	8923 W Military
		San Antonio , TX 78245
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Children's Shelter for Christmas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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)

l	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: 27/27 Rpt: 51/53	Chapa, Cynthia Marie (The Honorable)	00081893					
4	Date	5 Payee name						
	11/16/2023	Wal-Mart						
6	Amount (\$) \$68.60	7 Payee address; City; State; Zip Code 8923 W Military San Antonio , TX 78245						
Ļ		 						
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense r upcoming events					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/18/2023	Westin Riverwalk						
	Amount (\$) \$21.65	Payee address; City; State; Zip Code 420 W Market San Antonio, TX 78205						
L	PURPOSE							
	OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense SABLA Gala					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held					

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

SCHEDULE K

	The Instruction Guide explains how to complete this form				ages Schedule K: /2 Rpt: 52/53		
2					Filer ID	(Ethics Commission Fi	lers)
				(00081	.893	
4	Date	ate 5 Name of person from whom amount is received				8 Amount (\$)	
	07/12/2023	· ·				, ,	\$8.76
						•	
		San Antonio , TX 78251					
		7 Purpose for which amount is received	if politi	ica	al cont	ribution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	08/09/2023	Frost Bank					\$7.06
		Address of person from whom amount is received; City; State; Zip Code				1	
		The state of possession montaneous to socious, exp, exact, and					
		San Antonio , TX 78251					
		Purpose for which amount is received	if politi	ica	al cont	ribution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/12/2023	Frost Bank					\$8.40
		Address of person from whom amount is received; City; State; Zip Code					
		,					
		SAN ANTONIO, TX 78251					
		Purpose for which amount is received	if politi	ica	al cont	ribution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	10/11/2023	Frost Bank					\$7.08
		Address of person from whom amount is received; City; State; Zip Code				•	
		SAN ANTONIO, TX 78251					
		Purpose for which amount is received	if politi	ica	al cont	ribution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	11/09/2023	Frost Bank					\$7.35
	Address of person from whom amount is received; City; State; Zip Code				•••••	1	
		, , , , , , , , , , , , , , , , , , , ,					
		SAN ANTONIO, TX 78251					
	Purpose for which amount is received		al cont	ribution returned to filer			
		Interest	_				
l							

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: 2/2 Rpt: 53/53 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chapa, Cynthia Marie (The Honorable) 00081893 5 Name of person from whom amount is received 8 Amount (\$) 12/11/2023 \$9.46 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer Interest