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) 00083892 41 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Gabriela NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Gabby Garcia CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Antonio NAME NICKNAME LAST **SUFFIX** Tony Flores **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 266-5050 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l 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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 138 Cameron

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Version V3.5.1.0bfcfb67

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Garcia, Gabriela (The	e Honorable)		14 Filer ID 00083892	(Ethics Com	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	is accepted or political expenditus is may have been made without required to report this information	the candidate's or of	fficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAN CONTRIBUTIONS MADE ELE		S, \$	0.00
		ICAL CONTRIBU	JTIONS S, OR GUARANTEES OF LOAN	S)	\$	7,500.00
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	IZED POLITICAL E		-7	\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	13,417.93
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	16,290.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	21,200.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the Il information require	accompanying ed to be reporte	report is ed by me
			The Hono	orable Gabriela Ga	arcia	
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of office	cer administering oath	Printed name	of officer administering oath	Title of off	icer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 41						
Gar	8 FILER NAME Garcia, Gabriela (The Honorable) 19 Filer ID (Ethics Commission Filers) 00083892						
l		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	7,500.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	13,417.93		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONET	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/41
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Garcia, Gab	riela (The Honorable)		00083892
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)
	07/22/2023	IGNACIO G. MARTINEZ LAW FIRM		\$1,000.00
		6 Contributor address; City; State; Zip Code Brownsville, TX 78520		·
8	Contributor's F	I Principal Occupation	9 Contributor's Job Title	1
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	Amount of Contribution (\$)
	07/18/2023	LAW OFFICES OF JAVIER VILLARREAL, PL	LC	\$5,000.00
		Contributor address; City; State; Zip Code		
		Brownsville, TX 78526		
	Contributor's I	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm			Law firm of contributor's s	pouse (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#	t:)	Amount of Contribution (\$)
	08/09/2023	PERDUE, BRANDON, FIELDER, COLLINS &		\$1,500.00
		Contributor address; City; State; Zip Code		·-
		Houston, TX 77008		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, 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 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

Polling Expense Travel in D
Printing Expense Travel Out
Salaries/Wages/Contract Labor OTHER (er

	Credit Card Payment	The Instruction Guide explains how to comp	plete th	is form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/36 Rpt: 5/41	Garcia, Gabriela (The Honorable)			00083892	
4	Date	5 Payee name				
	07/01/2023	AMAZON.COM				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$41.09	410 Terry Ave North				
		Seattle, WA 98109				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	b) Des	scription		
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outsid		
	EXPENDITORE		_	Check if Austin, TX, o		expense
			GIII	t/Award for Co	nstituent	
_	Operation ONE V if dispose	Open listed (Office helder record			O#: I	.1.1
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
	· 					
	Date	Payee name				
	10/25/2023	AMAZON.COM				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$63.64	410 Terry Ave North				
		Seattle, WA 98109				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b		scription		
	OF EXPENDITURE	Advertising Expense		Check if travel outsid Check if Austin, TX, o		
				rds/Buttons	Jiliceriolder living	ехрепае
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/O					
	Date	Payee name				
	11/24/2023	AMAZON.COM				
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$128.52	410 Terry Ave North				
	,					
		Seattle, WA 98109				
	PURPOSE		h) Doo	scription		
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Only Wards/Wellionals Expense		Check if Austin, TX, o	officeholder living	expense
			Gift	t/Awards for C	onstituents	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt		Office he	eld
	experiorate to beliefft C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/36 Rpt: 6/41	2 FILER NAME Garcia, Gabriela (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083892
4	<u> </u>	5 Payee name ASTROS FOUNDATION
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 501 Crawford Street Houston, TX 77002
8	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 outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Non Profit Contribution
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/08/2023	Payee name ASTROS
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 501 Crawford Street
	PURPOSE OF EXPENDITURE	Houston, TX 77002 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift/Awards for Constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/08/2023	Payee name ASTROS
	Amount (\$) \$161.00	Payee address; City; State; Zip Code 501 Crawford Street
		Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift/Awards Campaign/Costituents
	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 By -Candidate/Officeholder/Political Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/36 Rpt: 7/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	09/30/2023	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$307.25	4305 Frontage Rd
		Brownsville, TX 78520
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Equipment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Telephone Accessories
		Total Model State (1997)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/18/2023	BATH BODY & BEYOND
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.00	5001 E Expressway 83
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gifts/Awards for Court Personnel
	Complete ONLY if divest	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	07/27/2023	BECKS PRIME
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.34	1822 Hwy 6
		Sugar Land, TX 77478
	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 Advanced Criminal Law Seminar
		Auvanceu Cililliai Law Seniinai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 4/36 Rpt: 8/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	07/31/2023	BIG DADDY'S
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.40	500 Morrison Rd
		Brownsvi, TX 78526
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 Constituents/Campaign
		Constituents/Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payeo namo
	09/22/2023	Payee name BROWNSVILLE HISTORICAL MUSEUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.80	641 E Madison St
	Ψ120.00	041 E Madison St
		Provincy illo TV 70520
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gifts/Awards Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/15/2023	BROWNSVILLE HISTORICAL MUSEUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.40	641 E Madison St
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Non Profit
	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 5/36 Rpt: 9/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	10/04/2023	BROWNSVILLE POLICE OFFICERS ASSOCIATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Ŭ	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Fishing Tournament/Non Profit Association
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/30/2023	BUBBA'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.64	2338 North Exp 77
		Brownsville, TX 78526
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Constituents/Campaign
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/26/2023	BUBBA'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2338 North Exp 77
		Brownsville, TX 78526
	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
		Gifts/Award Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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	7 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al 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: 6/36 Rpt: 10/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	07/01/2023	BULLPEN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	505 W Elizabeth St
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Little League Fundraiser
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/26/2023	BURGER KING
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.94	3585 West Alton Gloor
		Brownsville, TX 78520
	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
		Magistrate Court Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	12/06/2023	CAMERON COUNTY DEMOCRATIC PARTY
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1411 N Stuart Place Rd
		Suite C
		Harlingen, TX 78552
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Ballot Filing Fee - Democratic Primary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to belieff C/Oi	•

SCHEDULE F1

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

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	Gift/Awards/Memorial: mittee Legal Services			ontract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
	Credit Card Payment	The Instruction G	uide explains how to co	mplete	this form.				
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 7/36 Rpt: 11/41	Garcia, Gabriela (The Hon	orable)				00083892		
4	Date	Payee name			•				
	11/08/2023	CINEMARK THEATER							
6	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$200.00	2370 Old Hwy 77							
		Brownsville, TX 78520							
8	PURPOSE	Category (See Categories listed at	the ten of this schedule)	(b) D	escription				
	OF	Gift/Awards/Memorials Exp		ľ		utsio	le of Texas. Com	olete Schedule T.	
	EXPENDITURE	·			_		officeholder living		
				G	Sifts/Award C	ou	rt Personnel		
9	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sou	ıght			Office he	ld	
	Date	Payee name							
	07/20/2023	COBBLEHEADS							
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$72.93	3154 Central Blvd							
		Brownsville, TX 78520							
	PURPOSE	Category (See Categories listed at	the top of this schedule)	(b) D	escription				
	OF EXPENDITURE	Food/Beverage Expense			₫		de of Texas. Comp officeholder living		
					Constituents/C			expense	
						- 0			
	Complete ONLY if direct	andidate/Officeholder name	Office sou	<u>I </u>			Office he	ld	
	expenditure to benefit C/OI			Ü					
	Date	Payee name							
	11/15/2023	COBBLEHEADS							
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$67.52	3154 Central Blvd							
		Brownsville, TX 78520							
	PURPOSE	Category (See Categories listed at	M- 4	(b) D	escription				
	OF	Event Expense	the top of this schedule)	°, г	_	utsio	le of Texas. Comp	olete Schedule T.	
	EXPENDITURE	Event Expense			_		officeholder living		
				D	emocratic Pa	art	/ Campaign	Filing	
	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sou	ıght			Office he	ld	
	experience to beliefft C/OI								

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Gard Layment	The Instruction Guide explains how to complete th	his form.
1	Total pages Schedule F1: Sch: 8/36 Rpt: 12/41	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
┡	<u> </u>		0000002
4	Date 07/28/2023	5 Payee name CRACKER BARREL	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.15	110 Bass Pro Drive	
		Harlingen, TX 78550	
8	PURPOSE OF		SCription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dod/Beverage Expense	Check if Austin, TX, officeholder living expense
		Col	nstituent/Campaign
Ļ			200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
⊨	Date	Payee name	
	07/08/2023	DOLLAR TREE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.77	302 N Sunshine Strip	
		Harlingen, TX 78550	
	PURPOSE OF		scription
	EXPENDITURE	Citt/ Wards/McHonals Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		For	r Constituent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡			
	Date 09/11/2023	Payee name DOLLAR TREE	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.27	1215 Central Blvd	
		Brownsville, TX 78520	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	scription
	EXPENDITURE	Office Overhead/Nertial Expense I	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			fice Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
lacksquare			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/36 Rpt: 13/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	11/27/2023	DOLLAR TREE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.11	1215 Central Blvd
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Holiday Decor
		Holliday Becol
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	10/25/2023	EL POLLO LOCO
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.82	54 S Expressway 77/83
		Brownsville, TX 78520
	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 Court Personnel Meeting
		Court Fersonner Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/22/2023	EL POLLO LOCO
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.78	85 E Alton Gloor Blvd
		Brownsville, TX 78526
	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
		Magistrate Court Meeting
		Magistrate Court Meeting
	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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1: Sch: 10/36 Rpt: 14/41	2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4	Date 08/02/2023	5 Payee name EL VALLE		
6	Amount (\$) \$11.00	7 Payee address; City; State; Zip Coordinates 103 W Queen Isabella Blvd Port Isabel, TX 78578	de	
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 Constituents/Campaign
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office souç	ght	Office held
	Date 09/08/2023	Payee name FADI'S		
	Amount (\$) \$48.22	Payee address; City; State; Zip Coo 12360 Westheimer Rd Brownsville, TX 77077	de	
	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 Judiciary Conference
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 10/16/2023	Payee name FIESTA GRAPHICS		
	Amount (\$) \$216.50	Payee address; City; State; Zip Cod 205 Paredes Line Rd	de	
		Brownsville, TX 78521		
	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 Signs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

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

Credit Card Payment	The Instruction Guide explains how to co	omplete t	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 11/36 Rpt: 15/41	Garcia, Gabriela (The Honorable)			00083892	
4 Date	5 Payee name				
09/08/2023	HAMPTON INN				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$265.26	710 Crawford St				
	Houston, TX 77002				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Travel In District		Check if travel outsi		
LAI LINDITORL			Check if Austin, TX,		
		Pa	arking/Lodging	- Judiciary	Conterence
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	ald.
expenditure to benefit C/O		ugni		Office fie	eiu
Date	Payee name				
08/10/2023	HEB				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$43.28	1628 Central Blvd				
	Brownsville, TX 78520				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
EXPENDITURE	Event Expense		Check if travel outsi Check if Austin, TX,		
		∐ Tr	-		e and Harlingen)
			J	•	3 ,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	4				
Date	Payee name				
09/26/2023	нЕВ				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$225.00	1628 Central Blvd				
	Brownsville, TX 78520				
PURPOSE		(b) Do	escription		
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Check if travel outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE	1 Jour Deverage Expense		Check if Austin, TX,	officeholder living	expense
		Sr	nacks/Supplies	for Court C	chambers
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office he	eld
experiulture to beliefit C/O	1				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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		nmittee	Legal Services	is Expense	Salaries/W		e /Contract Labor		OTHER (enter a	a category not liste	d above)
	Credit Card Payment			The Instruction C	Guide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 12/36 Rpt: 16/41		Garcia, Gab	riela (The Hon	orable)					00083892		
4	Date	5	Payee name									
	10/01/2023		HEB									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$21.05	ı	1628 Centra	•								
	¥==:33											
			Prowncyillo	TV 70520								
_		├	Brownsville,									
8	PURPOSE OF			ee Categories listed at	the top of this sche	edule)	(b)	Description		df.T O	Cabadula T	
	EXPENDITURE		Food/Bever	age Expense				=		officeholder livin	nplete Schedule T. a expense	
								Drinks Breaki			3 - 1	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	aht			Office h	eld	
	expenditure to benefit C/OI	Н					0					
	Date	Г	Payee name									
	11/10/2023		HEB									
	Amount (\$)	├	Payee addres	ss; City;	State:	Zip Co	do					
	\$191.76		1628 Centra		State,	Zip Co	ue					
	φ191.70		1020 Centre	ai bivu								
			D	TV 70500								
		┢	Brownsville,									
	PURPOSE OF			ee Categories listed at	the top of this sche	edule)	(b)	Description	to:	do of Toyon Con	anleta Cabadula T	
	EXPENDITURE		Food/Bever	age Expense				=		officeholder livin	nplete Schedule T. g expense	
								Thanksgiving				Court
								0 0				
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	ī	Payee name									
	10/31/2023		HEB									
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$60.02	ı	1628 Centra	-	•	·						
			Brownsville,	TX 78520								
	PURPOSE						(h)	Description				
	OF			ee Categories listed at		edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		One/ wards	ivicinonais Ex	perioc			Check if Austin,	, TX,	officeholder livin	g expense	
								Halloween Tr	eat	s/ACT Dive	ert Court	
		L										
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H 										

SCHEDULE F1

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

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: 13/36 Rpt: 17/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	11/10/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.35	1628 Central Blvd
		Brownsville, TX 78520
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 Supplies Thanksgiving/ACT Divert Court
		Supplies manksgiving/ACT Divert Count
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	11/20/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.67	1628 Central Blvd
		Brownsville, TX 78520
	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 Breakroom Condiment
		Breakforn Condinient
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payeo namo
	12/05/2023	Payee name HEB
_		
	Amount (\$)	
	\$45.00	1628 Central Blvd
		Brownsville, TX 78520
	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
		Snacks/Drinks for Breakroom
		3.140.167.2.1.1.16.16.12.164.1.165.1.1
	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 Committ

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: 14/36 Rpt: 18/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	09/09/2023	HOUSTON VILLAGE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.20	2503 University Blvd
		Houston, TX 77005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking - Judiciary Conference
		Taking budiouty conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/04/2023	JOHNSON PLASTICS PLUS
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.66	PO BOX 74576
		Cleveland, TX 44194
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sign Stakes
		Sign States
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		
	Date	Payee name
	09/19/2023	LA HACIENDA
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	850 E Alton Gloor
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Constituents/Composign
		Constituents/Campaign
	Operation ONLY if allowed	Our stide to 10 ff as health are nown.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 15/36 Rpt: 19/41	Garcia, Gabriela (The Honorable) Carcia, Gabriela (The Honorable)
4	Date	5 Payee name
	10/16/2023	LEAL, LARRY (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	2000 Roosevelt St
		Brownsville, TX 78521
_	DUDDOOF	1
8	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
		Faulk Mildule School Athletics
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/14/2023	LIAM'S
	Amount (\$)	Payee address; City; State; Zip Code
	• •	
	\$58.97	4495 N Expressway 77/83
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/02/2023	LONGHORN CATTLE COMPANY
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.37	3055 W Expy 83
		San Benito, TX 78586
	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 Campaign Meeting/Constituents
		Campaign weeting/Constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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	l 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: 16/36 Rpt: 20/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	08/03/2023	LONGORIA, EVERARDO (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1025 Cumulus Dr
		Brownsville, TX 78526
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	08/04/2023	LOPEZ, STEPHANIE (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5142 Denver Ave
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift/Award - Back to School Supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
F	Date	Payee name
	08/08/2023	LOPEZ, STEPHANIE (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	5142 Denver Ave
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Treats for Night Out / Brownsville and Harlingen
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Cor

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

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

	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: 17/36 Rpt: 21/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	07/16/2023	MAHI NIC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.39	33384 State Park Rd 100
		South Padre Island, TX 78597
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 Campaign Meeting
		Campaign weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	09/30/2023	MAINSTREET BOUTIQUE AND BISTRO
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.13	712 N 77 Sunshine Strip
		Harlingen, TX 78550
	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 Constituents/Campaign
		Constituents/Cumpaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/21/2023	MARISCOS LAURO VILLAR
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	7097 North Expy 77
		Olmito, TX 78575
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Magistrate Court Meeting
	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 -

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	l 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: 18/36 Rpt: 22/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	09/12/2023	MARRIOTT MARQUIS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.72	1777 Walker St
		Houston, TX 77010
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
		Judiciary Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1
	Date	Payee name
	09/27/2023	MIHA HOT POT
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.98	3400 W Expy 83
		McAllen, TX 78501
	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 Constituents/Campaign
		Constituente, Campaign
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	11/15/2023	NATALIA GONZALEZ
H	Amount (\$)	Payee address; City; State; Zip Code
	\$78.00	3025 Duck Pond
	,	
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Gifts/Awards for Campaign Constituents
		Gills/Awards for Campaign Constituents
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
L		

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 19/36 Rpt: 23/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	07/25/2023	NEIMAN MARCUS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.57	2600 Post Oak Blvd
		Houston, TX 77056
8	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 Gift/Award for Constituents
		Only/Ward for Constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	08/02/2023	NORTH BROWNSVILLE ROTARY
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.00	
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Civic Club Membership Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues - Non Profit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	08/14/2023	NORTH BROWNSVILLE ROTARY
	Amount (\$) \$19.00	Payee address; City; State; Zip Code
	\$19.00	
		Drougoville, TV 70524
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	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
		Non Profit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

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: 20/36 Rpt: 24/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	11/04/2023	OMEGA DOLLAR
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$294.34	124 S Ware Rd
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Decor
		50001
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/30/2023	ORO SALES
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$545.00	
		Brownsville, TX 78521
	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
		Gift/Award Constituents Campaign
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/27/2023	PARRY'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.00	2320 North Expy
		Brownsville, TX 78521
Г	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 Constituent Meeting
		Constituent weeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 21/36 Rpt: 25/41	Garcia, Gabriela (The Honorable)	00083892
4	Date 09/12/2023	5 Payee name PETER PIPER PIZZA	
6	Amount (\$) \$165.46	7 Payee address; City; State; Zip Code 1644 Central Blvd	
		Brownsville, TX 78520	
8	PURPOSE OF EXPENDITURE	Che	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aaign Meeting/Constituents
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/21/2023	PHOENICIA	
	Amount (\$) \$240.35	Payee address; City; State; Zip Code 1001 Austin St	
		Houston, TX 77010	
	PURPOSE OF EXPENDITURE	Che	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense raign Constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/15/2023	Payee name PRINTA IMAGE	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 2494 Central Blvd	
		Brownsville, TX 78520	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Che	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense ng for Cathedral of the Immaculate Conception
	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 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: 22/36 Rpt: 26/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	08/02/2023	RED LOBSTER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$271.61	1075 FM 802
		Brownsville, TX 78521
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
		Campaign Meeting/Constituents
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/04/2023	RED LOBSTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$214.12	1075 FM 802
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		Campaign Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit or of	
	Date	Payee name
	10/25/2023	RED LOBSTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.48	1075 FM 802
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Campaign Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 23/36 Rpt: 27/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	12/09/2023	RED LOBSTER
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1075 FM 802
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Gifts/Awards for Court Personnel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/09/2023	RED LOBSTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.42	1075 FM 802
	φ103.42	10/3 FW 602
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Campaign Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/10/2023	RIO BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.76	3401 Old Hwy 77
	Φ1.10	3401 Old Hwy 11
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Service Charge
L		
	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
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	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: 24/36 Rpt: 28/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	08/14/2023	RIO BANK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.76	3401 Old Hwy 77
		Brownsville, TX 78520
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Charge
		Convict on ange
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	09/11/2023	RIO BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.76	3401 Old Hwy 77
		Brownsville, TX 78520
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Service Charge
L	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	10/06/2023	RIO BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.76	3401 Old Hwy 77
		Brownsville, TX 78520
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Service Charge
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/36 Rpt: 29/41	Garcia, Gabriela (The Honorable)		00083892
4	Date	5 Payee name		·
	11/13/2023	RIO BANK		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е	
	\$7.76	3401 Old Hwy 77		
		Brownsville, TX 78520		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Service Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
_	Date	Payee name		
	12/11/2023	RIO BANK		
	Amount (\$)	Payee address; City; State; Zip Cod	e	
	\$7.76	3401 Old Hwy 77		
	40	2 13 <u>2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>		
		Brownsville, TX 78520		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	7.000dritting/Baritting		Check if Austin, TX, officeholder living expense
				Service Charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	09/28/2023	ROSS		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$116.25	315 E. 12th St.		
		Brownsville, TX 78520		
	PURPOSE OF	, , ,	b)	Description
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Gifts/Awards Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
_				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica		mmittee	Legal Services		aries/Wag	ense ges/Contract Labor		OTHER (enter a	strict i category not listed ab	ove)
	Credit Card Payment			The Instruction Gu	ide explains how	to com	plete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 26/36 Rpt: 30/41		Garcia, Gab	riela (The Hono	rable)				00083892		
4	Date	5	Payee name					-			
	10/25/2023		SAM'S CLU	В							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	n Code					
Ĭ	\$102.90	ľ	•	on Gloor Blvd	Otato, Zi	p oout					
	4202.00			0.00. 2							
			Drownovillo	TV 70520							
		<u> </u>	Brownsville,			1					
8	PURPOSE OF	(a)		ee Categories listed at th	e top of this schedule) (k	Description		df.T O	oulete Cabadula T	
	EXPENDITURE		Food/Bever	age Expense					officeholder living	plete Schedule T. g expense	
									room Suppli		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	e sough	nt		Office h	eld	
	expenditure to benefit C/O	Н				· ·					
	Date		Payee name								
	11/14/2023		SAM'S CLU	В							
	Amount (\$)	┝	Payee addres		State; Zi	n Code					
	\$86.04		•	on Gloor Blvd	Otato, Zi	p oout					
	φοσ.σ :		0010 117 1110	0.001 5.14							
			Brownsville,	TV 79520							
	DUDDOCE	(0)				1/1	2) 5				
	PURPOSE OF	(a)		ee Categories listed at th	e top of this schedule) (r	Description Check if training		de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		roou/bever	age Expense					officeholder living		
							<u> </u>	ing - A	ACT Divert (Court	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	e sough	nt		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	09/05/2023		SOUTHWIN	IDS							
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Code	9				
	\$12.00		943 North E	xpressway # 10							
			Brownsville	TX 78520							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e ton of this schedule) (k	Description				
	OF	` `		age Expense	o top or time comedua.	´ `			de of Texas. Com	plete Schedule T.	
	EXPENDITURE								officeholder living	g expense	
							Constituer	nts/Ca	mpaign		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	Office	e sough	nt		Office h	eld	
	experience to belieff 6/01										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 27/36 Rpt: 31/41	2 FILER NAME Garcia, Gabriela (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083892
4	Date 07/25/2023	5 Payee name SPOTHERO
6	Amount (\$) \$30.76	7 Payee address; City; State; Zip Code 125 S Clark St Chicago, IL 60603
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking - Advanced Criminal Law Seminar
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/31/2023	Payee name STAPLES
	Amount (\$) \$279.82	Payee address; City; State; Zip Code 2436 Pablo Kisel Blv Brownsville, TX 78526
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gifts/Back To School Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/26/2023	Payee name STATE BAR OF TEXAS
	Amount (\$) \$265.00	Payee address; City; State; Zip Code 1414 Colorado Street Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) State Bar (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense 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: 28/36 Rpt: 32/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	09/11/2023	SUGAR KINGDOM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.77	1601 Padre Blvd
		South Padre Island, TX 78597
8	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 Gift/Award Constituents
		Gill/Award Constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	12/24/2023	TACO PALENQUE
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5.83	4227 N Expressway #77
	Ψ0.00	122 Tt Expressivaly #11
		Brownsville, TX 78520
	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 Magistrate Court Meeting
		waystate court weeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/11/2023	TARGET
H	Amount (\$)	Payee address; City; State; Zip Code
	\$17.98	301 Morrison Rd
	41.100	
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 29/36 Rpt: 33/41	Garcia, Gabriela (The Honorable) 00083892	
4	Date	5 Payee name	
	11/27/2023	TARGET	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.14	301 Morrison Rd	
		Brownsville, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.	
		Christman Donor	
		Christmas Decor	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L		··	_
	Date	Payee name	
	09/23/2023	TEAMWALKERPETE FOUNDATION	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$525.00		
		Harlingon TV 79550	
		Harlingen, TX 78550	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		Black and Cold North Tolk Fundador	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_			_
	Date	Payee name	
L	09/07/2023	TEXAS CENTER FOR JUDICIARY	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	1210 San Antonio St.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Judiciary Conference Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Fee	
_			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	CAPETIGITUTE TO DETICITE C/OI		
1			

SCHEDULE F1

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

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

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

Polling Expense Travel in Di Printing Expense Travel Out of Salaries/Wages/Contract Labor OTHER (er

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 30/36 Rpt: 34/41	Garcia, Gabriela (The Honorable)	00083892
4	Date	5 Payee name	•
	12/13/2023	TEXAS CENTER FOR JUDICIARY	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.00	1210 San Antonio St.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) I	Description
	OF EXPENDITURE	Continuing Legal Education	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense Course/Conference
			Course/Cornerence
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office field
_	Data	Barra dama	
	Date 10/02/2023	Payee name THE ROAST HOUSE	
	Amount (\$) \$32.48	Payee address; City; State; Zip Code 974 E. Harrison St	
	Φ32.40	974 E. Hallisoli St	
		Drownsville, TV 70520	
		Brownsville, TX 78520	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if dustin, TX, officeholder living expense
			Beverages for Court Personnel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/24/2023	TORTILLERIA HERNANDEZ	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.28	7221 Gay St	
		Olmito, TX 78575	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) I	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Magistrate Court Meeting
	Complete ONII V if allow	Condidate Office helder page	Office It also
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

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

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 31/36 Rpt: 35/41	Garcia, Gabriela (The Honorable)		00083892
4	Date	5 Payee name		
	10/22/2023	TRADER JOE'S		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$171.72	2922 S Shepherd Dr		
		Houston, TX 77098		
8	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.
	EXPENDITORE	·		Check if Austin, TX, officeholder living expense
				Gift/Award for Court Personnel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	09/08/2023	UBER		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$60.00	1515 3rd St		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Transportation/Judicial Conference
	Complete ONLY if direct	Condidate/Officeholder name Office sour	abt	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ynı	Office held
	Date	Payee name		ION.
	12/10/2023	UNIVERSITY OF HOUSTON ALUMNI ASSOC		ION
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$62.50			
		Houston, TX 77204		
	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		Check if Austin, TX, officeholder living expense Fundraiser Non Profit
				- analogo Horr folk
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	ອາເເ	Office field

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 32/36 Rpt: 36/41	Garcia, Gabriela (The Honorable)		00083892
4	Date 10/21/2023	5 Payee name UNIVERSITY OF HOUSTON		
Ļ			_	
6	Amount (\$) \$55.58	7 Payee address; City; State; Zip Code	е	
	Ψ33.30			
		Houston, TX 77204		
8	PURPOSE		h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	ω,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, , , , , , , , , , , , , , , , , , , ,		Check if Austin, TX, officeholder living expense
				Gift/Award Constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
9	expenditure to benefit C/OI		ııı	Office field
⊨	Date	Payee name		
	09/26/2023	VERMILLION		
┝	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$83.07	115 Paredes Line Rd		
		Brownsville, TX 78521		
H	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 Constituents/Campaign
				Constituents, Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/08/2023	VERMILLION		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$61.00	115 Paredes Line Rd		
		Brownsville, TX 78521		
	PURPOSE OF	,	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Magistrate Court Meeting
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experience to belieff 6/01	•		

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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 33/36 Rpt: 37/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	09/10/2023	WAFFLE HOUSE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.50	27935 Southwest Fwy
		Rosenberg, TX 77471
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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Judiciary Conference
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2023	WAL MART
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	2205 RUBEN M TORRES BLVD
		BROWNSVILLE, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies Chambers
		Supplies Chambers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 10/04/2023	Payee name WAL MART
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.92	2205 RUBEN M TORRES BLVD
		BROWNSVILLE, TX 78526
	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
		Breakroom Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
_		

SCHEDULE F1

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

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: 34/36 Rpt: 38/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	11/27/2023	WAL MART
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$367.01	2205 RUBEN M TORRES BLVD
		BROWNSVILLE, TX 78526
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Gifts/Awards Christmas Gifts for Children (Harlingen
		Community Giveaway/Iglesia Bautista Horeb)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	Payee name
	12/09/2023	WAL MART
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.70	2205 RUBEN M TORRES BLVD
		BROWNSVILLE, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Decor, Cleaning, Cups
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	10/04/2023	WENDYS
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.33	1001 Main Street
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Gifts/Awards ACT Divert Court
	0 1. 0	
	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)
se 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	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: 35/36 Rpt: 39/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	11/08/2023	WEST BROWNSVILLE LION'S CLUB
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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 Fundraiser - Non Profit
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/24/2023	WESTIN OAKS
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.48	5011 Westheimer
		Houston, TX 77056
	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
		Advanced Criminal Law Seminar
		/ W. W. 1008
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/26/2023	WESTIN OAKS
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.31	5011 Westheimer
		Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking - Advanced Criminal Law Seminar
		Faiking - Advanced Chiminal Law Settilia
-	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	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: 36/36 Rpt: 40/41	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	07/27/2023	WESTIN OAKS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$262.11	5011 Westheimer
		Houston, TX 77056
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 Advanced Criminal Law Seminar
		Advanced Chillinal Law Schilla
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	12/27/2023	WING BARN
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.66	7097 Frontage Rd
		Olmito, TX 78575
	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 Magistrate Court Meeting
		Magistrate Court Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Data	Davies same
	Date 09/27/2023	Payee name WORLD MARKET
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.98	500 N Jackson Rd
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Decor Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Chambers
		Shambers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

OUTS	TANDING LOANS	SCHEDULE L 1 Total pages Schedule L: Sch: 1/1 Rpt: 41/41	
The Inst	ruction Guide explains how to complete this form.		
FILER NAM Garcia, G	ME abriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892	
LENDER INFORMAT	4 Name of lender	I	
	5 Lender address; City; State; Zip Code		
	BROWNSVILLE, TX 78520		
GUARANT INFORMAT	TION		
X not app	ricable 7 Guarantor address; City; State; Zip Code		