## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM JCOR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:				ICE ON! V
-	00081893		43			Date Received	USE ONLY
3	CANDIDATE /	MS / MRS / MR	<u> </u> FIRST		MI	ELECTRONIC	ALLY EILED
	OFFICEHOLDER NAME	The Honorable	Cynthia Marie			07/16/2024	ALLITILLD
	NAIVIE	NICKNAME	LAST		SUFFIX		
			Chapa			Data Hand dalkanada	- Data Dastranda d
4	ORIGINAL	January 15	Runoff	Other (s	pecify)	Date Hand-delivered o	or Date Postmarked
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp			_	
		8th day before election	appointment (office	• • •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	Ш ' `	Month Day	Year	Date Imaged	
•	COVERED	01/01/2024	THROUGH	06/30/2024	rear	Date imaged	
6	EXPLANATION OF C					<u>I</u>	
		I accidentally clicked on Co	ourt of Criminal Appeal	s, Place 3 as the seat	I was seeking i	in this election inste	ad of Court of
	Appeals, Place 3.	by clicking on Court of App	oals Place 2 which is t	ho actual coat Lam co	oking in the 20	024 Conoral Election	2
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3		
7	AFFIDAVIT		Lew	ear or affirm under n	enalty of periur	y that this correcte	d report is true
7	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjur	y, that this corrected	d report is true
7	AFFIDAVIT		and	correct.	, , ,	•	d report is true
7	AFFIDAVIT		and		, , ,	•	d report is true
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual reports	and all applicas:	able statements:	inal report
7	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports  was made in good fa	and all applicas: I swear, or aith and without	able statements: r affirm that the orig t an intent to mislea	inal report
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports	and all applicas: I swear, or aith and without	able statements: r affirm that the orig t an intent to mislea	inal report
7	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports  was made in good fa  misrepresent the infe  Other reports: Is	and all applica s: I swear, or aith and withour ormation contains swear, or affirm	able statements: r affirm that the orig t an intent to mislea ined in the report. r, that I am filing this	inal report d or to corrected
7	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the infe  Other reports: I s report not later than	and all applica s: I swear, or aith and without ormation contain swear, or affirm the 14th busine	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da	inal report d or to s corrected te I learned
7	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports: was made in good fa misrepresent the infe  Other reports: I s report not later than that the report as ori	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busing ginally filed is in	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incom	inal report d or to s corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the infe  Other reports: I s report not later than	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busing ginally filed is in t any error or or	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incom	inal report d or to s corrected te I learned plete. I
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7	AFFIDAVIT		and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incom mission in the repor	inal report d or to s corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports: was made in good fa misrepresent the infe  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incomp mission in the repor	inal report d or to s corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports: was made in good fa misrepresent the infe  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incom mission in the repor	inal report d or to s corrected te I learned plete. I
7		AMP / SEAL ABOVE	and Che	correct.  ck the box next to any  Semiannual reports: was made in good fa misrepresent the infe  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incomp mission in the repor	inal report d or to s corrected te I learned plete. I
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7	AFFIX NOTARY ST	ribed before me, by the sai	and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as ori swear, or affirm, that filed was made in good The Ho	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  norable Cynth ure of Candidate, this i	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incom mission in the repor  hia Marie Chapa e or Officeholder	inal report d or to s corrected te I learned plete. I t as originally
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7	AFFIX NOTARY ST	ribed before me, by the sai	and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as ori swear, or affirm, that filed was made in good The Ho	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  norable Cynth ure of Candidate, this i	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incom mission in the repor  hia Marie Chapa e or Officeholder	inal report d or to s corrected te I learned plete. I t as originally
7	AFFIX NOTARY ST Sworn to and subscoof	ribed before me, by the sai	and Che  X  d  tify which, witness my	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as ori swear, or affirm, that filed was made in good The Ho	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  norable Cynth are of Candidate, this to	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incom mission in the repor  hia Marie Chapa e or Officeholder	inal report d or to s corrected te I learned plete. I t as originally

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) 00081893 43 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Cynthia Marie NAME Date Received **ELECTRONICALLY FILED** 07/16/2024 NICKNAME LAST **SUFFIX** Chapa CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Linda NAME NICKNAME LAST **SUFFIX** Hardberger **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); 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) 382-8203 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 288 Bexar Court Of Appeals, Justice Place 3

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Chapa, Cynthia Mario	e (The Honorable)	<b>14</b> Filer ID (00081893	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad I officeholders are required to report this	le without the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
—	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	R NAME	
		COMMITTEE CAMPAIGN TREASURER	R ADDRESS	
46 CONTRIBUTION	TOTAL INITEMA	ZED DOUGLOAL CONTRIBUTIONS/OT	UED TUAN DI EDOSO LOANO	
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS(OTI ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 50,372.04
EXPENDITURE TOTALS	`	ZED POLITICAL EXPENDITURES		<b>\$</b> 810.74
	4. TOTAL POLIT	CAL EXPENDITURES		<b>\$</b> 21,361.41
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	<b>\$</b> 159,858.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			der penalty of perjury, that the acc includes all information required to on Code.	
		The	e Honorable Cynthia Marie Ch	ара
		Si	gnature of Candidate or Officehol	der
AFFIX NO	ΓARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of	office.	
Signature of office	er administering oath	Printed name of officer administering	ng oath Title of officer	administering oath

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

4 of 43

				4 OT 43
<b>18</b> FILER NAM Chapa, Cy	E rnthia Marie (The Honorable)	<b>19</b> Filer ID 00081893	(Ethics Con	nmission Filers)
20 SCHEDULE NAME OF S			SUBTO	OTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	47,992.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,380.04
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	21,361.41
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	55.45
			-	

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how t	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/14 Rpt: 5/43	=
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	_
	Chapa, Cyn	thia Marie (The Honorable)			00081893	
4	Date 04/29/2024	5 Full name of contributor Sanchez -Vera, Jesusa 6 Contributor address; City; Stat	out-of-state PAC (ID#:_ te; Zip Code		7 Amount of Contribution (\$) \$500.0	0
		Alice , TX 78333				
8	Contributor's	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)	
	County Atto	rney's Office				
12	2 If contributor i	s a child, law firm of parent(s) (if an	y)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	=
	02/03/2024	Aguilar , Leonard	_ ` -		\$20.0	0
		Contributor address; City; Stat	te; Zip Code		···· <mark> </mark>	
			<i>,</i> ,			
		San Marcos , TX 78666				
	Contributor's	I Principal Occupation		Contributor's Job Title		_
	Secretary-T			Secretary- Treasurer		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	_
	Texas AFL-					
	If contributor i	s a child, law firm of parent(s) (if an	y)			_
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	=
	05/02/2024	Campolo , Paul	_ ` -		\$1,000.0	0
		Contributor address; City; Stat	te; Zip Code		···· <mark> </mark>	
		, ,,	•			
		San Antonio , TX 78209				
	Contributor's	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's s	spouse (if any)	
		of Maloney & Campolo, LLP				
	If contributor i	s a child, law firm of parent(s) (if an	y)			

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A(J)1: Sch: 2/14 Rpt: 6/43
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Chapa, Cynthia Marie (The Honorable)		00081893	
4	Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
	04/29/2024	Canales , David		\$100.00
		6 Contributor address; City; State; Zip Code		"
		SAN ANTONIO, TX 78259		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Canales Lav	v & ADR		
12	! If contributor i	s a child, law firm of parent(s) (if any)	·	
	Date	Full name of contributor  out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
	02/28/2024	Clark , Will		\$2,500.00
		Contributor address; City; State; Zip Code		"
		,		
		SAN ANTONIO, TX 78218		
	Contributor's	I Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Mission Inju	ry Law		
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
	05/02/2024	Curl , Paul		\$500.00
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		SAN ANTONIO, TX 78205		
	Contributor's	I Principal Occupation	Contributor's Job Title	<u> </u>
	Attorney		Attorney	
-		employer/law firm	Law firm of contributor's s	spouse (if any)
	Curl Stahl G			
		s a child, law firm of parent(s) (if any)		
H				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/14 Rpt: 7/43
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 05/02/2024  5 Full name of contributor out-of-state PAC (ID#:) Diaz, Reynaldo  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		San Antonio, TX 78215				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Rey Diaz La	employer/law firm W		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/01/2024	Escobar , Manuel  Contributor address; City; \$	State; Zip Code		•	\$1,000.00
	Cambuila utaula I	San Antonio , TX 78225		Constributoulo Joh Title		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
_		employer/law firm		Law firm of contributor's sp	חחופ	se (if any)
		scobar, Jr. Law Office		Law iiiii oi contributor o of	Jour	or (ii dily)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/02/2024	Espinoza & Brock, PLLC Contributor address; City; S				\$2,500.00
		SAN ANTONIO, TX 7822	16			
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	orm.	1	Total pages Schedule A(J)1: Sch: 4/14 Rpt: 8/43
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 05/02/2024	<ul><li>5 Full name of contributor Garza &amp; Associates PLL</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$) \$1,000.00
L	Contributorio	SAN ANTONIO, TX 7822	29	Contributorio lob Titlo		
ð	Contributors	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	04/28/2024	Garza , Thelma Contributor address; City; S	<u> </u>			\$50.00
		SAN ANTONIO, TX 7825	56			
		Principal Occupation		Contributor's Job Title		
	CEO			CEO		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		rs Home Care Agency				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	05/02/2024	Griego , Nick	_			\$222.00
		Contributor address; City; S SAN ANTONIO, TX 7823			•	
	Contributor's I	rincipal Occupation		Contributor's Job Title	_	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	N/A					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/14 Rpt: 9/43
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 04/29/2024	<ul><li>5 Full name of contributor Guerra , J. Michael</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$250.00
		Alice , TX 78332				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10		employer/law firm f J. Michael Guerra		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/02/2024	Guerra LLP  Contributor address; City;	State; Zip Code			\$5,000.00
		SAN ANTONIO, TX 782	12			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/24/2024	Gummerson , Maria Contributor address; City;	State; Zip Code			\$100.00
		Keller , TX 76248		I		
	Engineer	Principal Occupation		Contributor's Job Title  Lead Information Secur	itv I	Engineer
		employer/law firm		Law firm of contributor's sp		
	USAA	етрюуетлам шт		Law IIIII of Contributor 5 St	Jous	e (II ally)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 6/14 Rpt: 10/43
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Chapa, Cyn	Chapa, Cynthia Marie (The Honorable)		00081893
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)
	04/29/2024	Gutierrez , Jose Javier		\$1,000.00
		6 Contributor address; City; State; Zip Code		
		Houston , TX 77005		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	The Gutierre	ez Law Firm		
12	! If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-state PAC (ID#	<u> </u>	Amount of Contribution (\$)
	04/18/2024	Hardberger , Phil		\$500.00
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		SAN ANTONIO, TX 78212		
	Contributor's	I Principal Occupation	Contributor's Job Title	<u> </u>
	Retired		Retired	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	N/A			
	If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-state PAC (ID#	t: )	Amount of Contribution (\$)
	05/04/2024	Herrera , Jorge		\$2,000.00
		Contributor address; City; State; Zip Code		
		SAN ANTONIO, TX 78207		
	Contributor's	I Principal Occupation	Contributor's Job Title	<u> </u>
	Attorney	·	Attorney	
		employer/law firm	Law firm of contributor's s	pouse (if any)
	Herrera Law			
	If contributor i	is a child, law firm of parent(s) (if any)		
_				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/14 Rpt: 11/43	
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893	
4	Date 05/02/2024	<ul><li>5 Full name of contributor Hicks , Dale</li><li>6 Contributor address; City; \$</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.	00
		SAN ANTONIO, TX 782	12				
8		Principal Occupation		9 Contributor's Job Title			
_	Attorney			Attorney			
10	Contributor's e Thomas J. H	employer/law firm Ienrv. PLLC		11 Law firm of contributor's sp	oous	se (if any)	
12		s a child, law firm of parent(s) (if	any)	<u> </u>			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/07/2024	Hill , Justin  Contributor address; City; \$	State; Zip Code			\$1,500.	00
		SAN ANTONIO, TX 782	16				
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Hill Law Firm	employer/law firm		Law firm of contributor's sp	oous	se (If any)	
H		s a child, law firm of parent(s) (if	anv)				_
	coacc	o a oma, ian imi o parom(o) (ii	ca.,,,				
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	=
	05/17/2024	Hill, Justin	_			\$1,000.	00
		Contributor address; City; S					
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	_
	Hill Law Firn	1					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 8/14 Rpt: 12/43
2	FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893	
4	Date 05/02/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Hilley , Derek</li> <li>Contributor address; City; State; Zip Code</li> <li>SAN ANTONIO, TX 78201</li> </ul>		7 Amount of Contribution (\$) \$1,000.00
8	Contributor's F	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10		employer/law firm s Law, PLLC	11 Law firm of contributor's sp	oouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)	L	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	04/30/2024	James V. Mazuca Attorney At Law  Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78212		\$100.00
	Contributor's F	Principal Occupation	Contributor's Job Title	
		· · · · · · · · · · · · · · · · · · ·		
	Contributor's	employer/law firm	Law firm of contributor's sp	nouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/01/2024	Law Offices of Donato D. Ramos, PLLC  Contributor address; City; State; Zip Code  Laredo , TX 78401		\$2,500.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	<u>I</u>
	Contributor's e	employer/law firm	Law firm of contributor's sp	nouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		_

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 9/14 Rpt: 13/43
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 04/29/2024	<ul><li>5 Full name of contributor</li><li>Law Offices of Joel Cruz</li><li>6 Contributor address; City;</li></ul>			7	Amount of Contribution (\$) \$250.00
		Alice , TX 78322		T		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date 05/17/2024	Full name of contributor Leibowitz, David Contributor address; City;	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78245				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm ices of David M Leibowitz, P	C	Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if				
=	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)
	05/03/2024	Lopez , Steven  Contributor address; City; San Antonio, TX 78209	State; Zip Code			\$500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Lopez Law F	Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CO	ONS	SCHEDULE A(J)1				
	The Instru	ction Guide explains how to	complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 10/14 Rpt: 14/43			
2	FILER NAME	hia Marie (The Honorable)			3 Filer ID (Ethics Commission Fil 00081893	ers)		
4	Date 06/19/2024		out-of-state PAC (ID#:_  Zip Code	)	7 Amount of Contribution (\$)	500.00		
		Houston, TX 77057						
8	Contributor's I Attorney	Principal Occupation		9 Contributor's Job Title Attorney				
10		employer/law firm		11 Law firm of contributor's sp	pouse (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 05/01/2024 Maloney , Tim  Contributor address; City; State; Zip Code					Amount of Contribution (\$) \$3,	000.00		
	SAN ANTONIO, TX 78205  Contributor's Principal Occupation  Contributor's Job Title							
	Attorney			Attorney				
		employer/law firm of Maloney & Campolo, LLP		Law firm of contributor's sp	pouse (if any)			
		s a child, law firm of parent(s) (if any)						
Date Full name of contributor out-of-state PAC 01/16/2024 Martinez & Associates PLLC Contributor address; City; State; Zip Code		out-of-state PAC (ID#:_ Zip Code	)	Amount of Contribution (\$) \$2,	500.00			
	Contributor's I	SAN ANTONIO, TX 78223 Principal Occupation		Contributor's Job Title				
	Continuators	-ппсіраї Оссираціон		Continuator 5 Job Title				
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)			
	If contributor i	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL CO	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to	complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 11/14 Rpt: 15/43
2	FILER NAME	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:)  Patel P.A., Khushbu  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$250.00
		SAN ANTONIO, TX 78251				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Physician As			Physician Assistant		
10	O Contributor's of MD Anderso	employer/law firm n	11 Law firm of contributor's sp	ous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if any)	)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
05/03/2024 Pratt , Clarissa  Contributor address; City; State; Zip Code						\$750.00
		SAN ANTONIO, TX 78212				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
		nandez Pratt Attorney At Law, PL				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	04/24/2024	Raul B. Rodriguez Law, PC	•			\$2,500.00
		Contributor address; City; State SAN ANTONIO, TX 78205	; Zip Code			
-	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/14 Rpt: 16/43	
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893	
4	Date 05/03/2024	5 Full name of contributor Rios , Robert	os , Robert intributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$150.00	
		SAN ANTONIO, TX 782					
8		Principal Occupation		9 Contributor's Job Title			
_	Attorney			Attorney			
10	Contributor's 6 The Rios La	employer/law firm w Firm		11 Law firm of contributor's sp	oous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)	I			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
01/16/2024 Rodriguez Jr., Fidel  Contributor address; City; State; Zip Code						\$1,000.00	
SAN ANTONIO, TX 78212				T			
		Principal Occupation		Contributor's Job Title			
	Attorney	employer/law firm		Attorney  Law firm of contributor's sp	2011	oo (if ami)	
	Rodriguez T	, ,		Law littl of contributors sp	Jous	ee (ii aiiy)	
		s a child, law firm of parent(s) (if	anv)				
		, , , , , , , , , , , , , , , , , , , ,	,,				
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/11/2024	Salinas , George				\$2,500.00	
		Contributor address; City; S	State; Zip Code				
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
Contributor's employer/law firm  Law firm of contributor's s						se (if any)	
	George Salir	nas Injury Lawyers					
	If contributor is	s a child, law firm of parent(s) (if	any)	•			

	MONET	ARY POLITICAL	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 13/14 Rpt: 17/43	
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893	
4	Date 01/16/2024	<ul><li>5 Full name of contributor</li><li>Sheehy Ware Pappas &amp;</li><li>6 Contributor address; City; \$</li></ul>			7	Amount of Contribution (\$) \$500.00	
		Houston , TX 77010-100	3				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
04/24/2024 Sloan , Jeremy  Contributor address; City; State; Zip Code						\$1,000.00	
		Shavano Park , TX 7823	1				
	Contributor's Principal Occupation Contributor's Job Title						
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
L	Sloan PLLC	a a shild law firm of parant(a) (if	and				
	ii contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/16/2024	The Crosley Law Firm				\$1,000.00	
		Contributor address; City; 9 SAN ANTONIO, TX 782.	State; Zip Code		•		
$\vdash$	Contributor's F			Contributor's Job Title	<u> </u>		
Contributor's Principal Occupation Contributor's Job							
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	<u>I</u>			

MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A(J)1			
The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 14/14 Rpt: 18/43		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Chapa, Cyntl	hia Marie (The Honorable)		00081893		
	5 Full name of contributor out-of-state PAC (ID)	7 Amount of Contribution (\$)			
05/02/2024	Uhl, Fitzsimons, Jewett & Burton PLLC	\$1,000.00			
	6 Contributor address; City; State; Zip Code				
	SAN ANTONIO, TX 78209				
8 Contributor's P	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#: )	Amount of Contribution (\$)		
04/29/2024	Full name of contributor	\$500.00			
04/23/2024	Contributor address; City; State; Zip Code				
	Corpus Christi , TX 78401				
Contributor's P	Principal Occupation	Contributor's Job Title			
Contributor's e	mployer/law firm	Law firm of contributor's s	pouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#:)	Amount of Contribution (\$)		
05/13/2024	Wyatt , Paula		\$2,500.00		
	Contributor address; City; State; Zip Code				
	SAN ANTONIO, TX 78218				
Contributor's P	Principal Occupation	Contributor's Job Title	•		
Attorney		Attorney			
	employer/law firm	pouse (if any)			
Wyatt Law Fi	irm, PLLC				
If contributor is	s a child, law firm of parent(s) (if any)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	L			SCHEDULE A2
The Instruction Guide explains how to complete this f	1	Total pages Sci		
2. FILED NAME	Ļ	Sch: 1/1 Rpt:		
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3	00081893	cs Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		0.00
5 Date 05/02/2024 6 Full name of contributor out-of-state PAC (ID#: Reddy , Krishna  7 Contributor address; City; State; Zip Code	8	contribution (\$)	9 In-kind contribution description Food for Fundraiser at Fleming's	
SAN ANTONIO, TX 78209			Check if travel of	I outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	DICIAL) (See ii	nstructions)
12 Contributor's principal occupation (FOR JUDICIAL) Attorney	13 Contributor's job title Attorney	(FC	R JUDICIAL)	(See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)  Meritz Reddy Law	15 Law firm of contributo	r's	spouse (if any) (	FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			

PLEDGE	ED CONTRIBUTIONS (JUDIC	IAL)		SCHED	ULE B(J)
The In	struction Guide explains how to compl	1 Total pages Sch Sch: 1/1 Rpt:			
2 FILER NAME Chapa, Cynth	iia Marie (The Honorable)		3 Filer ID (I	Ethics Commissio	on Filers)
4 TOTAL OF I	UNITEMIZED PLEDGES			\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:			8 Amount of pledge (\$)	9 In-kind (If ap	description plicable)
			Check if travel of	outside of Texas.	Complete Schedule T.
10 Pledgor's princ	ipal occupation	11 Pledgor's job title	•		
12 Pledgor's empl	oyer/law firm	13 Law firm of pledgo	r's spouse (if any)		
<b>14</b> If pledgor is a c	child, law firm of parent(s) (if any)	<u> </u>			

	LOANS (J	LOANS (JUDICIAL)									
	The Instructio	on Guide explains how to complete this	form.			ges Schedule 1 Rpt: 21/43					
2	FILER NAME Chapa, Cynthia	Marie (The Honorable)		3		(Ethics Con		lers)			
4	TOTAL OF UN	IITEMIZED LOANS		•		\$		0.00			
5	Date of loan	7 Name of lender out-of-state P	AC (ID#:		)	9 Loan Am	ount (\$)				
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest F					
			<b>11</b> Maturity	Date							
12	2 Lender's Principal	Occupation	13 Lender's Job Title								
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	15 Law Firm of lender's spouse (if any)							
16 If lender is child, law firm of parent(s) (if any)											
17	7 Description of Coll	ateral	18 Check if personal funds w	ere de	eposited	into political (See Inst					
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount (	- Guaranteed	d (\$)			
23	not applicable  not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code  24 Guarantor's Job Title								
25	<b>5</b> Guarantor's Emplo	over/Low Firm	26 Law Firm of guarantor's spouse (if any)								
	· 		20 Law i iiii oi guarantoi 3 Sp		(ii ariy)						
27	' If guarantor is child	d, law firm of parent(s) (if any)									

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services	·		Vages	s/Contract Labor OTHER (enter a category not listed above)				d above)
	·			The Instruction	Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 1/20 Rpt: 22/43		Chapa, Cyn	thia Marie (Th	ne Honorabl	e)				00081893	3	
4	Date	5	Payee name									
	04/25/2024		Adobe									
6	Amount (\$)	7	Payee addres	ss; City;	Stat	e; Zip Co	de					
	\$21.34		345 Park Av	re								
			San Jose , 0	CA 95110								
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this s	chedule)	(b)	Description				
	OF		Adobe			,		Check if travel	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livi	ng expense	
								Adobe form b	uilo	der fee		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name		Office sou	ght			Office	held	
	experialiture to beliefit C/Or											
	Date		Payee name									
	03/25/2024		Adobe									
	Amount (\$)		Payee addres	ss; City;	Stat	e; Zip Co	de					
	\$21.34		345 Park Av	e e								
			San Jose , C	CA 95110								
	PURPOSE	(a)	Category (Se	e Categories listed	at the ton of this s	chedule)	(b)	Description				
	OF		Adobe		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,		Check if travel	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE							Check if Austin,				
								Adobe mothly	/ Sl	ubscription	fee	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name		Office sou	ght			Office	held	
	experiorarie to berieff C/Or											
	Date		Payee name									
	02/26/2024		Adobe									
	Amount (\$)		Payee addres	ss; City;	Stat	e; Zip Co	de					
	\$21.34		345 Park Av	'e								
			San Jose , C	CA 95110								
	PURPOSE	(a)	Category (Se	e Categories listed	at the ton of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Adobe			,			outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE							Check if Austin,				
								Adobe month	ıly s	subscriptio	n	
		L										
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office	held	
	expenditure to benefit C/O	Н										
l												

#### 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/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/20 Rpt: 23/43	Chapa, Cy	nthia Marie (The Hor	norable)				00081893		
4	Date	5 Payee name								
	01/25/2024	Adobe								
6	Amount (\$) \$21.34	7 Payee addre 345 Park A San Jose ,	ve	State; Zip C	ode					
8	PURPOSE	(a) Category (s	see Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Adobe				므	, TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	<u>I</u> ught			Office he	eld	
	Date	Payee name								
	05/03/2024	Alamo Cafe	e							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$149.01	14250 San	Pedro Ave							
		SAN ANTO	ONIO, TX 78232							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			<b>=</b>			plete Schedule T.	
						Campaign sta		, officeholder livinç meeting (me		
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office so	<u>I</u> ught			Office he	eld	
	Date	Payee name	·							
	01/12/2024	American I	nns of Court							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$290.00	225 Reinel	ers Lane							
		Ste 770								
		Alexandria	, VA 22314							
	PURPOSE	(a) Category 19	see Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				Check if travel			nplete Schedule T.	
	LA LABITORE					Check if Austin, Membership		officeholder living	g expense	
_	Complete ONLY if direct	Candidata/Off	iceholder name	Office so	liabt			Office he	old.	
	expenditure to benefit C/O			Office Sof	uynı			Onice no		

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
	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: 3/20 Rpt: 24/43	Chapa, Cynthia Marie (The Honorable) 00081893					
4	Date	5 Payee name					
	05/16/2024	Bexar County Womens Bar					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$80.00	PO Box 2297					
		San Antonio, TX 78298-2297					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By					
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense					
		Donation to the Women's Bar - Empowered Wo Leaders Luncheon					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
	Date	Development					
	04/16/2024	Payee name					
		Candy's Old Fashion Burgers					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$86.76	115 S. Flores St.					
		San Antonio, TX 78204					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Meeting w/ Children's Court Staff					
		Weeting W. Children's Court Stain					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	03/25/2024	Candy's Old Fashion Burgers					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$88.52	115 S. Flores St.					
	φ00.32	113 3. Fidles St.					
		Con Antonio TV 70204					
		San Antonio, TX 78204					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Staff meeting lunch provided					
	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/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: 4/20 Rpt: 25/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	03/22/2024	Candy's Old Fashion Burgers
6	Amount (\$) \$89.51	7 Payee address; City; State; Zip Code 115 S. Flores St.
		San Antonio, TX 78204
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Children's Court staff meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	Candy's Old Fashion Burgers
	Amount (\$) \$68.58	Payee address; City; State; Zip Code 115 S. Flores St.
		San Antonio, TX 78204
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff Meeting Lunch Provided
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/11/2024	Chapa , Aaron
	Amount (\$) \$675.00	Payee address; City; State; Zip Code 2914 Olmos Creek Dr.
		SAN ANTONIO, TX 78230
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Primary Campaign Worker - (events, calls, block walked, etc)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 26/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/04/2024	Cricket Wireless LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	21 Peachtree St
		Atlanta, GA 30303
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Internet wireless hot spot
		internet wireless not spot
_	Occupated ONLY if alice at	Our stide to 100% as health as a sure
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2024	Cricket Wireless LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	21 Peachtree St
		Atlanta, GA 30303
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	internet Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Hot spot Internet
		That spot memet
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name Cricket Wireless LLC
	04/04/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	21 Peachtree St
		Atlanta, GA 30303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet Check if travel outside of Texas. Complete Schedule T.
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		Internet hot spot monthly fee
_	Occupation ONE VIII	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/20 Rpt: 27/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	03/04/2024	Cricket Wireless LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	21 Peachtree St
		Atlanta, GA 30303
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Internet hotspot
		internet notspot
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	02/05/2024	Cricket Wireless LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	21 Peachtree St
		Atlanta, GA 30303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Internet hot spot monthly fee
		internet not spot monthly ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Cricket Wireless LLC
	01/10/2024	5.00.01
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	21 Peachtree St
		Atlanta, GA 30303
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Internet Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Internet hot spot monthly fee
		internet not spot monthly ree
_	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 C

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ittee Legal Se	rds/Memorials Expensivices	S		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
_	Total manage Calculate Ed	a					թ.с	-	_	Tiles ID	(Ethina Commission Ellers)	_
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission Filers)	
	Sch: 7/20 Rpt: 28/43	Cł	hapa, Cynthia M	arie (The Hon	orable) ————					00081893		
4	Date	<b>5</b> Pa	ayee name									
	05/17/2024	Fa	amily Violence P	revention Serv	vices Inc							
6	Amount (\$)	<b>7</b> Pa	ayee address;	City;	State;	Zip Cod	de					
	\$200.00	l	911 Broadway	-	•	-						
			<i></i>									
		C.	an Antonio TV 3	9200								
			an Antonio, TX 7									
8	PURPOSE OF		ategory (See Catego			ule)	(b)	Description				
	EXPENDITURE		ontributions/Don					_			plete Schedule T.	
		C	andidate/Officeh	oider/Political	Committ	iee		Donation to F		officeholder living	g expense	
								Donation to F	v L	.uricricUli		
L		<u> </u>										
9	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Officehold	er name	Off	fice soug	ght			Office he	eld	
L												
	Date	Pa	ayee name									
	05/13/2024	Fa	amily Violence P	revention Serv	vices Inc							
	Amount (\$)	Pa	ayee address;	City;	State;	Zip Cod	de					
	\$300.00	79	911 Broadway	-		-						
			- xy									
		C.	an Antonio TV 3	9200								
			an Antonio, TX 7									
	PURPOSE OF		ategory (See Catego			ule)	(b)	Description				
	EXPENDITURE		ontributions/Don					<b>=</b>		le of Texas. Com officeholder living	plete Schedule T.	
			andidate/Officeh	oidei/Political	Committ	iee		Donation for L			у ехрепас	
								Domation IOLI	Luil	OTICOTI		
	Complete CNII V !f =!!		vdidata/Office-lee!			100 -	v ls 4			O#: !	ald	
	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Officehold	er name	Offi	fice soug	ınt			Office he	eiu	
	Date	Pa	ayee name									
	04/29/2024	GI	lider Group, LLC	•								
	Amount (\$)	Pa	ayee address;	City;	State;	Zip Cod	de					
	\$7,347.00	22	202 Cresta Aven	ida								
	, ,-											
		ر	an Antonio, TX 7	9256								
	PURPOSE OF		ategory (See Catego		of this schedu	ule)	(b)	Description	ot-:	lo of Tour-	nlata Cabadula T	
	EXPENDITURE	l Co	onsulting Expen	se						le of Texas. Com officeholder living	plete Schedule T.	
								_			ite building, etc	
								Consuming L/	·μc	1003, WEDS	no bulluling, 610	
	Complete ONLY if direct		vdidata/Office bell-		04	ion carrie	ab.			Office !-	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ndidate/Officehold	er name	Oπ	fice soug	JIII			Office he	eiu	
_												

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 8/20 Rpt: 29/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	04/05/2024	GoDaddy.Com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$149.00	2155 E GoDaddy Way
		Tempe , AZ 85284
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
		Website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	02/02/2024	Payee name Gospel Vision Ministry
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	500 N. Santa Rosa
		#814
		San Antonio, TX 78207
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder (Iving expense)
		Children's Hospital Toy Give Away
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
_	Date	Payee name
	04/26/2024	Guajillos
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$94.09	Payee address; City; State; Zip Code 1001 NW Loop 410
	Φ94.09	1001 NW Loop 410
		CAN ANTONIO TV 70242
		SAN ANTONIO, TX 78213
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting w/ Campaign Consultant
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

#### 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		, , , ,
1	Total pages Schedule F1: Sch: 9/20 Rpt: 30/43	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4			00001000
4	Date 05/06/2024	5 Payee name HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$276.59	5601 Bandera Rd	
		San Antonio, TX 78238	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		L	Crieck if Austin, 17, billicenoider living expense Snacks for Jurors during jury weeks
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/06/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$173.90	5601 Bandera Rd	
		San Antonio, TX 78238	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Snacks for jurors
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/16/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.50	5601 Bandera Rd	
		San Antonio, TX 78238	
	PURPOSE		Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Snacks for jurors
			Stracks for jurois
	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 Con

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/20 Rpt: 31/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	05/16/2024	JVC Media LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,044.53	7113 San Pedro Ave
		Suite 391
		San Antonio , TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Signs
		Campaigh Sighs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/14/2024	Jacqueline Smith Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1213 Iowa St.
		San Antonio, TX 78203
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation for the Veteran's Parade
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/18/2024	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.25	25 NE Interstate 410 Loop
		San Antonio, TX 78216
	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  288th DC Staff Meeting - lunch provided for staff
		200th DC Stail McCaing - Ianon provided for stail
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 32/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	03/18/2024	Kai Japanese Sushi Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$131.78	2535 NW Loop 410
		SAN ANTONIO, TX 78230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign workers - victory celebration and thank
		you.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/27/2024	Lupe Tortilla
	Amount (\$)	Payee address; City; State; Zip Code
	\$188.83	255 E. Basse Rd
		SAN ANTONIO, TX 78209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign meeting - lunch
		Campaign meeting lunen
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/18/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	405 N. Angier AVe.
	Ψ111.20	400 N. 7 tilgici 7 tv c.
		Atlanta , GA 30312
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Email Marketing
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Email Marketing tool fee
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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 (enter 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/20 Rpt: 33/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	05/20/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.19	405 N. Angier AVe.
		Atlanta , GA 30312
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Email Marketing tool Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Solicitation/Fundraising Expense
		Services of the services of th
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/18/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	405 N. Angier AVe.
		Atlanta , GA 30312
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email marketing too fee
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/18/2024	Mailchimp
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	405 N. Angier AVe.
		Atlanta , GA 30312
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Email Marketing tool Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email marketing tool subscription fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
_	Sch: 13/20 Rpt: 34/43	Chapa, Cynthia Marie (The Honorable)  Chapa, Cynthia Marie (The Honorable)  00081893	
4	Date	5 Payee name	
	02/20/2024	Mailchimp	
6	Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 405 N. Angier AVe. Atlanta , GA 30312	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Email Marketing Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Email Marketing subscription monthly fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/18/2024	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.97	405 N. Angier AVe.	
	DUDDOCE	Atlanta , GA 30312	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Email Marketing Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Email Marketing subscription monthly fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/10/2024	McAfee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$162.36	6220 America Center Drive	
		San Jose , CA 95002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	computer Antivirus  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Computer Antivirus service fee	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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	
1	Total pages Schedule F1:	
	Sch: 14/20 Rpt: 35/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	05/22/2024	McAfee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.36	6220 America Center Drive
		San Jose , CA 95002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas Complete Schedule T
	EXPENDITURE	Computer Antivirus  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Computer Antivirus renewal fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
T	Date	Payee name
	03/18/2024	Mexican American Bar Association of SA
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO Box 830953
		San Antonio, TX 78283
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Membership fee
		Monitoriship loc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Pavee name
	03/13/2024	NE Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	7122 San Pedro Ave.
		#114
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORE	Candidate/Officeholder/Political Committee
		Event Dining with Democrats Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/20 Rpt: 36/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	05/17/2024	Pan American League
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	PO Box 681435
		San Antonio, TX 78268
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution to Fan American League event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	03/11/2024	Pan American League
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 681435
	Ψ000.00	1 O DOX 001400
		San Antonio, TX 78268
	DUDDOGE	· · · · · · · · · · · · · · · · · · ·
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fiest Ole
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/12/2024	Pizza Hut
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.54	1926 Goliad Rdl
		SAN ANTONIO, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Primary Election Night Watch Party
		Timary Economicative arty
	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 Com

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: 16/20 Rpt: 37/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	05/23/2024	Plaza Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.74	112 E Peacan St.
		SAN ANTONIO, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch meeting with Judges
		Editori meeting with dadges
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/26/2024	Prestige Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.40	8 Burwood Ln
	Ψ130.40	o Bulwood Ell
		SAN ANTONIO, TX 78216
	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	Check if Austin, TX, officeholder living expense
		Campaign handouts (business card size)
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	expenditure to benefit G/O	
	Date	Payee name
	05/30/2024	Quiktrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.60	10429 US Hwy 181
		SAN ANTONIO, TX 78233
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gas Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/20 Rpt: 38/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	05/24/2024	Southside High School
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1460 Lasoya RD
		SAN ANTONIO, TX 78221
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation to Southside High School (Competiton
		cooking team)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>1</del>
	Date	Payee name
	04/04/2024	St. Mary's Hispanic Law Alumni Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1 Caminio Santa Maria St.
		SAN ANTONIO, TX 78228
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bondion for contractings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/04/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$525.00	1414 Colorado Street
		Autstin, TX 78701
	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
		Annual Bar Fees
	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 Comi

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

ense Trav pense Trav ages/Contract Labor OTH

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/20 Rpt: 39/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/04/2024	The Golden Goose
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.63	100 N. Santa Rosa St.
		Ste. 140
		SAN ANTONIO, TX 78207
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting with Court Administrator and General
		Counsel (lunch provided)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2024	The Indian Night
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.07	136 Main Plaza
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Member Birthday Celebration lunch
		Stan Wember Birthday Gelebration functi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/15/2024	The Miracle League
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	926 Chulie Dr
		SAN ANTONIO, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to the For the Rius Event
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 19/20 Rpt: 40/43	Chapa, Cynthia Marie (The Honorable)	00081893
4	Date	5 Payee name	
_	05/16/2024	USPS PO Boxes	
6	Amount (\$) \$85.00	7 Payee address; City; State; Zip Code 6825 Huebner Rd.	
	Ψ03.00	0023 Flueblief Rd.	
		San Antonio, TX 78238	
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.
	LAFENDITORE	Check if Austin	n, TX, officeholder living expense
		FO BOX FEE	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	05/14/2024	Uber Eats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$74.57	1455 Market ST.	
		4th Fl	
		Trevose , PA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Pan Dulce fo	r Jurors
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/09/2024	Payee name Uber Eats	
	Amount (\$) \$106.43	Payee address; City; State; Zip Code  1455 Market ST.	
	<b>4100</b> 1.0	4th Fl	
		Trevose , PA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE	l	n, TX, officeholder living expense - Donuts for the jurors
		Art of Borlat -	- Donats for the juriors
	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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 20/20 Rpt: 41/43	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	05/02/2024	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.68	1455 Market ST.
		4th Fl
		Trevose , PA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Einstein Bros Bagels - bagels provided for jurors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	03/06/2024	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.75	1455 Market ST.
		4th Fl
		Trevose , PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Tacos for jurors
		racos ior jurors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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: 1/2 Rpt: 42/43 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chapa, Cynthia Marie (The Honorable) 00081893 Date 5 Name of person from whom amount is received 8 Amount (\$) 06/12/2024 Frost Bank \$11.04 6 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer **INTEREST** Date Name of person from whom amount is received Amount (\$) 05/10/2024 \$8.73 Frost Bank Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer **INTEREST** Date Name of person from whom amount is received Amount (\$) 04/10/2024 \$8.63 Frost Bank Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer **INTEREST** Date Name of person from whom amount is received Amount (\$) 03/12/2024 Frost Bank \$9.13 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer **INTEREST** Date Name of person from whom amount is received Amount (\$) 02/12/2024 \$9.08 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer

**INTEREST** 

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 43/43 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chapa, Cynthia Marie (The Honorable) 00081893 5 Name of person from whom amount is received 8 Amount (\$) 01/16/2024 \$8.84 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer **INTEREST**