# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

1	`	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00086297		44			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Gia Jolene			08/04/2024	
		NICKNAME	LAST		SUFFIX	1	
		Josey	Garcia			Date Hand-delivered or I	Date Postmarked
4	ORIGINAL DEDORT TYPE	January 15	Runoff	Other (s	pecify)		
	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	Ц ' `	Month Day	Year		
3	COVERED	01/01/2024	THROUGH	06/30/2024	i cai	Date Imaged	
6	EXPLANATION OF C			00/30/2024			
0		not successfully uploaded.	Each evnence was in	nut manually			
	The expense me was	not successiuny uploaueu.	. Lacii experise was iii	put manually.			
7	AFFIDAVIT						
•	ALLIDAVII			ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicat	ole statements:	
			X	Semiannual reports	s. Iswear or	affirm that the origin	al report
			Δ	was made in good fa	aith and without	an intent to mislead	
				misrepresent the info	ormation contain	ned in the report.	
			X	Other reports: 15	swear, or affirm.	that I am filing this o	corrected
			[7]	report not later than	the 14th busines	ss day after the date	l learned
				that the report as ori swear, or affirm, that			
				filed was made in go		and topoliti	
						Jolene Garcia	
				Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and auto-	rihad hafara ma butha ==:	d		+bio +b	20	dov
	of	ribed before me, by the sai , 20, to cer	tify which witness my	hand and seal of office	, tilis tr	IC	day
	UI	, 20, to cer	ury writeri, withess filly	iana ana seai di dilice	<del>.</del> .		
	Signature of office	er administering oath	Printed name of of	fficer administering oa	th T	Γitle of officer admini	istering oath
		-					

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple		1 Filer ID (Ethics Commis 00086297	ssion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Gia Jolene			Date Received	
					ELECTRONICA	J I Y FII FD
	NICKNAME	LAST		SUFFIX	08/04/2024	
	Josey	Garcia		SUFFIX	100/01/2021	
	<u> </u>					
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	718 Amber Knoll				Descipt #	Iamaunt
ADDRESS					Receipt #	Amount
Change of Address	San Antonio, TX 78251				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Ms.	Gia Jolene				
IVAIVIL						
	NICKNAME	LAST		SUFFIX		
	Josey	Garcia				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP1	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	718 Amber Knoll	ŕ				
ADDRESS						
(Residence or Business)	San Antonio, TX 78251					
	, , , , , , , , , , , , , , , , , , , ,					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(210) 781-9935					
8 REPORT TYPE		7		ъ	7 45th de -6	
''' -	January 15	30th day before	election	Runoff	15th day after can appointment (offic	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	ROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 124		State Represent		
				1		
		GO T	O PAGE 2			
		GO I	O FAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 44

13 C / OH NAME	Garcia, Gia Jolene (T	ene (The Honorable)  14 Filer ID 00086297		Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	DMMITTEE TYPE COMMITTEE NAME				
Ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 21,710.48		
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 17,677.82		
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 6,570.18		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		The Users	wahla Gia Jalawa Gaw	.:-		
			rable Gia Jolene Gard f Candidate or Officehol			
AFFIX NO	TARY STAMP / SEAL ABO	Ç				
Sworn to and subs	cribed before me, by the s	aid	this the	day		
		ertify which, witness my hand and seal of office.	, uno ute	uuy		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

# **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	4 of 44						
18 FILER NA Garcia,	AME Gia Jolene (The Honorable)	<b>19</b> Filer ID 00086297	(Ethics Commission Filers)				
	LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,710.48					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 17,677.82				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 5/44	
2	FILER NAME Garcia, Gia	Jolene (The Honorable)			3	Filer ID (Ethics Commission 00086297	n Filers)
4	Date 02/06/2024	<ul><li>5 Full name of contributor Altria Group INC</li><li>6 Contributor address; City; St</li></ul>	x out-of-state PAC (ID#: 0		7	Amount of Contribution (\$)	\$500.00
		Washington, DC 20001					
8	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)		s)				
	Date 01/09/2024				Amount of Contribution (\$)	\$500.00	
	San Antonio, TX 78216  Principal occupation / Job title (See Instructions)  Self  Employer (See Instructions Self		<u> </u> s)				
	Date O1/14/2024 Full name of contributor out-of-state PAC (ID#:) Christopher, Herring Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00		
	Principal occu	Anna, TX 75408 pation / Job title (See Instructions	)	Employer (See Instructions	<u>2)</u>		
	Not Employe		,	Not Employed			
	Date 02/11/2024	Full name of contributor Christopher, Herring Contributor address; City; St Anna, TX 75408				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	)	Employer (See Instructions Not Employed	5)		
	Date  Full name of contributor out-of-state PAC (ID#:)  Christopher, Herring  Contributor address; City; State; Zip Code  Anna, TX 75408			Amount of Contribution (\$)	\$10.00		
	Principal occu Not Employe	pation / Job title (See Instructionsed	)	Employer (See Instructions Not Employed	<u>.</u> S)		

	MONETARY POLITICAL CONTRIBUTIONS					E <b>A1</b>	
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 6/44	
2	FILER NAME Garcia, Gia	Jolene (The Honorable)			3	Filer ID (Ethics Commission 00086297	n Filers)
4	Date 04/14/2024	04/14/2024 Christopher, Herring  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	Anna, TX 75408	٥	Employer (See Instructions			
0	Principal occupation / Job title (See Instructions)  Not Employed  9 Employer (See Instructions)  Not Employed		)				
	Date Full name of contributor out-of-state PAC (ID#:)  05/12/2024 Christopher, Herring  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Anna, TX 75408						
	Principal occupation / Job title (See Instructions)  Not Employed  Not Employed		,				
	Date  O6/09/2024  Full name of contributor out-of-state PAC (ID#:)  Christopher, Herring  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Anna, TX 75408					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00		
	Principal occu UT Austin	pation / Job title (See Instructions)		Employer (See Instructions Librarian	)		
Date  O2/25/2024  Democracy Engine LLC  Contributor address; City; State; Zip Code  Washington, DC 20001			Amount of Contribution (\$)	\$480.48			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 7/44		
2	FILER NAME Garcia, Gia	Jolene (The Honorable)			3	Filer ID (Ethics Commission 00086297	on Filers)	
4	Date 06/20/2024			7	Amount of Contribution (\$)	\$250.00		
_	<u> </u>	Austin, TX 78701	- 1-					
8	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)		5)					
	Date Full name of contributor out-of-state PAC (ID#:)  05/28/2024 Fuentes, Francisco  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
	Austin, TX 79759  Principal occupation / Job title (See Instructions)  Director  Employer (See Instructions)  HCA		<u> </u> S)					
	Date Full name of contributor out-of-state PAC (ID#:)  02/07/2024 Garcia, Gia (Ms.)  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$0.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Executive			Uniting America Outrea	ch			
	Date Full name of contributor out-of-state PAC (ID#:)  03/04/2024 Howard Energy Partners PAC  Contributor address; City; State; Zip Code  San Antonio, TX 78256			Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 01/09/2024	Full name of contributor out-of-state PAC Independent Bankers Association of Texas  Contributor address; City; State; Zip Code  Austin, TX 78701		)	•	Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
			ı					

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 8/44	
2	FILER NAME Garcia, Gia	Jolene (The Honorable)			3	Filer ID (Ethics Commission 00086297	on Filers)
4	Date 02/07/2024	<ul><li>5 Full name of contributor International Brotherhood</li><li>6 Contributor address; City; St</li></ul>		PAC Voluntary Fund	7	Amount of Contribution (\$)	\$4,000.00
8	Principal occu	Washington, DC 20001 ccupation / Job title (See Instructions)  9 Employer (See Instruction		) 			
_	Date 01/03/2024	ate Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$500.00	
Houston, TX 77002  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			i)				
Date O1/09/2024  Full name of contributor out-of-state PAC (ID#:)  Montford, John  Contributor address; City; State; Zip Code  San Antonio, TX 78257			Amount of Contribution (\$)	\$1,000.00			
	Principal occu Principal	pation / Job title (See Instructions	)	Employer (See Instructions Self	<u>(</u>		
	Date 06/23/2024	Full name of contributor Rene, Ramirez  Contributor address; City; St  Edinburg, TX 78539	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Self	pation / Job title (See Instructions	)	Employer (See Instructions Lobbyist	<u> </u>		
Date Full name of contributor out-of-state PAC (ID#:) 01/09/2024 Southwest Business Corporation PAC Contributor address; City; State; Zip Code San Antonio, TX 78216			Amount of Contribution (\$)	\$500.00			
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 9/44	
2	FILER NAME Garcia, Gia	Jolene (The Honorable)			3	Filer ID (Ethics Commission 00086297	on Filers)
4	Date 02/13/2024	<ul><li>5 Full name of contributor</li><li>Texas American Federat</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78741 ccupation / Job title (See Instructions)  9 Employer (See Instruction		<u>)</u>			
_	Date Full name of contributor out-of-state PAC (ID#:)		, 	Amount of Contribution (\$)			
	01/09/2024				(4)	\$1,000.00	
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		<u> </u>				
			,				
	Date Full name of contributor out-of-state PAC (ID#:)  06/25/2024 Texas Medical Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	i) 		
	Date 06/25/2024	Full name of contributor Texas Sands PAC Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$4,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  106/30/2024 Thomas, Parkinson  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Principal occu	San Antonio, TX 78217-2 pation / Job title (See Instruction		Employer (See Instructions	<u> </u>		
	Not Employe	ed		Not Employed			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 10/44	
2	FILER NAME Garcia, Gia	Jolene (The Honorable)		3	Filer ID (Ethics Commission 00086297	on Filers)
4	Date 01/09/2024	5 Full name of contributor		7	Amount of Contribution (\$)	\$3,000.00
_		San Antonio, TX 78288				
8	Principal occi	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/10/2024				Amount of Contribution (\$)	\$1,000.00
	San Antonio, TX 78269					
	Principal occupation / Job title (See Instructions)  Employer (See Instruction					
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Wende, Reed Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Converse, TX 78109				
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_Zachry Corporation PAC  Contributor address; City; State; Zip Code  San Antonio, TX 78265			Amount of Contribution (\$)	\$1,000.00
	Principal occu	ppation / Job title (See Instructions)	Employer (See Instructions	5)		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 1/34 Rpt: 11/44	Garcia, Gia Jolene (The Honorable)	00086297
4	Date	5 Payee name	
	02/29/2024	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
Ŭ	\$45.83	3200 Hackberry Rd	
	Ψ10.00	ozoo naokony na	
		Indian TV 75062	
		Irving, TX 75063	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Haver in District	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Gas	Try concentrate many expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	01/29/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.76	3200 Hackberry Rd	
		Irving, TX 75063	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	otrida of Tours Commissa Colembia T
	EXPENDITURE	Have out of District	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Gas	3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	03/06/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.12	3200 Hackberry Rd	
		Irving , TX 75063	
	PURPOSE	la.	
	OF	· _ · _ · _ · _ · _ · _ · _ · _ · _	utside of Texas. Complete Schedule T.
	EXPENDITURE	Have out or District	TX, officeholder living expense
		Beverages	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/34 Rpt: 12/44	Garcia, Gia Jolene (The Honorable)	00086297
4	Date	5 Payee name	<u>'</u>
	03/04/2024	AMAZON	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$104.63	410 Terry Avenue	
		North Seattle , WA 98109	
8	PURPOSE		Description
	OF	Office Supplies	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Office Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit Grot	'	
	Date	Payee name	
l	03/05/2024	AMAZON	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$226.29	410 Terry Avenue WA 98109	
l			
l		North Seattle , TX 98109	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Office Supplies	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
l			Office Supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
⊨			
	Date	Payee name	
L	03/11/2024	AMAZON	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.64	410 Terry Avenue WA 98109	
l			
		North Seattle , TX 98109	
	PURPOSE OF	,	Description
	EXPENDITURE	Office Supplies	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Office Supplies
			CCC Cuppined
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cindo Hold
-			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)
	Sch: 3/34 Rpt: 13/44	Garcia, Gia Jolene (The Honorable) 00086297	
4	Date	5 Payee name	
	03/06/2024	AMAZON	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$169.64	410 Terry Avenue WA 98109	
		North Seattle , TX 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Supplies	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Office Supplies	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/11/2024	AMAZON	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.98	410 Terry Avenue WA 98109	
		North Seattle , TX 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Office Supplies	
		Office Supplies	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Data		
	Date 03/18/2024	Payee name Alamo City Muscle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	0000 unknown	
		San Antonio, TX 78245	
	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	
		Community Event	
		Sommany Event	
$\vdash$	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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mittee	Giff/Awards/Memorials Legal Services The Instruction Gu	Sá		ages	/Contract Labor		OTHER (enter a	a category not listed ab	ove)
_				The instruction G	ilue explains nov	v to con	iipie	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 4/34 Rpt: 14/44	'	Garcia, Gia	Jolene (The Ho	norable)					00086297		
4	Date	5	Payee name									
	03/11/2024	ı	BUBBA'S									
6	Amount (t)	7	Payee addres	s; City;	State; Z	in Cod	40					
ľ	Amount (\$)	l			State, 2	.ip C00	Je					
	\$68.12		7518 NW Lo	юр 410								
		:	San Antonio	, TX 78245								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne ton of this schedul	(e)	(b)	Description				
	OF		Event Exper		10 top 01 till0 00110dd.			_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder livin	g expense	
								Team Meetin	g			
9	Complete ONLY if direct	С	andidate/Offic	eholder name	Offic	ce soug	ht			Office h	eld	
	expenditure to benefit C/OI	Η				Ū						
⊨	Date	Π.										
		l	Payee name	- abian ad								
	03/29/2024		Babe's Old F									
	Amount (\$)	l	Payee addres	-	State; Z	ip Cod	de					
	\$65.56	'	434 SW Mili	tary Dr								
		;	San Antonio	, TX 78221								
	PURPOSE	(a)	Category (co	e Categories listed at tl	as top of this sobodul	(a)	(b)	Description				
	OF		Event Exper		ie top of this scriedul	(e)	(,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	'	_vont Expor	150				Check if Austin	, TX,	officeholder livin	g expense	
								Team Meetin	g			
	Complete ONLY if direct	С	andidate/Offic	eholder name	Offic	ce soug	ht			Office h	eld	
	expenditure to benefit C/OI	Η										
-	Date		Dayoo nama									
		l	Payee name	h. Vahiala Dagi	atration							
	01/05/2024	-		ty Vehicle Regis								
	Amount (\$)	l	Payee addres		State; Z	ip Cod	de					
	\$168.25	'	4000 Jackso	on Avenue								
		,	Austin, TX 7	8731								
	PURPOSE	(a)	Category (so	e Categories listed at t	no top of this schodul	(a)	(b)	Description				
	OF			on Equipment A		(1)	(,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Expense	on Equipmont?	and resideou			Check if Austin	, TX,	officeholder livin	g expense	
								Official Tags				
	Complete ONLY if direct	С	andidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI					J						
$\vdash$												

#### 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/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: 5/34 Rpt: 15/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	06/28/2024	Blue Star Agency
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.00	10401 I-10
		San Antonio, TX 78230
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  Event Media
		Event Media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/01/2024	Boeing Center at Tech Port
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.45	3331 General Hudnell Dr
	4000	
		San Antonio, TX 78226
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Community Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davisa nama
	01/29/2024	Payee name CEFCO #0048
	Amount (\$) \$74.00	Payee address; City; State; Zip Code 12310 NW HK Dodgen Loop
	Ψ14.00	12310 NW TIK Dougen Loop
		Temple, TX 76501
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to beliefft C/OI	,

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
<u> </u>			e el le celti e i i e i i
1	Total pages Schedule F1: Sch: 6/34 Rpt: 16/44	2 FILER NAME Garcia, Gia Jolene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086297
4	Date 01/16/2024	5 Payee name CIRCLE K	
6	Amount (\$) \$8.17	7 Payee address; City; State; Zip Code 19500 BULVERDE RD SUITE 100 San Antonio, TX 78259	
8	PURPOSE OF EXPENDITURE	Toda/Beverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	02/20/2024	Canva	
	Amount (\$) \$119.99	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street Building 1, Suite 1300 Austin , TX 78702	
	PURPOSE OF EXPENDITURE	/\dvcrtising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/16/2024	Payee name Chevron	
	Amount (\$) \$50.34	Payee address; City; State; Zip Code 9410 Potranco Rd	
		San Antonio, TX 78251	
	PURPOSE OF EXPENDITURE	Haver in District	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	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
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: 7/34 Rpt: 17/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	01/22/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.91	19500 BULVERDE RD
		SUITE 100
		san antonio, TX 78259
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Beverages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/29/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.02	19500 BULVERDE RD
		SUITE 100
		SAN ANTONIO, TX 78259
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District 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	
	Date	Payee name
	01/29/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.82	19500 BULVERDE RD
		SUITE 100
		Austin, TX 78259
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	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)** Event Expense

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/34 Rpt: 18/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	01/29/2024	Circle K
6	Amount (\$) \$2.36	7 Payee address; City; State; Zip Code 19500 BULVERDE RD SUITE 100
		SAN ANTONIO, TX 78259
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Beverages
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	Circle K
	Amount (\$) \$30.00	Payee address; City; State; Zip Code  19500 BULVERDE RD  SUITE 100  San Antonio, TX 78259
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/07/2024	Payee name Circle K
	Amount (\$) \$5.61	Payee address; City; State; Zip Code 19500 BULVERDE RD SUITE 100 San Antonio, TX 78259
	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  Beverage
	Complete ONLY if direct expenditure to benefit C/O	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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/34 Rpt: 19/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	02/26/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.41	19500 BULVERDE RD
		SUITE 100
		San Antonio, TX 78259
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
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Payee name
	03/11/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.87	19500 BULVERDE RD
		SUITE 100
		San Antonio, TX 78259
	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  Gas
		Gas
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/19/2024	Circle K
	Amount (\$) \$30.19	Payee address; City; State; Zip Code  19500 BULVERDE RD
	Ф30.19	
		SUITE 100
		San Antonio, TX 78259
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Coc 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)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/34 Rpt: 20/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	03/25/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.18	19500 BULVERDE RD
		SUITE 100
		San Antonio, TX 78259
8	PURPOSE	
ľ	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Beverage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorarie to berieff C/O	
	Date	Payee name
	03/26/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.36	19500 BULVERDE RD
		SUITE 100
		San Antonio, TX 78259
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Gas
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>U</b>
_		
	Date	Payee name
	03/28/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.73	19500 BULVERDE RD
		SUITE 100
		San Antonio, TX 78259
	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  Beverage
		Develope
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Ex
Contributions/ Donations Made By - Gift/Awards/Memo

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

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

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

	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: 11/34 Rpt: 21/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	03/29/2024	Circle K
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 19500 BULVERDE RD. SUITE 100  San Antonio, TX 78259
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/15/2024	Circle K
	Amount (\$) \$2.37	Payee address; City; State; Zip Code  19500 BULVERDE RD  SUITE 100  San Antonio, TX 78259
	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  Beverage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2024	Clark, Pharaoh
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 147 Drew Ave
		San Antonio, TX 78220
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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: 12/34 Rpt: 22/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	01/30/2024	Clark, Pharaoh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	147 Drew Ave
		San Antonio, TX 78220
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting
		Consuming
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	02/29/2024	Clark, Pharaoh
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	147 Drew Ave
		San Antonio, TX 78220
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting
		Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 04/26/2024	Payee name
		Clark, Pharaoh
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	147 Drew Ave
L		San Antonio, TX 78220
	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  Community Event
		Community 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
Credit Card Barmont

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: 13/34 Rpt: 23/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	01/16/2024	Clark, Pharaoh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	147 Drew Ave
		San Antonio, TX 78220
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Community Outreach Blockwalkers/Phonebankers
		Community Outreach Blockwarkersh Honesankers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/16/2024	Clark, Pharaoh
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	147 Drew Ave
		San Antonio, TX 78220
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense  Mobile Office
		Wobile Office
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/26/2024	Clark, Pharaoh
	Amount (\$)	Payee address; City; State; Zip Code
	\$760.00	147 Drew Ave
	,	
		San Antonio, TX 78220
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Team Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/34 Rpt: 24/44	Garcia, Gia Jolene (The Honorable)	00086297
4	Date	5 Payee name	
	03/01/2024	Conns Homeplus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$936.10	4999 NW Loop 410	
		SAN ANTONIO, TX 78229	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	" dd	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			uct operations
		44 6 55.14	act operations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	02/20/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$451.90	1601 Trapelo Road	
	¥ 13 <u></u>		
		Waltham, MA 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	LAFENDITORE		ı, TX, officeholder living expense
		Email Service	3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office Held
_	Date	Davisa nama	
	02/29/2024	Payee name Crown Wireless	
	Amount (\$) \$364.36	Payee address; City; State; Zip Code 947 Cincinnati Ave	
	φ304.30	547 Ciriciiriati Ave	
		San Antonio, TX 78201	
	BUBBOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Cell Phones  (b) Description  Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Cell i flories	r, TX, officeholder living expense
		Communicati	ons
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/34 Rpt: 25/44	Garcia, Gia Jolene (The Honorable)		00086297
4	Date	5 Payee name		
	02/29/2024	EXXON		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$30.21	22777 Springwood Village Parkway		
		Spring, TX 77389		
8	PURPOSE	· · ·	(h)	Description
ľ	OF	(a) Category (see Categories listed at the top of this schedule)  Travel In District	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Gas
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	experiantire to benefit G/OI	'		
	Date	Payee name		
	03/07/2024	EXXON		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$46.89	22777 Springwood Village Parkway		
		Spring, TX 77389		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Gas
_	Complete ONLY if direct	Candidate/Officeholder name Office souc	,ht	Office held
	expenditure to benefit C/OI	~	JIIL	Office field
_				
	Date	Payee name		
	01/08/2024	Edible Arrangements		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$162.33	980 Hammond Dr.		
		Suite 1000		
		Atlanta, GA 78226		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Staff/intern appreciation gift
				Statement appropriation gut
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		,,,,,	Since Hold
1				

### 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/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: 16/34 Rpt: 26/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	06/28/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	111 E Houston St
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Service Charges
		Convide Charges
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		
	Date	Payee name
	03/25/2024	Grunt Work
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	718 Amber Knl
		San Antonio, TX 78251
	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.
		Community Event
		Community Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	03/15/2024	Grunt Work
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	718 Amber Knl
		San Antonio, TX 78251
	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.
		Community Fyont
		Community Event
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
		·

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/34 Rpt: 27/44	Garcia, Gia Jolene (The Honorable)	00086297
4	Date	5 Payee name	
	02/20/2024	Grunt Work	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	718 Amber Knl	
		San Antonio, TX 78251	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Community	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H .	
	Date	Payee name	
	02/15/2024	Grunt Work	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	718 Amber Knl	
		San Antonio, TX 78251	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	L Event Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Community	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H .	
	Date	Payee name	
	01/29/2024	Grunt Work	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	718 Amber Knl	
		San Antonio, TX 78251	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Community	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	)H	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/34 Rpt: 28/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	01/24/2024	Grunt Work
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	718 Amber Knl
		San Antonio, TX 78251
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  Community Event
		Community Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	04/05/2024	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.27	5855 Rogers Road
		San Antoniox, TX 78251
	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  Flag Holders
		riay nolueis
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	01/17/2024	Hotels.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.31	5400 LBJ Fwy Ste 500
		Dallas, TX 75240-1019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging
_	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 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	
_	T	<u> </u>
1	Total pages Schedule F1: Sch: 19/34 Rpt: 29/44	2 FILER NAME Garcia, Gia Jolene (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086297
4	Date	5 Payee name
•		
	01/17/2024	Jump Design LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$475.00	9242 Bingham Dr
		Com Antonio TV 70000
		San Antonio, TX 78230
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Graphic Design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$	Data	
	Date	Payee name
	03/21/2024	Jump Design LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.84	9242 Bingham Dr
		0 4 1 7 7 70000
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Graphic Design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
H	Date	Daysa nama
		Payee name
	06/04/2024	LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$421.37	1100 Congress Ave
		Austin , 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
		LGBTQ Caucus
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/34 Rpt: 30/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	03/25/2024	Lonestar Hero Gear
6	Amount (\$) \$214.22	7 Payee address; City; State; Zip Code 3937 Thousand Oaks Dr
		San Antonio, TX 78217
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Team Badge Holders  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Team Badge Holders
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	Mi Hacienda Jalisco Restaurant
	Amount (\$) \$49.13	Payee address; City; State; Zip Code 12024 Potranco Rd
L		San Antonio, TX 78245
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2024	Office Depot
	Amount (\$) \$87.68	Payee address; City; State; Zip Code 611 SW Loop 410
		San Antonio, TX 78227
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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: 21/34 Rpt: 31/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	03/18/2024	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.48	611 SW Loop 410
		San Antonio, TX 78227
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
		Cinio Cappinos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/04/2024	Office Depot
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$64.94	611 SW Loop 410
		·
		San Antonio, TX 78227
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
		Cinico Gappinos
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/01/2024	Office Depot
H	Amount (\$)	Payee address; City; State; Zip Code
	\$158.70	611 SW Loop 410
		San Antonio, TX 78227
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Sch: 22/34 Rpt: 32/44 Garcia, Gia Jolene (The Honorable) 00086297	
Sch: 22/34 Rnt: 32/44 Garcia Gia Jolene (The Honorable) 00086297	ı Filers)
Sur. 22/54 Typ. 32/44 Sursuicite (The Honorable)	
4 Date 5 Payee name	
06/27/2024 PARKING MANAGEMENT CO. NASHVILLE	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$78.48   1200 Avenue B	
San Antonio TV 70215	
San Antonio, TX 78215	
8 PURPOSE OF EVENTURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Event Parking	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
03/13/2024 Palm San Antonio	
Amount (\$) Payee address; City; State; Zip Code	
\$163.15 233 E Houston St Ste 100	
San Antonio, TX 78205	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas Complete Schedule T	
EVENT Expense  Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Meeting	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name 01/09/2024 Progressive Change Campaign Committee	
Amount (\$) Payee address; City; State; Zip Code	
\$10.00   1629 K St	
Suite 300, N.W.	
Washington, DC 20006	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF FEES Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense  Event Donation	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

### SCHEDULE F1

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	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: 23/34 Rpt: 33/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	01/23/2024	QТ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.37	Tulsa 4705 South 129th East Avenue
		Tulsa, OK 74134
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  Gas
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Davida marra
	03/25/2024	Payee name
		QT
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.18	4705 South 129th East Avenue
		Tulsa
		San Antonio, OK 74134
	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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Beverages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/25/2024	QT
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.28	4705 South 129th East Avenue
		Tulsa, OK 74134
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Gas
	Commission ON 11 V 11 11	Condidate Office holder name
	Complete ONLY if direct expenditure to benefit C/O	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/34 Rpt: 34/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	06/04/2024	READYREFRESH
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$114.32	PO Box 856680
		Louisville, KY 40285-6680
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  Water Service
		Water Service
_	Commission ONII V if disposit	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/07/2024	READYREFRESH
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.32	PO Box 856680
		Louisville, KY 40285-6680
	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.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense  Water Service
		Water Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	D :	
	Date	Payee name
	04/09/2024	READYREFRESH
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.32	PO Box 856680
		Louisville, KY 40285-6680
	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
		Water
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/34 Rpt: 35/44 Garcia, Gia Jolene (The Honorable) 00086297 4 Date Payee name 03/12/2024 READYREFRESH 6 Amount (\$) Payee address; City; State; Zip Code PO Box 856680 \$114.32 Louisville, KY 40285-6680 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water Service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/13/2024 READYREFRESH Amount (\$) Payee address; City; State; Zip Code \$92.36 PO Box 856680 Louisville, KY 40285-6680 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water Service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/25/2024 READYREFRESH Amount (\$) Payee address: City; State; Zip Code \$92.36 PO Box 856680 Louisville, KY 40285-6680 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water Service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

	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: 26/34 Rpt: 36/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	04/19/2024	RJ Publications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P.O. Box 272
		Helotes, TX 78023
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Stephens High School Poster
_	Operation ONE V if dispose	Open Highest Office health and a second to the second to t
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	· 	
	Date	Payee name
	01/11/2024	Roland Gutierrez
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 15232
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/28/2024	Rosarios Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.41	722 S Saint Mary's St
	,	
		San Antonio, TX 78205
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorate to beliefft C/OI	1

#### 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: 27/34 Ppt: 37/44		lers)
Ļ	Sch: 27/34 Rpt: 37/44	Garcia, Gia Jolene (The Honorable) 00086297	
4	Date 03/27/2024	5 Payee name STARBUCKS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.44	8227 State Highway 151	
		San Antonio, TX 78245	
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	
		Meeting	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/22/2024	San Antonio Express News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.96	301 Ave E	
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	News Subscription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		News Subscription	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/20/2024	San Antonio Express News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.96	301 Ave E	
		Con Antonio TV 70205	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  News Subscription  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	News Subscription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		News Subscription	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/34 Rpt: 38/44	Garcia, Gia Jolene (The Honorable)	00086297
4	Date	5 Payee name	
	06/17/2024	San Antonio Express News	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.96	301 Ave E	
		San Antonio, TX 78205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	News Subscription Check if trave	l outside of Texas. Complete Schedule T.
	EXI ENDITORE	l — l —	n, TX, officeholder living expense
		News Subsc	inption
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
_	Data		
	Date	Payee name	
	01/31/2024	San Antonio Express News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.25	301 Ave E	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	News Subscription	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		News Subsc	
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/02/2024	Shell	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.19	910 Louisana St	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		Gas	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01		

### SCHEDULE F1

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

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

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

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

	Credit Card Payment		The Instruction Guide	e explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FIL	ER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 29/34 Rpt: 39/44	Ga	arcia, Gia Jolene (The Honor	rable)			00086297	
4	Date	<b>5</b> Pay	yee name			-		
	03/07/2024	Sh	ell					
6	Amount (\$)	<b>7</b> Pay	yee address; City;	State; Zip Co	ode			
	\$82.30	910	0 Louisana St					
		Но	uston, TX 77002					
8	PURPOSE	<b>(a)</b> Ca	tegory (See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE		avel In District			<b>=</b>	tside of Texas. Com	
						Gas	X, officeholder living	expense
9	Complete ONLY if direct	Can	didate/Officeholder name	Office sou	<u>l</u> ıght		Office he	eld
	expenditure to benefit C/O	4						
	Date	Pa	yee name					
	01/29/2024	l '	eraton					
	Amount (\$)	Pa	yee address; City;	State; Zip Co	ode			
	\$70.15	l '	00 Gateway Blvd	, p				
			,					
		Мс	Kinney, TX 75070					
	PURPOSE	(a) Ca	tegory (See Categories listed at the to	on of this schedule)	(b)	Description		
	OF EXPENDITURE		avel Out of District	.,		Check if travel out	tside of Texas. Com	
	LAI LINDITORE					_	X, officeholder living	expense
						Community Ev	eni	
_	Complete ONLY if direct	Can	didate/Officeholder name	Office sou	ıaht		Office he	7ld
	expenditure to benefit C/O		addition of the state of the st	000 000	agiit		Omoo no	, i
-	Date	Bay	yee name					
	03/25/2024	1	etson Dance Hall					
	Amount (\$)		yee address; City;	State; Zip Co	nde			
	\$41.42	l '	881 Bandera Rd	otate, zip ot	Juc			
	¥ .==							
		He	elotes, TX 78023					
	PURPOSE		tegory (See Categories listed at the to	on of this schodule)	(b)	Description		
	OF	l .	ent Expense	op of this schedule)			tside of Texas. Com	plete Schedule T.
	EXPENDITURE		•				X, officeholder living	expense
						Fundraising Ev	ent	
	Operation ONLY if allowed		distant a lOffica alla alla anno anno	O#:			0#:	.1.1
	Complete ONLY if direct expenditure to benefit C/O		didate/Officeholder name	Office sou	ignt		Office he	ela
	<u> </u>							

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:									
	Sch: 30/34 Rpt: 40/44	Garcia, Gia Jolene (The Honorable) 00086297								
4	Date	Payee name								
	01/19/2024	Stonewall Democrats								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$45.00	P.O. Box 12814								
		San Antonio, TX 78212								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Membership								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	experialitare to beliefit eroi									
	Date	Payee name								
	04/04/2024	Tarka Indian Kitchen								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$70.60	9710 State Hwy 151, Ste 107								
		San Antonio, TX 78251								
	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.								
	EXI ENDITORE	Check if Austin, TX, officeholder living expense								
		Meeting								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	<b>y</b>								
	Date	Payee name								
	01/04/2024	Texas Department of Motor Vehicles								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$4.00	4000 Jackson Ave								
		Austin, TX 78731								
	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								
		Online vehicle registration fee								
		Offine verilor registration rec								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	<b>y</b>								

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Constitution Properties Mode Page 1

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

Candidate/Officeholder/Politic			mmittee	Legal Services	Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)			
	Credit Card Payment	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	mission Filers)	
	Sch: 31/34 Rpt: 41/44		Garcia, Gia	Jolene (The Ho	norable)					00086297			
4	Date	5	Payee name						_				
	03/28/2024			ia Pancake Hou	ise								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	ip Coc	de						
	\$80.24		10333 Huek										
			San Antonio	o, TX 78240									
8	PURPOSE	(a)		ee Categories listed at th	as too of this solvedule	۰, (	(b)	Description					
OF		(")	Event Expe		ie top of this schedule	e)   <b>'</b>	(~)		vel outside of Texas. Complete Schedule T.				
	EXPENDITURE		Evolit Expo					Check if Austin	, TX,	officeholder living	g expense		
								Meeting					
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Offic	e soug	ght			Office h	eld		
	expenditure to benefit C/OI	П											
	Date		Payee name										
	01/25/2024		The V.O.I.C	E.S of Our Vete	erans								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Coc	de						
	\$500.00		6300 Rue Marielynn										
			1905										
			San Antonio	o, TX 78238									
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedule	e) (	(b)	Description					
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense						Check if travel	outsi	de of Texas. Com	plete Schedule	г.	
	LAFENDITORE							<b>—</b>	if Austin, TX, officeholder living expense				
								Veteran Advo	oca	cy DC			
	Operation ONLY # discort	<u>L</u>	2 II - I - + - 10ff		04:-		. I. A			O#: I-	-1-1		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	Опіс	e soug	gnt			Office h	eia		
		_											
	Date		Payee name										
	01/23/2024		USPS										
	Amount (\$)		Payee addres		State; Z	ip Coc	de						
	\$342.00		702 RICHLA	AND HILLS DR									
			SAN ANTO	NIO, TX 78245-9	9998								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedule	e) (	(b)	Description					
OF EXPENDITURE			Mail Service	9				<b>=</b>		de of Texas. Com officeholder living		Г.	
								PO BOX	, 17,	omeenoider iiviii	у схрепас		
	Complete ONLY if direct	Щ(	Candidate/Offi	ceholder name	Offic	e soug	ht			Office h	eld		
	expenditure to benefit C/OI					- 9							

#### 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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/34 Rpt: 42/44	Garcia, Gia Jolene (The Honorable) 00086297
4	Date	5 Payee name
	03/08/2024	VIOLA'S VENTANAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$144.81	9660 Westover Hills Blvd
		San Antonio, TX 78251
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	<b>D</b> :	
	Date	Payee name
	03/27/2024	VIOLA'S VENTANAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.85	9660 Westover Hills Blvd
		San Antonio, TX 78251
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Or	
	Date	Payee name
	01/29/2024	Valero
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.02	One Valero Way
	,	
		San Antonio, TX 78249
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### 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	l Committee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens /ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER N	IAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 33/34 Rpt: 43/44	Garcia	Gia Jolene (The Hor	norable)					00086297		
4	Date	<b>5</b> Payee r	name								
	02/07/2024	WAL-M									
6	Amount (\$)	<b>7</b> Payee a	address; City;	State;	Zip Co	de					
	\$166.03	8923 m	nilitary Dr W								
		San Ar	itonio, TX 78245								
8	PURPOSE	(a) Categor	y (See Categories listed at the	e ton of this sche	dule)	(b)	Description				
	OF		everage Expense	e top of this serie	duicj			outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						<b>—</b>		officeholder living	expense	
							Food & Bever	rag	е		
9	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	0	ffice sou	ght			Office he	eld	
	Date	Payee r	name								
	01/16/2024	WIX									
	Amount (\$)	Payee a	address; City;	State:	Zip Co	de					
	\$363.72	1	100 Gansevoort St								
		New Y	ork, NY 10014								
	PURPOSE OF	(a) Categor	y (See Categories listed at the	e top of this sche	edule)	(b)	Description				
EXPENDITURE		Adverti	sing Expense	Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
							Website	, 1,	onicendiaer living	ехрепзе	
	Complete ONLY if direct	Candidat	e/Officeholder name	0	ffice sou	ght			Office he	eld	
	expenditure to benefit C/O					•					
H	Date	Payee r	name								
	01/16/2024	,	Management Covel (	Sardens							
	Amount (\$)	Payee a			Zip Co	de					
	\$98.39	· ·	ovel Rd	,	,						
		San Ar	itonio, TX 78252		_						
	PURPOSE	(a) Categor	y (See Categories listed at the	e top of this sche	dule)	(b)	Description				
	OF EXPENDITURE	Dumpii	ng Fees				<b>_</b>		de of Texas. Com		
							Community C		officeholder living	expense	
							Community C		ap		
_	Complete ONLY if direct	Candidat	e/Officeholder name		ffice sou	aht			Office he	aly.	
	expenditure to benefit C/O		o, omeendider Haitie	O	cc 30u	9111			Onice ne		

### SCHEDULE F1

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

Advertising Expense

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/Political Committee Credit Card Payment			mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor					Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Fayinent			The Instruction Guide ex	xplains h	ow to comp	lete this form.					
1	Total pages Schedule F1:	2	FILER NAMI	E				3	Filer ID	(Ethics Commission Filers	3)	
l	Sch: 34/34 Rpt: 44/44		Garcia, Gia	a Jolene (The Honora	ble)				00086297			
┰	Date	5	Payee name	<u> </u>				<u> </u>			-	
ľ	06/07/2024	ľ	ZOOM.US	•								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code						
	\$114.37		56 Almade			•						
L		L	San Jose,			1						
8	PURPOSE OF	(a)		See Categories listed at the top of		edule) (b)	Description					
l	EXPENDITURE		Office Over	rhead/Rental Expense	Э					nplete Schedule T.		
l							Video Meetir		, officeholder livir	g expense		
l							video ivieetii	ıy c	DEI VICE			
Ļ												
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	ficeholder name	O	ffice sought			Office h	eld		
H											$\dashv$	
l												