

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |  |                     |   |                |
|---|---|--|---------------------|---|----------------|
| The C/OH Instruction Guide explains how to complete this form.  |   | 1 Filer ID<br>(Ethics Commission Filers)<br>00086297                                   |                     | 2 Total pages filed:<br>32  |                |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>The Honorable  |  | FIRST<br>Gia Jolene | MI  |                |
|   | NICKNAME<br>Josey   |  | LAST<br>Garcia      | SUFFIX  |                |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address |   | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>718 Amber Knoll<br><br>San Antonio, TX 78251 |                     | ZIP CODE  |                |
|   |   | OFFICE USE ONLY  |                     |   |                |
|   |   | Date Received<br>ELECTRONICALLY FILED<br>10/07/2024                                    |                     |   |                |
|   |   | Date Hand-delivered or Date Postmarked   |                     |   |                |
|   |   | Receipt #  |                     | Amount  |                |
|   |   | Date Processed   |                     |   |                |
|   |   | Date Imaged  |                     |   |                |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Ms.  |  | FIRST<br>Gia Jolene | MI  |                |
|   | NICKNAME<br>Josey   |  | LAST<br>Garcia      | SUFFIX  |                |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>718 Amber Knoll<br><br>San Antonio, TX 78251   |  |                     |   |                |
|   |   |  |                     |   |                |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE   | PHONE NUMBER   | EXTENSION           |   |                |
|   | (210)   | 781-9935   |                     |   |                |
| 8 REPORT<br>TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |                     |   |                |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |  |                     |   |                |
| 9 PERIOD<br>COVERED   | Month   | Day  | Year                | THROUGH   | Month Day Year |
|   |   | 07/01/2024   |                     |   | 09/26/2024     |
| 10 ELECTION   | ELECTION DATE   |  | ELECTION TYPE       |   |                |
|   | Month   | Day  | Year                | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                |
|   |   |  |                     |   |                |
| 11 OFFICE   | OFFICE HELD (if any)<br>State Representative District 124 Bexar   |  |                     | 12 OFFICE SOUGHT (if known)<br>State Representative District 124  |                |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 32

|                |                                    |             |                            |
|----------------|------------------------------------|-------------|----------------------------|
| 13 C / OH NAME | Garcia, Gia Jolene (The Honorable) | 14 Filer ID | (Ethics Commission Filers) |
|                |                                    | 00086297    |                            |

|  |  |                                      |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |
|  | COMMITTEE TYPE   | COMMITTEE NAME                       |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                    |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |    |           |
|-------------------------|---|----|-----------|
| 16 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ | 34,380.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00      |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ | 22,299.54 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 18,650.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00      |

17 AFFIDAVIT

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

The Honorable Gia Jolene Garcia

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

3 of 32

|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Garcia, Gia Jolene (The Honorable) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00086297 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE           |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 34,380.00  |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 22,299.54  |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/6 Rpt: 4/32  |
| <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297 |
| <b>4</b> Date<br>09/26/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ActBlue<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Somerville, MA 02144                      | <b>7</b> Amount of Contribution (\$)<br><br>\$1,580.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ancira Strategic Parters, LLP<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701-2183                 | Amount of Contribution (\$)<br><br>\$350.00              |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>09/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beer Alliance of Texas PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701                         | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>09/17/2024   | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C000397851</u> )<br>Centene Corporation PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>St. Louis, MO 63105 | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>09/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Danburg, Debra<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78704                                     | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Retired   |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/6 Rpt: 5/32       |
| <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297      |
| <b>4</b> Date<br>08/15/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fuentes, Francisco<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 79759     | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Director |   | <b>9</b> Employer (See Instructions)<br>HCA                   |
| Date<br>09/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HillCo PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701                               | Amount of Contribution (\$)<br><br>\$500.00                   |
| Principal occupation / Job title (See Instructions)                      |   | Employer (See Instructions)                                   |
| Date<br>07/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hoyler, Jerry<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78253                       | Amount of Contribution (\$)<br><br>\$1,000.00                 |
| Principal occupation / Job title (See Instructions)<br>Director          |   | Employer (See Instructions)<br>Westover Rehabilitation Center |
| Date<br>09/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Independent Bankers Association of Texas<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701 | Amount of Contribution (\$)<br><br>\$500.00                   |
| Principal occupation / Job title (See Instructions)                      |   | Employer (See Instructions)                                   |
| Date<br>09/07/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>J. Ancira Strategies<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin , TX 78701-2183               | Amount of Contribution (\$)<br><br>\$350.00                   |
| Principal occupation / Job title (See Instructions)                      |   | Employer (See Instructions)                                   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/6 Rpt: 6/32  |
| <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297 |
| <b>4</b> Date<br>09/17/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Linebarger Goggan Blair & Sampson, LLP<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78760 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/17/2024   | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>1369217</u> )<br>McGuire Woods PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Richmond, VA 23219                 | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>09/17/2024   | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C000366559</u> )<br>NRG Energy Inc PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Princeton, NJ 08540-6023       | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>09/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Poinsett PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701  | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>08/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>San Antonio Apartment Association-PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78249               | Amount of Contribution (\$)<br><br>\$1,500.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/6 Rpt: 7/32  |
| <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297 |
| <b>4</b> Date<br>09/12/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TREPAC<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78768-2246            | <b>7</b> Amount of Contribution (\$)<br><br>\$2,500.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texans for Lawsuit Reform PAC<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78701            | Amount of Contribution (\$)<br><br>\$10,000.00           |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>08/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Apartment Association<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78701              | Amount of Contribution (\$)<br><br>\$750.00              |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>09/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Automobile Dealers Association PAC<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78701 | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>09/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Building Branch AGC PAC<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78701            | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/6 Rpt: 8/32  |
| <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)        |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297 |
| <b>4</b> Date<br>08/14/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Democratic Women<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78703                  | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas State Teachers Association- PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin , TX 78759-0000               | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>09/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Trial Lawyers Association PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701                       | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>07/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>USAA Employee PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78288                                    | Amount of Contribution (\$)<br><br>\$3,000.00            |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>09/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Union Pacific Corporate Fund for Effective Government<br><hr/> Contributor address; City; State; Zip Code<br><br>Washington, DC 20004 | Amount of Contribution (\$)<br><br>\$2,000.00            |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/6 Rpt: 9/32  |
| <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297 |
| <b>4</b> Date<br>09/17/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wholesale Beer Distributors of Texas PAC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/23 Rpt: 10/32           | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>09/17/2024   | <b>5</b> Payee name<br>American Airlines Group   |  |
| <b>6</b> Amount (\$)<br>\$20.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>1 Skyview Drive<br>MD 8B351<br>Fort Worth, TX 76155 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Inflight Wifi  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/29/2024  | Payee name<br>225 Urban Smoke  |  |
| Amount (\$)<br>\$149.94   | Payee address; City; State; Zip Code<br>1015 Rittiman Rd<br>Suite 113<br>San Antonio, TX 78218       |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/11/2024  | Payee name<br>3D Sign Works  |  |
| Amount (\$)<br>\$2,611.86   | Payee address; City; State; Zip Code<br>San Antonio<br><br>San Antonio, TX 78251                     |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/23 Rpt: 11/32           | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>07/24/2024   | <b>5</b> Payee name<br>7-11   |  |
| <b>6</b> Amount (\$)<br>\$22.53                                     | <b>7</b> Payee address; City; State; Zip Code<br>Buda<br><br>Buda, TX 78610                       |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Travel to Austin |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/18/2024  | Payee name<br>823 Congress Garage   |  |
| Amount (\$)<br>\$19.82  | Payee address; City; State; Zip Code<br>910 Brazos St<br><br>Austin, TX 78701                     |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/25/2024  | Payee name<br>AMAZON  |  |
| Amount (\$)<br>\$10.81  | Payee address; City; State; Zip Code<br>410 Terry Avenue WA 98109<br><br>North Seattle , TX 98109 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office supplies        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/23 Rpt: 12/32           | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297  |
| <b>4</b> Date<br>09/25/2024   | <b>5</b> Payee name<br>AMAZON  |   |
| <b>6</b> Amount (\$)<br>\$119.04                                    | <b>7</b> Payee address; City; State; Zip Code<br>410 Terry Avenue WA 98109<br><br>North Seattle , TX 98109 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office supplies                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/26/2024  | Payee name<br>AMAZON   |   |
| Amount (\$)<br>\$8.65   | Payee address; City; State; Zip Code<br>410 Terry Avenue WA 98109<br><br>North Seattle , TX 98109          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office supplies                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/09/2024  | Payee name<br>Ace  |   |
| Amount (\$)<br>\$15.00  | Payee address; City; State; Zip Code<br>645 Ash Street<br><br>San Diego, CA 92101                          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/23 Rpt: 13/32           | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>09/25/2024   | <b>5</b> Payee name<br>Arizona Cafe  |  |
| <b>6</b> Amount (\$)<br>\$3,090.67                                  | <b>7</b> Payee address; City; State; Zip Code<br>1111 S. General McMullen<br><br>San Antonio, TX 78237 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Community Meet & Greet |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/17/2024  | Payee name<br>Austin Airport   |  |
| Amount (\$)<br>\$31.49  | Payee address; City; State; Zip Code<br>3600 Presidential Blvd<br><br>Austin, TX 78719                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food/Beverage          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/17/2024  | Payee name<br>Austin Airport   |  |
| Amount (\$)<br>\$43.23  | Payee address; City; State; Zip Code<br>3600 Presidential Blvd<br><br>Austin, TX 78719                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food/Beverage          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/23 Rpt: 14/32           | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297  |
| <b>4</b> Date<br>09/11/2024   | <b>5</b> Payee name<br>Bexar Young Democrats   |   |
| <b>6</b> Amount (\$)<br>\$200.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>San Antonio<br><br>san antonio, TX 78251  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Community Event               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |
| Date<br>07/01/2024  | Candidate/Officeholder name<br>Office sought<br>Office held  |   |
| Payee name<br>Blue Star Agency                                      |  |   |
| Amount (\$)<br>\$150.00   | Payee address; City; State; Zip Code<br>10401 I-10<br><br>San Antonio, TX 78230  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Media                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |
| Date<br>09/17/2024  | Candidate/Officeholder name<br>Office sought<br>Office held  |   |
| Payee name<br>CLEAR   |  |   |
| Amount (\$)<br>\$199.00   | Payee address; City; State; Zip Code<br>85 10th Avenue<br>9th Floor<br>New York, NY 10011  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense                                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Travel Clearance subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/23 Rpt: 15/32           | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>07/10/2024   | <b>5</b> Payee name<br>CRICKET WIRELESS  |  |
| <b>6</b> Amount (\$)<br>\$125.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>9714 Potranco Rd<br><br>San Antonio, TX 78245   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign phone service |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>08/20/2024  | Candidate/Officeholder name Office sought Office held  |  |
| Payee name<br>CRICKET WIRELESS                                      |  |  |
| Amount (\$)<br>\$115.00   | Payee address; City; State; Zip Code<br>9714 Potranco Rd<br><br>San Antonio, TX 78245  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Phone Service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>07/31/2024  | Candidate/Officeholder name Office sought Office held  |  |
| Payee name<br>ChildSafe   |  |  |
| Amount (\$)<br>\$206.19   | Payee address; City; State; Zip Code<br>3730 IH-10 East<br><br>San Antonio, TX 78220-4225  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>ChildSafe Fundraiser   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
|   |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/23 Rpt: 16/32           | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297  |
| <b>4</b> Date<br>08/01/2024   | <b>5</b> Payee name<br>Circle K   |   |
| <b>6</b> Amount (\$)<br>\$2.37                                      | <b>7</b> Payee address; City; State; Zip Code<br>2998 STATE HWY 46<br><br>SEGUIN, TX 78155-2263                         |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food & Beverage |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/05/2024  | Payee name<br>Circle K  |   |
| Amount (\$)<br>\$40.51  | Payee address; City; State; Zip Code<br>926 Westheimer Rd<br><br>Houston, TX 77006                                      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District                       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/22/2024  | Payee name<br>Circle K  |   |
| Amount (\$)<br>\$30.44  | Payee address; City; State; Zip Code<br>8703 State Highway 151<br><br>San Antonio, TX 78245                             |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/23 Rpt: 17/32           | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297  |
| <b>4</b> Date<br>09/23/2024   | <b>5</b> Payee name<br>Circle K   |   |
| <b>6</b> Amount (\$)<br>\$46.41                                     | <b>7</b> Payee address; City; State; Zip Code<br>8703 State Highway 151<br><br>San Antonio, TX 78245                    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas                 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/23/2024  | Payee name<br>Circle K  |   |
| Amount (\$)<br>\$41.02  | Payee address; City; State; Zip Code<br>8703 State Highway 151<br><br>San Antonio, TX 78245                             |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Snacks              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/18/2024  | Payee name<br>Clark, Pharaoh  |   |
| Amount (\$)<br>\$2,000.00   | Payee address; City; State; Zip Code<br>147 Drew Ave<br><br>San Antonio, TX 78220                                       |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/23 Rpt: 18/32           | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297  |
| <b>4</b> Date<br>07/22/2024   | <b>5</b> Payee name<br>Clark, Pharaoh  |   |
| <b>6</b> Amount (\$)<br>\$4,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>147 Drew Ave<br><br>San Antonio, TX 78220           |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting/Campaign Manager |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/01/2024  | Payee name<br>Constant Contact   |   |
| Amount (\$)<br>\$466.32   | Payee address; City; State; Zip Code<br>1601 Trapelo Road<br><br>Waltham, MA 02451                   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email subscription service  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/18/2024  | Payee name<br>Dunkin' Donuts   |   |
| Amount (\$)<br>\$27.58  | Payee address; City; State; Zip Code<br>Manchester Airport Post Security<br><br>Manchester, NH 03103 |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/23 Rpt: 19/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>07/29/2024   | <b>5</b> Payee name<br>El Padrino's Pantry   |  |
| <b>6</b> Amount (\$)<br>\$150.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>San Antonio<br><br>San Antonio, TX 78251  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Neighborhood Pantry Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/31/2024  | Payee name<br>Frost Bank   |  |
| Amount (\$)<br>\$5.00   | Payee address; City; State; Zip Code<br>111 E Houston St<br><br>San Antonio, TX 78205  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly Banking Fee              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/31/2024  | Payee name<br>Frost Bank   |  |
| Amount (\$)<br>\$10.00  | Payee address; City; State; Zip Code<br>111 E Houston St<br><br>San Antonio, TX 78205  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>fees                             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/23 Rpt: 20/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>07/29/2024   | <b>5</b> Payee name<br>Garcia, Gregory   |  |
| <b>6</b> Amount (\$)<br>\$150.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>San Antonio<br><br>San Antonio, TX 78251      |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>GOTV                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>GOTV               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/01/2024  | Payee name<br>Google GSuite  |  |
| Amount (\$)<br>\$15.35  | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/01/2024  | Payee name<br>Google GSuite  |  |
| Amount (\$)<br>\$15.35  | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/23 Rpt: 21/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>09/09/2024   | <b>5</b> Payee name<br>Google GSuite   |  |
| <b>6</b> Amount (\$)<br>\$15.35                                     | <b>7</b> Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email Subscription |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>07/15/2024  | Candidate/Officeholder name Office sought Office held  |  |
| Payee name<br>Intuit  |  |  |
| Amount (\$)<br>\$9.59   | Payee address; City; State; Zip Code<br>2700 Coast Ave<br><br>Mountain View , CA 94043                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Accounting         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>08/15/2024  | Candidate/Officeholder name Office sought Office held  |  |
| Payee name<br>Intuit  |  |  |
| Amount (\$)<br>\$9.59   | Payee address; City; State; Zip Code<br>2700 Coast Ave<br><br>Mountain View, CA 94043                  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Accounting Service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/23 Rpt: 22/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>09/16/2024   | <b>5</b> Payee name<br>Intuit  |  |
| <b>6</b> Amount (\$)<br>\$9.59                                      | <b>7</b> Payee address; City; State; Zip Code<br>2700 Coast Ave<br><br>Mountain View, CA 94043           |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Accounting Service |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/06/2024  | Payee name<br>Johnson, Victor  |  |
| Amount (\$)<br>\$900.00   | Payee address; City; State; Zip Code<br>147 Drew Ave<br><br>San Antonio, TX 78220                        |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Work      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/30/2024  | Payee name<br>Johnson, Victor  |  |
| Amount (\$)<br>\$660.00   | Payee address; City; State; Zip Code<br>147 Drew Ave<br><br>San Antonio, TX 78220                        |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Work      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 14/23 Rpt: 23/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>09/25/2024   | <b>5</b> Payee name<br>Kings Compassion  |  |
| <b>6</b> Amount (\$)<br>\$500.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>1716 S. San Marcos #203A<br><br>San Antonio, TX 78207   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Community Fundraiser |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/29/2024  | Payee name<br>Las Palapas  |  |
| Amount (\$)<br>\$38.70  | Payee address; City; State; Zip Code<br>8835 TX-151<br><br>San Antonio, TX 78251   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/01/2024  | Payee name<br>McDonald's   |  |
| Amount (\$)<br>\$32.85  | Payee address; City; State; Zip Code<br>1302 Westheimer<br><br>Houston, TX 77006   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food & Beverage      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 15/23 Rpt: 24/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297  |
| <b>4</b> Date<br>08/16/2024   | <b>5</b> Payee name<br>NPG VAN   |   |
| <b>6</b> Amount (\$)<br>\$106.60                                    | <b>7</b> Payee address; City; State; Zip Code<br>655 15th St NW Ste 650<br><br>Washington, DC 20005  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Voter Outreach  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Voter Outreach Subscription |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/05/2024  | Payee name<br>NW Democrats   |   |
| Amount (\$)<br>\$350.00   | Payee address; City; State; Zip Code<br>5875 Babcock Rd<br><br>San Antonio, TX 78240   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Community Event             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/25/2024  | Payee name<br>Northeast Bexar Country Democrats  |   |
| Amount (\$)<br>\$250.00   | Payee address; City; State; Zip Code<br>7122 San Pedro Rd<br><br>San Antonio, TX 78216   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Community Event             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 16/23 Rpt: 25/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>07/17/2024   | <b>5</b> Payee name<br>Open AI  |  |
| <b>6</b> Amount (\$)<br>\$21.28                                     | <b>7</b> Payee address; City; State; Zip Code<br>548 Market Street<br>PMB 97273<br>San Francisco, CA 94104-5401 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>App software |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>08/19/2024  | Payee name<br>Open AI   |  |
| Amount (\$)<br>\$21.28  | Payee address; City; State; Zip Code<br>548 Market Street<br>PMB 97273<br>San Francisco, CA 94104-5401          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/17/2024  | Payee name<br>Open AI   |  |
| Amount (\$)<br>\$21.28  | Payee address; City; State; Zip Code<br>548 Market Street<br>PMB 97273<br>San Francisco, CA 94104-5401          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 17/23 Rpt: 26/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>08/26/2024   | <b>5</b> Payee name<br>RJ Publications  |  |
| <b>6</b> Amount (\$)<br>\$200.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 272<br><br>Helotes , TX 78023                                 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Steven HS Poster     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/24/2024  | Payee name<br>RVG3 Strategies   |  |
| Amount (\$)<br>\$1,500.00   | Payee address; City; State; Zip Code<br>San Antonio<br><br>San Antonio, TX 78251  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Fundraising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>08/05/2024  | Payee name<br>Salcedo, Ramon  |  |
| Amount (\$)<br>\$700.00   | Payee address; City; State; Zip Code<br>718 Amber Knoll<br><br>san antonio, TX 78251                                    |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Vehicle Rental       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 18/23 Rpt: 27/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>09/23/2024   | <b>5</b> Payee name<br>Salcedo, Ramon  |  |
| <b>6</b> Amount (\$)<br>\$500.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>718 Amber Knoll<br><br>san antonio, TX 78251  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sign installation supplies |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/26/2024  | Payee name<br>Salcedo, Ramon   |  |
| Amount (\$)<br>\$100.00   | Payee address; City; State; Zip Code<br>718 Amber Knoll<br><br>san antonio, TX 78251           |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/15/2024  | Payee name<br>San Antonio Express News   |  |
| Amount (\$)<br>\$19.96  | Payee address; City; State; Zip Code<br>301 Ave E<br><br>San Antonio, TX 78205                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>News                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>News Subscription          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 19/23 Rpt: 28/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297  |
| <b>4</b> Date<br>08/12/2024   | <b>5</b> Payee name<br>San Antonio Express News  |   |
| <b>6</b> Amount (\$)<br>\$19.96                                     | <b>7</b> Payee address; City; State; Zip Code<br>301 Ave E<br><br>San Antonio, TX 78205          |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>News Subscription     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>News Subscription |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/09/2024  | Payee name<br>San Antonio Express News   |   |
| Amount (\$)<br>\$19.96  | Payee address; City; State; Zip Code<br>301 Ave E<br><br>San Antonio, TX 78205                   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>News Subscription     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>News Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/18/2024  | Payee name<br>Starbucks  |   |
| Amount (\$)<br>\$17.02  | Payee address; City; State; Zip Code<br>BWI<br>P.O. Box 8766<br>BWI Airport, MD 21240-0766       |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food & Beverage   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 20/23 Rpt: 29/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297  |
| <b>4</b> Date<br>08/21/2024   | <b>5</b> Payee name<br>Storage Mart   |   |
| <b>6</b> Amount (\$)<br>\$36.40                                     | <b>7</b> Payee address; City; State; Zip Code<br>9580 Potranco Rd<br><br>San Antonio, TX 78251            |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Storage |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>08/26/2024  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>Storage Mart  |   |   |
| Amount (\$)<br>\$41.04  | Payee address; City; State; Zip Code<br>9580 Potranco Rd<br><br>San Antonio, TX 78251                     |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Storage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>09/23/2024  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>TINK-A-TACO   |   |   |
| Amount (\$)<br>\$58.95  | Payee address; City; State; Zip Code<br>7507 POTRANCO<br><br>SAN ANTONIO, TX 78215                        |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
|   |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 21/23 Rpt: 30/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297  |
| <b>4</b> Date<br>08/01/2024   | <b>5</b> Payee name<br>The Texan  |   |
| <b>6</b> Amount (\$)<br>\$19.21                                     | <b>7</b> Payee address; City; State; Zip Code<br>25 N Kessler Ave<br><br>Schulenburg, TX 78956    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/01/2024  | Payee name<br>UR STOP   |   |
| Amount (\$)<br>\$22.23  | Payee address; City; State; Zip Code<br>13650 Walters Rd Ste B<br><br>Houston, TX 77014           |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food/Beverage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/05/2024  | Payee name<br>United Airlines, Inc.   |   |
| Amount (\$)<br>\$737.96   | Payee address; City; State; Zip Code<br>233 S. Wacker Drive<br><br>Chicago, TX 60606              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flight to DC  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 22/23 Rpt: 31/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>08/05/2024   | <b>5</b> Payee name<br>United Airlines, Inc.  |  |
| <b>6</b> Amount (\$)<br>\$737.96                                    | <b>7</b> Payee address; City; State; Zip Code<br>233 S. Wacker Drive<br><br>Chicago, TX 60606     |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flight to DC |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>07/29/2024  | Payee name<br>Vistaprint  |  |
| Amount (\$)<br>\$432.99   | Payee address; City; State; Zip Code<br>95 Hayden Ave,<br><br>Lexington, MA 02421-7942            |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fliers       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>07/08/2024  | Payee name<br>ZOOM.US   |  |
| Amount (\$)<br>\$17.07  | Payee address; City; State; Zip Code<br>56 Almaden Blvd<br><br>San Jose, CA 95113                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 23/23 Rpt: 32/32          | <b>2</b> FILER NAME<br>Garcia, Gia Jolene (The Honorable)                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086297   |
| <b>4</b> Date<br>08/07/2024   | <b>5</b> Payee name<br>ZOOM.US   |  |
| <b>6</b> Amount (\$)<br>\$17.07                                     | <b>7</b> Payee address; City; State; Zip Code<br>56 Almaden Blvd<br><br>San Jose, CA 95113 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Video           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Video Service              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/09/2024  | Payee name<br>ZOOM.US  |  |
| Amount (\$)<br>\$17.07  | Payee address; City; State; Zip Code<br>56 Almaden Blvd<br><br>San Jose, CA 95113          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Video           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Video Subscription Service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |