

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

| | | | |
|--|---|--|--|
| 1 Filer ID (Ethics Commission Filers) 00080056 | 2 Total pages filed: 20 | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Angelica I. | MI MI |
| | NICKNAME | LAST Jimenez | SUFFIX |
| 4 ORIGINAL REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | |
| | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | |
| | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | |
| 5 ORIGINAL PERIOD COVERED | Month Day Year 07/01/2023 | THROUGH | Month Day Year 12/31/2023 |

| | |
|---|--------|
| Date Received ELECTRONICALLY FILED 01/22/2024 | |
| Date Hand-delivered or Date Postmarked | |
| Receipt # | Amount |
| Date Processed | |
| Date Imaged | |

6 EXPLANATION OF CORRECTION
Inadvertently omitted two in-kind contributions that were given during this reporting period.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Angelica I. Jimenez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

| | | | | | | | | | | | | |
|---|--|---|--|--|--|---|---------------------------------|--|----------------------------------|--|--|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00080056 | 2 Total pages filed: 20 | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Angelica I. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/22/2024 | | | | | | | | |
| | NICKNAME | LAST Jimenez | SUFFIX | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; | | ZIP CODE | Date Hand-delivered or Date Postmarked | | | | | | | | |
| | REDACTED PER 254.0313, GOV'T CODE | | | Receipt # | | | | | | | | |
| | | | | Amount | | | | | | | | |
| | | | | Date Processed | | | | | | | | |
| | | | | Date Imaged | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Margaret G. | MI | | | | | | | | | |
| | NICKNAME | LAST Mireles | SUFFIX | | | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; STATE; ZIP CODE | | | | | | | | |
| | REDACTED PER 254.0313, GOV'T CODE | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | (210) 735-3648 | | | | | | | | |
| 8 REPORT TYPE | <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> | | | | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
| <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | | | | | |
| 9 PERIOD COVERED | Month Day Year 07/01/2023 | THROUGH | Month Day Year 12/31/2023 | | | | | | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | |
| | 11 OFFICE OFFICE HELD (if any) District Judge District 408 Bexar | | 12 OFFICE SOUGHT (if known) District Judge District 408 | | | | | | | | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 20

13 C / OH NAME Jimenez, Angelica I. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00080056

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|--|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 6,666.67 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 10,843.02 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 116,331.69 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 10,000.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Angelica I. Jimenez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

| 18 FILER NAME Jimenez, Angelica I. (The Honorable) | | 19 Filer ID 00080056 | (Ethics Commission Filers) |
|--|-------------------------------------|--|----------------------------|
| 20 SCHEDULE SUBTOTALS | | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | | |
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ 6,250.00 |
| 2. | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 416.67 |
| 3. | <input type="checkbox"/> | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E(J): LOANS (JUDICIAL) | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 10,650.97 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 192.05 |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 329.34 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 5/20 |
| 2 FILER NAME Jimenez, Angelica I. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080056 |
| 4 Date 07/14/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl Stahl Geis, PC <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78205 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fudge-Stokes, Holly (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249 | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Fudge Nieto Stokes Law Firm | | Law firm of contributor's spouse (if any) Fudge Nieto Stokes Law Firm |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, John (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230 | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm John Gonzales & Associates | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 6/20 |
| 2 FILER NAME Jimenez, Angelica I. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080056 |
| 4 Date 11/27/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Brock & Brock | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78212 | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez & Associates PLLC | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78223 | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metz, William (Mr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78205 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm The Metz Law Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 7/20 |
| 2 FILER NAME Jimenez, Angelica I. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080056 |
| 4 Date 10/26/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollack, Joel (Mr.) | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code San Antonio, TX 78260 | | |
| 8 Contributor's Principal Occupation Real Estate Developer | | 9 Contributor's Job Title Managing Partner |
| 10 Contributor's employer/law firm Streamline Advisory Partners | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Roberto (Mr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78230 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm The Rios Legal Group, PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/20 | |
| 2 FILER NAME Jimenez, Angelica I. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080056 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augie's Alamo City BBQ Steakhouse | 8 Amount of contribution (\$) \$250.00 | 9 In-kind contribution description Food for petition signing party |
| | 7 Contributor address; City; State; Zip Code San Antonio, TX 78215 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 09/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Herrera Law Firm | Amount of contribution (\$) \$166.67 | In-kind contribution description Beverages for petition signing party |
| | Contributor address; City; State; Zip Code San Antonio, TX 78207 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 1/9 Rpt: 9/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
| 4 Date 10/04/2023 | 5 Payee name Anderson, Andrea | |
| 6 Amount (\$) \$390.00 | 7 Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition signing party |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/11/2023 | Payee name Anderson, Christian | |
| Amount (\$) \$247.00 | Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition Signing Party |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/11/2023 | Payee name Anderson, Christian | |
| Amount (\$) \$82.34 | Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition Signing Party |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 2/9 Rpt: 10/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
|--|---|--|

| | |
|-----------------------------|-------------------------------|
| 4 Date 07/21/2023 | 5 Payee name Anedot |
|-----------------------------|-------------------------------|

| | |
|------------------------------------|---|
| 6 Amount (\$) \$1,142.89 | 7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 |
|------------------------------------|---|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing fees |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 08/08/2023 | Payee name Anedot |
|--------------------|----------------------|

| | |
|------------------------|--|
| Amount (\$) \$10.05 | Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 |
|------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee |
|-------------------------------|---|--|

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

| | |
|--------------------|----------------------|
| Date 10/26/2023 | Payee name Anedot |
|--------------------|----------------------|

| | |
|------------------------|--|
| Amount (\$) \$39.30 | Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 |
|------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee |
|-------------------------------|---|--|

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

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/9 Rpt: 11/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
|--|---|--|

| | |
|-----------------------------|-------------------------------|
| 4 Date 11/27/2023 | 5 Payee name Anedot |
|-----------------------------|-------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$39.30 | 7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 |
|---------------------------------|---|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 12/03/2023 | Payee name Anedot |
|--------------------|----------------------|

| | |
|------------------------|--|
| Amount (\$) \$19.80 | Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 |
|------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee |
|-------------------------------|---|--|

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

| | |
|--------------------|---|
| Date 12/07/2023 | Payee name Bexar County Democratic Party |
|--------------------|---|

| | |
|---------------------------|---|
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201 |
|---------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Primary Filing Fee |
|-------------------------------|---|--|

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 4/9 Rpt: 12/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
|--|---|--|

| | |
|-----------------------------|----------------------------------|
| 4 Date 07/03/2023 | 5 Payee name Mailchimp |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$13.86 | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 |
|---------------------------------|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast subscription |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 08/03/2023 | Payee name Mailchimp |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$13.86 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 |
|------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast subscription |
|------------------------|---|--|

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

| | |
|--------------------|-------------------------|
| Date 09/05/2023 | Payee name Mailchimp |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$13.86 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 |
|------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast subscription |
|------------------------|---|--|

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

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 5/9 Rpt: 13/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
|--|---|--|

| | |
|-----------------------------|----------------------------------|
| 4 Date 10/03/2023 | 5 Payee name Mailchimp |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$13.86 | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 |
|---------------------------------|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast subscription |
|---------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 11/03/2023 | Payee name Mailchimp |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$13.86 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 |
|------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast subscription |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 12/04/2023 | Payee name Mailchimp |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$13.86 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 |
|------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast subscription |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 6/9 Rpt: 14/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 08/25/2023 | 5 Payee name North East Democrats |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code P. O. Box 700766 San Antonio, TX 78270 |
|---------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fee |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 08/25/2023 | Payee name North East Democrats |
|--------------------|------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code P. O. Box 700766 San Antonio, TX 78270 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day Sponsorship |
|-------------------------------|--|---|

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

| | |
|--------------------|---------------------------------|
| Date 07/03/2023 | Payee name Paragon Solutions |
|--------------------|---------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 2141 E Broadway Rd, Ste 202 Tempe, AZ 85282 |
|------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee |
|-------------------------------|---|--|

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

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 7/9 Rpt: 15/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
| 4 Date 08/03/2023 | 5 Payee name Paragon Solutions | |
| 6 Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code 2141 E Broadway Rd, Ste 202 Tempe, AZ 85282 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2023 | Payee name Paragon Solutions | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 2141 E Broadway Rd, Ste 202 Tempe, AZ 85282 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/02/2023 | Payee name Paragon Solutions | |
| Amount (\$) \$119.75 | Payee address; City; State; Zip Code 2141 E Broadway Rd, Ste 202 Tempe, AZ 85282 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 8/9 Rpt: 16/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
| 4 Date 11/10/2023 | 5 Payee name Paragon Solutions | |
| 6 Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code 2141 E Broadway Rd, Ste 202 Tempe, AZ 85282 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/04/2023 | Payee name Paragon Solutions | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 2141 E Broadway Rd, Ste 202 Tempe, AZ 85282 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/18/2023 | Payee name Prestige Printing | |
| Amount (\$) \$477.38 | Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pushcard |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 9/9 Rpt: 17/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 09/13/2023 | 5 Payee name SD19 Tejano Democrats |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 574 Kendalia Ave San Antonio, TX 78221 |
|----------------------------------|--|

| | | |
|---------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition Signing Party |
|---------------------------------|--|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 09/13/2023 | Payee name Viva Politics LLC |
|--------------------|---------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code 1850 Fredericksburg Rd San Antonio, TX 78201 |
|---------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
|-------------------------------|---|--|

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule G: Sch: 1/1 Rpt: 18/20 | 2 FILER NAME Jimenez, Angelica I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00080056 |
| 4 Date 09/10/2023 | 5 Payee name Augie's BBQ | |
| 6 Amount (\$) \$192.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 909 Broadway San Antonio, TX 78203 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition signing party |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 19/20 |
| 2 FILER NAME Jimenez, Angelica I. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080056 |
| 4 Date 08/25/2023 | 5 Name of person from whom amount is received Anderson, Christian | 8 Amount (\$) \$247.00 |
| | 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78232 | |
| | 7 Purpose for which amount is received Refund of payment <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 08/25/2023 | Name of person from whom amount is received Anderson, Christian | Amount (\$) \$82.34 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78232 | |
| | Purpose for which amount is received Refund of payment <input type="checkbox"/> Check if political contribution returned to filer | |

OUTSTANDING LOANS

SCHEDULE L

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule L: Sch: 1/1 Rpt: 20/20 |
| 2 FILER NAME Jimenez, Angelica I. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080056 |
| LENDER INFORMATION | 4 Name of lender Jimenez, Angelica | |
| | 5 Lender address; City; State; Zip Code San Antonio, TX 78259 | |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 6 Name of guarantor | |
| | 7 Guarantor address; City; State; Zip Code | |