STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

Cuido explaine how to complete (this form			2 Total pages	filed:
unde explains now to complete t					13
MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
Mr.	Mikael A.			Date Received	
				ELECTRONIC	CALLY FILED
NICKNAME	I AST		SUFFIX	07/15/2024	
THOMAS AND			331117		
	J 41 5.50			Date Hand deliveres	d or Dato Bostmarkod
ADDRESS / PO BOX; APT	/ SUITE #; C	ITY; STAT	TE; ZIP CODE	- Bate Hand-delivered	101 Date 1 Ostmarkeu
				Receipt #	Amount
Austin, TX 78738				Date Processed	•
				Date Imaged	
MC (MDC /MD	FIDOT			<u> </u>	
				MI	
The Honorable	Mattriew K.				
NICKNAME	I AST			SUFFIX	
TWO IN UNIL					
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	BOX PLEASE)	; APT/SU	JITE #; CITY;	STATE;	ZIP CODE
P.O. Box 6982					
Tyler, TX 75711					
AREA CODE	PHONE N	NUMBER		EXTENSION	
(903) 920-3776					
January 15	30th day	y before conv	ention / election	Runoff	
	Oth day	hafara conv	ention / election	☐ Final report	(Attach SC C/OH-FR)
X July 15	Ouruay	Delote conve	muon / election	Final report	(Allacii SC C/On-FR)
Month Day Y	ear			Month	Day Year
·	Juli	TH	IROUGH		/30/2024
V V V V V V V V V V					
Month Day Ye	ear		11 OFFICE	STATE CH	AIR
05/23/2024			SOUGHT		
Republican			COUNTY (If Applic	cable)	
			_		
	GO	TO PAGE	. 2		
	MS / MRS / MR Mr. NICKNAME ADDRESS / PO BOX; APT 15511 Hwy 71 West #110 Austin, TX 78738 MS / MRS / MR The Honorable NICKNAME STREET ADDRESS (NO PO P.O. Box 6982 Tyler, TX 75711 AREA CODE (903) 920-3776 January 15 X July 15 Month Day Ye 05/14/2024 Month Day Ye 05/23/2024	Mr. Mikael A. NICKNAME LAST Garcia ADDRESS / PO BOX; APT / SUITE #; Control 15511 Hwy 71 West #110-533 Austin, TX 78738 MS / MRS / MR FIRST The Honorable Matthew R. NICKNAME LAST Schaefer STREET ADDRESS (NO PO BOX PLEASE) P.O. Box 6982 Tyler, TX 75711 AREA CODE PHONE Note: (903) 920-3776 January 15 30th day Month Day Year 05/14/2024 Month Day Year 05/14/2024 Republican	MS / MRS / MR FIRST Mr. Mikael A. NICKNAME LAST Garcia ADDRESS / PO BOX; APT / SUITE #; CITY; STAT 15511 Hwy 71 West #110-533 Austin, TX 78738 MS / MRS / MR FIRST The Honorable Matthew R. NICKNAME LAST Schaefer STREET ADDRESS (NO PO BOX PLEASE); APT / SUPPLY SUP	MS / MRS / MR	MS / MRS / MR FIRST MI OFFICE Date Received ELECTRONIC O7/15/2024 O7/15/2024 ELECTRONIC O7/15/2024 O7/15/2024 Date Hand delivered ELECTRONIC O7/15/2024 Date Hand delivered ELECTRONIC O7/15/2024 Date Hand delivered ELECTRONIC O7/15/2024 Date Hand delivered Date H

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 13

13 CANDIDATE NAME	Garcia, Mikael A. (N	ir.)	14 Filer ID 00083205	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		political expenditures by political committees andidate's knowledge or consent. Candidat penditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	NAME	
		COMMITTEE CAMPAIGN TREASURER A	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 1,430.76
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 6,215.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 4,922.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOATING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFADAVIT			r penalty of perjury, that the acc cludes all information required t Code.	
			Mr. Mikael A. Garcia	
			Signature of Candidate	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of off		
Signature of office	cer administering oath	Printed name of officer administering	oath Title of office	r administering oath

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

		C	OVER SHEET PG 3 3 of 13
18 CANDIDATE NAME Garcia, Mikael A. (Mr.)		19 Filer ID 00083205	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. X SCHEDULE A1: MONETARY	POLITICAL CONTRIBUTIONS		\$ 1,430.76
2. SCHEDULE A2: NON-MONE	ETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED C	ONTRIBUTIONS		\$
4. SCHEDULE E: LOANS			\$
5. X SCHEDULE F1: POLITICAL	EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 6,215.56
6. SCHEDULE F2: UNPAID INC	CURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE	OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$
8. SCHEDULE F4: EXPENDITU	JRES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL E	EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT F	ROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICA	AL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$
12. X SCHEDULE K: INTEREST, C	REDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$ 22.99

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/13	
2	FILER NAME Garcia, Mika			3	Filer ID (Ethics Commission 00083205	n Filers)
4	Date 05/21/2024	Full name of contributor		7	Amount of Contribution (\$)	\$520.51
		Austin, TX 78731				
8	Principal occu Director	upation / Job title (See Instructions)	9 Employer (See Instructions RDC	5)		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Edward, Derek Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Long, Wade Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78703 upation / Job title (See Instructions)	Employer (See Instructions	·, 		
	r incipal occi	pation / Job title (See instructions)	Employer (See Instructions	·)		
	Date 05/18/2024	Full name of contributor out-of-state PAC (ID#:_ Seale, Mark Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$260.25
	Principal occu Executive D	upation / Job title (See Instructions) irector	Employer (See Instructions TTA	5)		

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: 1/8 Rpt: 5/13	Garcia, Mikael A. (Mr.) 00083205	
4	Date	5 Payee name	
	05/20/2024	Austin Screen Printing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	٦
	\$628.94	4204 Medical Pkwy	
	l		
		Austin, TX 78756	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense	
	I	Campaign T-Shirt Printing	
	l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	H	
	Date	Payee name	٦
	05/22/2024	Austin Screen Printing	
	Amount (\$)	Payee address; City; State; Zip Code	٦
	\$825.67	4204 Medical Pkwy	
	I		
		Austin, TX 78756	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	I	Campaign Hats Printing	
	I		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
	05/20/2024	Bumperactive	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$607.65	1045 Reinli St	
	- 1		
	1	Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense	
		Check if Austin, TX, officeholder living expense Printing of Campaign Stickers	
	l	Finding of Campaign Suckers	
	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 Co

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/8 Rpt: 6/13	Garcia, Mik	ael A. (Mr.)					00083205	
4	Date	5 Payee name							
	05/28/2024	FedEx Office	ce Print & Ship						
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$19.78	7900 Lega	cy Drive						
		Plano, TX 7	'5024						
8	PURPOSE OF		ee Categories listed at the to		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Exper	nse		므		de of Texas. Com officeholder living	
						Office Supplie			
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	06/01/2024	Google LL0							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$15.35	1600 Amph	itheatre Pkwy						
		Mountain V	iew, CA 94043						
	PURPOSE OF		ee Categories listed at the to		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Exper	nse		=		de of Texas. Com officeholder living	
						Campaign Er			
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld
-	Date	Payee name							
	05/28/2024	l ´	ın & Suites San An	tonio-Downtowr	n/Mai	rket Square			
	Amount (\$)	Payee addre		State: Zip C					
	\$261.11	411 S Flore		State, Zip C	ouc				
	Ψ201.11	411 01 1010	.5 01						
		San Antoni	o, TX 78204						
	PURPOSE OF	· ·	ee Categories listed at the to	op of this schedule)	(b)	Description		do of T C	plata Cabadule T
	EXPENDITURE	Travel In D	strict					de of Texas. Com officeholder living	
						ш		-	taff during State
						Convention			•
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 3/8 Rpt: 7/13	Garcia, Mikael A. (Mr.) 00083205
4	Date	5 Payee name
	05/16/2024	Hotels.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$126.37	5400 LBJ Freeway
		Ste 500
		Dallas, TX 75240
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 Hotel Room for Candidate
		Tiotel Noon for Statutotte
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/17/2024	Hotels.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.84	5400 LBJ Freeway
		Ste 500
		Dallas, TX 75240
	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 Hotel Room for Candidate
		Floter Noom for Canadate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/28/2024	Hyatt Regency San Antonio Riverwalk
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,042.80	123 Losoya Street
		San Antonio, TX 78205
	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 Hotel Room for Campaign Staff during State
		Convention Campaign Standaring State
	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 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	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 4/8 Rpt: 8/13	2 FILER NAME Garcia, Mikael A. (Mr.) 3 Filer ID (Ethics Commission Filers) 00083205
4	Date	5 Payee name
	05/17/2024	IAH Airport Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	3500 N Terminal Rd
		Houston, TV 77022
		Houston, TX 77032
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 Expense for Candidate
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	05/17/2024	Minuteman Press
	Amount (\$)	Payee address; City; State; Zip Code
	\$248.83	1221 W 6th St
		Suite B
		Austin, TX 78703
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Sign Printing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	·	
	Date	Payee name
	05/21/2024	Quik Print - Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,210.52	410 Congress Avenue
	+-,	
		A T. V. 70704
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Printing of Campaign Materials (Pushcards)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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: 5/8 Rpt: 9/13	Garcia, Mikael A. (Mr.) 00083205
4	Date	5 Payee name
	05/17/2024	Republican Party of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$304.00	807 Brazos Street
		Austin, TX 78701
8	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 Registration for Texas GOP Convention
		Registration for Texas GOF Convention
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	05/17/2024	Republican Party of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$304.00	807 Brazos Street
		Austin, TX 78701
	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
		Registration for Texas GOP Convention
		riogiotidate i i exace e e e e e e e e e e e e e e e e e e
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 05/17/2024	Payee name
		Republican Party of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.00	807 Brazos Street
		Austin, TX 78701
	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
		Registration for Texas GOP Convention
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 Con

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

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

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (ontre a category not listed above)

	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:	
L	Sch: 6/8 Rpt: 10/13	Garcia, Mikael A. (Mr.) 00083205
4	Date	5 Payee name
	06/03/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.52	225 Varick Street
		12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website Hosting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit Gree	
	Date	Payee name
	05/17/2024	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.99	233 S. Wacker Dr
		Chicago, IL 60606
	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 Travel Expenses for Candidate
		Traver Expenses for Candidate
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	Data	Davies name
	Date 05/14/2024	Payee name VistaPrint
	Amount (\$)	Payee address; City; State; Zip Code
	\$181.31	275 Wyman Street
		NV NV
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Drinting Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing of Campaign Materials
Н	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 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	I Committee	Gift/Awards/Memorials Legal Services The Instruction G	•	Printing Ex Salaries/W	ages/Con			Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2 FILER	NAME					3	Filer ID	(Ethics Commission F	-ilers)
	Sch: 7/8 Rpt: 11/13		, Mikael A. (Mr.)					_	00083205	· · · · · · · · · · · · · · · · · · ·	,
4	Date	5 Payee	name								
	05/16/2024	VistaP	rint								
6	Amount (\$) \$146.12		address; City; yman Street am, MA 02451	State	; Zip Coo	de					
8	PURPOSE	(a) Catego	ry (See Categories listed at t	the top of this sch	nedule)	(b) De	scription				
	OF EXPENDITURE		g Expense							plete Schedule T.	
	EAFENDITURE		·			Pri	Check if Austin, inting of Ca				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		te/Officeholder name	(Office souç	ght			Office h	eld	
	Date	Payee i	name								
	05/22/2024	WinRe	ed								
	Amount (\$)	Payee a	address; City;	State	; Zip Coo	de					
	\$10.25	1776 V	Vilson Blvd								
		Ste 53	0								
		Arlingt	on, VA 22209								
	PURPOSE OF	(a) Catego	ry (See Categories listed at t	the top of this sch	nedule)	(b) De	scription				
	EXPENDITURE	Fees				님	Check if travel of Check if Austin,			nplete Schedule T. Di expense	
						ഥ Fe	es for Onlir				
							· · · · ·		•	3	
	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	(Office soug	ght			Office h	eld	
	Date	Payee i	name								
	05/23/2024	WinRe	ed								
	Amount (\$)	Payee a	address; City;	State	; Zip Cod	de					
	\$20.51	1776 V	Vilson Blvd								
		Ste 53	0								
		Arlingt	on, VA 22209								
	PURPOSE	(a) Catego	ry (See Categories listed at t	he top of this sch	nedule)	(b) De	scription				
	OF EXPENDITURE	Fees	-							plete Schedule T.	
						Ę	Check if Austin,				
						re	es for Onlir	ile L	onalion Pl	บบธองแห	
	Complete ONLY if direct expenditure to benefit C/Oł		te/Officeholder name	(Office soug	ght			Office h	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee	Gift/Awa Legal Se		nse s Expense suide explains		xpens /ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		sted above)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Con	nmission Filers)
	Sch: 8/8 Rpt: 12/13		Garcia, Mil		(Mr.)						00083205		
4	Date	5	Payee name)									
	05/20/2024		Wyndham	Hotels	& Resort	s, Inc.							
6	Amount (\$)	7	Payee addre	ess;	City;	State	; Zip Co	de					
l	\$20.00		22 Sylvan V	Way									
l			-	•									
			Parsippany	, NJ 0	7054								
8	PURPOSE	(a)	Category (S	See Cated	ories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel In D				,			outsi	de of Texas. Com	plete Schedule	т.
	EXPENDITURE										officeholder living		
									Expenses for	r Ca	andidate to $\bar{\ }$	ravel in D	istrict
L													
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficehold	ler name	(Office sou	ght			Office he	eld	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/13 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Mikael A. (Mr.) 00083205 5 Name of person from whom amount is received 8 Amount (\$) Date 05/17/2024 **United Airlines** \$22.99 6 Address of person from whom amount is received; City; State; Zip Code Chicago, IL 60606 Purpose for which amount is received Check if political contribution returned to filer Refund on Travel Expense