CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:				OFFICE II	ICE ONLY
-	00080056	ics commission r licrs)	20				OFFICE U	SEUNLY
3	CANDIDATE /	MS / MRS / MR	FIRST			MI	Date Received	
5	OFFICEHOLDER	The Honorable	Angelica I.			1411	ELECTRONICA 01/22/2024	LLY FILED
	NAME	NICKNAME	LAST			SUFFIX	01/22/2024	
		MONIMANIE	Jimenez			301117		
4	ORIGINAL	X January 15	Runoff		Other (sp	ecify)	Date Hand-delivered or	Date Postmarked
-	REPORT TYPE	July 15	Exceeded modified	ш	отно: (ор		Receipt #	Amount
		30th day before election	15th day after camp	· · · -			·	rundun
			appointment (office	holder only)			Date Processed	<u> </u>
		8th day before election	Final Report (Attacl				_	
5	ORIGINAL PERIOD COVERED	Month Day Yea	r THROUGH	Month Da	•	Year	Date Imaged	
_	EVEL ANIATION OF C	07/01/2023		12/31/2	2023			
6	EXPLANATION OF C	CORRECTION two in-kind contributions th	at word given during th	nic roporting nor	riod			
	madvertently offitted	two in-kind contributions th	at were given during ti	iis reporting per	ilou.			
7	AFFIDAVIT		Law					
				ear, or aπirm, ur correct.	naer pe	naity of perjury	, that this corrected	report is true
			Cho	ck the box next	to ony	and all annlinal	blo statements:	
			Che	CK THE DOX HEXT	to arry a	апи ан арриса	bie statements.	
			X				affirm that the origin	
			_				an intent to mislead ned in the report.	or to
				moroprosent		mation contain	ica iii tilo roporti	
							that I am filing this	
							ss day after the date accurate or incomp	
				swear, or affire	m, that a	any error or on	nission in the report	as originally
				filed was made	e iii god	u Idilli.		
				Т	he Ho	norable Ange	elica I. Jimenez	
				S	Signatur	e of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE			-			
	Sworn to and subsc	ribed before me, by the sai	d			, this th	ne	day
	of	, 20, to cert	ify which, witness my l	nand and seal o	of office.			
	Signature of office	er administering oath	Printed name of of	ficer administer	ing oath	n -	Title of officer admin	istering oath
	3	y			J			3

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

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) 00080056 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Angelica I. NAME Date Received **ELECTRONICALLY FILED** 01/22/2024 NICKNAME LAST **SUFFIX** Jimenez 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** Ms. Margaret G. NAME NICKNAME LAST **SUFFIX** Mireles **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** (210) 735-3648 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 408 Bexar 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 00080056	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatic	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$ 6,666.67
EXPENDITURE	` `	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	IS)	
TOTALS	3. TOTAL ONTILIN	IZED FOLITIOAL EXPENDITIONES		\$ 0.00
		ICAL EXPENDITURES		\$ 10,843.02
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I	AST DAY OF THE	\$ 116,331.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$ 10,000.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Honor	able Angelica I. Jime	enez
		Signature o	f Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

4 of 20

					4 01 20
18 FIL	ER NAM	ME	19 Filer ID	(Ethi	cs Commission Filers)
Jir	nenez,	Angelica I. (The Honorable)	00080056		
	HEDUL		SUBTOTAL AMOUNT		
N/	ME OF	<u> </u>			
1.	X	\$	6,250.00		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	416.67
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	10,650.97
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	192.05
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	329.34

	MONET	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 1/3 Rpt: 5/20
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jimenez, An	gelica I. (The Honorable)				00080056
4	Date 07/14/2023	5 Full name of contributorCurl Stahl Geis, PC6 Contributor address; City; \$	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78205				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/01/2023	Fudge-Stokes, Holly (Ms Contributor address; City; \$				\$500.00
_	Caratuilar staula I	San Antonio, TX 78249		Contributor's Job Title		
	Attorney	Principal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	2011	co (if any)
		Stokes Law Firm		Fudge Nieto Stokes Lav		
		s a child, law firm of parent(s) (if	any)	Tudge Meto Stokes Ear		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/21/2023	Gonzales, John (Mr.) Contributor address; City; \$ San Antonio, TX 78230	State; Zip Code			\$250.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	John Gonza	les & Associates				
	If contributor i	s a child, law firm of parent(s) (if	any)	•		

MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 6/20
2 FILER NAME	anding I (The Heavenhale)		3 Filer ID (Ethics Commission Filers)
	gelica I. (The Honorable)		00080056
4 Date 11/27/2023	5 Full name of contributor out-of-state F Law Offices of Brock & Brock	PAC (ID#:	
11/2//2023	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78212		
8 Contributor's F	Principal Occupation	9 Contributor's Job	b Title
10 Contributor's 6	employer/law firm	11 Law firm of contr	ributor's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state F	PAC (ID#:	Amount of Contribution (\$)
07/06/2023 Martinez & Associates PLLC			\$2,000.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78223		
Contributor's F	Principal Occupation	Contributor's Job	b Title
Contributor's e	employer/law firm	Law firm of contr	ributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state F	PAC (ID#:) Amount of Contribution (\$)
07/01/2023	Metz, William (Mr.)		\$250.0
Contributor address; City; State; Zip Code			
	San Antonio, TX 78205		
	Principal Occupation	Contributor's Job	b Title
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contr	ributor's spouse (if any)
	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 7/20	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Jimenez, Ar	ngelica I. (The Honorable)		00080056	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)	
	10/26/2023	Pollack, Joel (Mr.)		\$1,000.00	
		6 Contributor address; City; State; Zip Code San Antonio, TX 78260			
8	Contributor's	Principal Occupation	9 Contributor's Job Title		
Ü	Real Estate		Managing Partner		
10	.0 Contributor's employer/law firm			snouse (if any)	
10	Streamline Advisory Partners			spouse (ii ariy)	
12		is a child, law firm of parent(s) (if any)	I		
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
	07/27/2023	Rios, Roberto (Mr.)	\$250.00		
		Contributor address; City; State; Zip Code		···· <mark> </mark>	
		San Antonio, TX 78230			
	Contributor's	Principal Occupation	Contributor's Job Title	-	
	Attorney		Attorney		
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)	
	The Rios Le	gal Group, PLLC			
	If contributor	is a child, law firm of parent(s) (if any)	'		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/20 3 Filer ID (Ethics Commission Filers) FILER NAME Jimenez, Angelica I. (The Honorable) 00080056 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 09/10/2023 Augie's Alamo City BBO Steakhouse \$250.00 | Food for petition signing 7 Contributor address; City; State; Zip Code party San Antonio, TX 78215 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) 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 Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 09/10/2023 The Herrera Law Firm \$166.67 | Beverages for petition Contributor address; City; State; Zip Code signing party San Antonoi, TX 78207 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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

ssion Filers)
Sion Filers)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Offic Polli xpense Print Sala	e Overheang Expensing Expensions/Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
			The Instruction Guid	le explains how t	o compl	ete this form.	_		
1	Total pages Schedule F1: Sch: 2/9 Rpt: 10/20		мЕ Angelica I. (The Ho	norable)			3	Filer ID 00080056	(Ethics Commission Filers)
_				,					
4	Date 07/21/2023	5 Payee nam Anedot	16						
6	Amount (\$) \$1,142.89	7 Payee add 1920 Mck 7th floor Dallas, TX	Kinney Ave	State; Zip	Code				
8	PURPOSE OF EXPENDITURE	(a) Category Fees	(See Categories listed at the	top of this schedule)	(b)		, TX	ide of Texas. Com , officeholder living Cessing fees	gexpense
9	Complete ONLY if direct expenditure to benefit C/Oh		officeholder name	Office	sought			Office he	eld
	Date	Payee nan	ne						
	08/08/2023	Anedot							
	Amount (\$)	Payee add	ress; City;	State; Zip	Code				
	\$10.05	1920 Mck	Cinney Ave						
		7th floor							
		Dallas, T	K 75201						
	PURPOSE				(h)	Description			
	OF	Fees	(See Categories listed at the	top of this schedule)	(5)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	1 003						, officeholder living	
						Credit Card F	Pro	cessing Fee	
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office	sought			Office he	eld
	Date	Payee nan	ne						
	10/26/2023	Anedot							
	Amount (\$)	Payee add	ress; City;	State; Zip	Code				
	\$39.30	1920 Mck	Cinney Ave						
		7th floor							
		Dallas, T	K 75201						
	PURPOSE	(a) Category	(See Categories listed at the	ton of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees	(,		Check if travel	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITORE							, officeholder living	j expense
						Credit Card F	ro	cessing Fee	
	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office	sought			Office he	eld
Fο	rms provided by Texas F	hics Commis	sion ww	w ethics state	tx us				Version V3 5 1 9000c47

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
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: 3/9 Rpt: 11/20	Jimenez, Angelica I. (The Honorable) 00080056
4	Date	5 Payee name
	11/27/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.30	1920 McKinney Ave
		7th floor
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/03/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.80	1920 McKinney Ave
		7th floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
		olouit cara i l'occoonig i co
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/07/2023	Bexar County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1844 Fredericksburg Rd
		San Antonio, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Primary Filing Fee
	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: 4/9 Rpt: 12/20	Jimenez, Angelica I. (The Honorable) 00080056
4	Date	5 Payee name
	07/03/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.86	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Eblast subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	08/03/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.86	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Eblast subscription
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
H	Date	Payee name
	09/05/2023	Mailchimp
H	Amount (\$)	Payee address; City; State; Zip Code
	\$13.86	675 Ponce de Leon Ave NE
	Ψ13.00	
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Eblast subscription
		Eblast Subscription
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: 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
8	Amount (\$) \$13.86 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Eblast subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Eblast subscription
	Complete ONLY if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Eblast subscription
	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 Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/9 Rpt: 14/20 Jimenez, Angelica I. (The Honorable) 00080056 4 Date Payee name 08/25/2023 North East Democrats 6 Amount (\$) Payee address; City; State; Zip Code \$25.00 P. O. Box 700766 San Antonio, TX 78270 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/25/2023 North East Democrats Amount (\$) Payee address; City; State; Zip Code \$250.00 P. O. Box 700766 San Antonio, TX 78270 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Labor Day Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/03/2023 Paragon Solutions Amount (\$) Payee address: City; State; Zip Code \$25.00 2141 E Broadway Rd, Ste 202 Tempe, AZ 85282 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

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

Event Expense Loan Repayment/Reimbu

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 16/20	Jimenez, Angelica I. (The Honorable)	00080056
4	Date	5 Payee name	
	11/10/2023	Paragon Solutions	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	2141 E Broadway Rd, Ste 202	
		Tempe, AZ 85282	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.
		Merchant F	rin, TX, officeholder living expense
		Wordhalt	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		0.1100 1.010
_	Date	Payee name	
	12/04/2023	Paragon Solutions	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	2141 E Broadway Rd, Ste 202	
	420.00	ETTE Broadway Na, 616 262	
		Tempe, AZ 85282	
	PURPOSE	(a) a	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1003	tin, TX, officeholder living expense
		Merchant F	ee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/18/2023	Prestige Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$477.38	8 Burwood Lane	
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense	el outside of Texas. Complete Schedule T.
		Check if Aus Pushcard	in, TX, officeholder living expense
		Fusiicaiu	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/9 Rpt: 17/20	Jimenez, Angelica I. (The Honorable) 00080056
4	Date	5 Payee name
	09/13/2023	SD19 Tejano Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	574 Kendalia Ave
		San Antonio, TX 78221
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Petition Signing Party
		. Catalon Signing Catalon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/13/2023	Viva Politics LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1850 Fredericksburg Rd
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting
		Consuming .
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 18/20 Jimenez, Angelica I. (The Honorable) 00080056 Date Payee name 09/10/2023 Augie's BBQ 6 Amount (\$) Payee address; City; State; Zip Code \$192.05 909 Broadway Reimbursement from political contributions intended Х San Antonio, TX 78203 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Petition signing party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/20 2 FILER NAME Filer ID (Ethics Commission Filers) Jimenez, Angelica I. (The Honorable) 00080056 8 Amount (\$) Date 5 Name of person from whom amount is received 08/25/2023 Anderson, Christian \$247.00 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78232 Purpose for which amount is received Check if political contribution returned to filer Refund of payment Amount (\$) Name of person from whom amount is received Date 08/25/2023 Anderson, Christian \$82.34 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78232 Purpose for which amount is received Check if political contribution returned to filer Refund of payment

C	DUTSTAN	IDING LOANS	SCHEDULE L	
Т	The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: Sch: 1/1 Rpt: 20/20	
2 FILER NAME Jimenez, Angelio		ica I. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080056	
LI	ENDER NFORMATION	4 Name of lender Jimenez, Angelica		
		5 Lender address; City; State; Zip Code		
		San Antonio, TX 78259		
	UARANTOR NFORMATION	6 Name of guarantor		
×	not applicable	7 Guarantor address; City; State; Zip Code		