FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081893 40 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Cynthia Marie NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Chapa CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Linda NAME NICKNAME LAST **SUFFIX** Hardberger **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 382-8203 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 288 Bexar Court Of Appeals, Justice Place 3 District 4

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Chapa, Cynthia Marie	(The Honorable)	14 Filer ID 00081893	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politic These expenditures may have been ma officeholders are required to report this	ade without the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURE	ER NAME			
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS			
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(O	THER THAN PLEDGES, LOANS.			
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	S OF LOANS)	\$ 33,001.83		
EXPENDITURE TOTALS	,	TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	S OF THE LAST DAY OF THE	\$ 144,874.13		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT			nder penalty of perjury, that the acc d includes all information required t tion Code.			
		т	he Honorable Cynthia Marie Ch	napa		
			Signature of Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
		aid		day		
		rtify which, witness my hand and seal o				
Signature of office	cer administering oath	Printed name of officer administer	ring oath Title of office	administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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				3 01 40
18 FILER NAM	E nthia Marie (The Honorable)	19 Filer ID 00081893	(Ethics Commiss	sion Filers)
20 SCHEDULE NAME OF S	SUBTOTALS	0001030	SUBTOTAL	. AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,671.83
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	1,000.00
4. X SCHEDULE E(J): LOANS (JUDICIAL)				0.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				29,538.09
6. X	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				31.28
			•	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/11 Rpt: 4/40
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 09/15/2024	5 Full name of contributor Sanchez Campos , Rog 6 Contributor address; City; 3			7	Amount of Contribution (\$) \$200.00
		SAN ANTONIO, TX 782	49			
8		Principal Occupation		9 Contributor's Job Title		
	Dentist			Dentist		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)
08/12/2024 Adler , Jim Contributor address; City; State; Zip Code				\$5,000.00		
		Houston , TX 77027				
Contributor's Principal Occupation Contributor's Job Title						
	Attorney			Owner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Jim Adler &					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/16/2024	Aguirre, Dalila				\$20.00
		Contributor address; City; San Marcos , TX 78666	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Homemaker			Homemaker		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	none					
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

MONE	ETARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Inst	truction Guide explains ho	w to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/11 Rpt: 5/40
2 FILER NAI Chapa, C	ME Synthia Marie (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081893
4 Date 09/17/202	5 Full name of contributor	ty; State; Zip Code		7 Amount of Contribution (\$) \$2,500.00
	Brownsville , TX 78526			
	r's Principal Occupation		9 Contributor's Job Title	
Attorney			Attorney	
10 Contributo self	r's employer/law firm		11 Law firm of contributor's sp	oouse (if any)
12 If contribut	or is a child, law firm of parent(s) (if	any)		
Date			Amount of Contribution (\$)	
09/12/202	Canales Law & ADR Contributor address; City; \$ SAN ANTONIO, TX 782	\$250.00		
Contributo	r's Principal Occupation	Contributor's Job Title		
Contributo	r's employer/law firm		Law firm of contributor's sp	oouse (if any)
If contribut	or is a child, law firm of parent(s) (if	any)	l	
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
09/12/202	Cano , Emma			\$1,000.00
	Contributor address; City; \$ SAN ANTONIO, TX 782			
Contributo	r's Principal Occupation		Contributor's Job Title	
Attorney			Attorney	
	r's employer/law firm		Law firm of contributor's sp	oouse (if any)
Jefferson				
If contribut	or is a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1		es Schedule A(J)1 1 Rpt: 6/40	L:
2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Chapa, Cynt	thia Marie (The Honorable)	ole)			0008189	93	
4	Date 09/16/2024	5 Full name of contributorDavis , Jeffrey6 Contributor address; City; 5	out-of-state PAC (ID#:		7	Amount o	of Contribution (\$)	\$2,500.00
		SAN ANTONIO, TX 782	16					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
	Attorney			Owner				
10	Contributor's of Davis Law F	11 Law firm of contributor's s	pou	se (if any)				
12	If contributor i	s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount o	of Contribution (\$)	
	09/16/2024	Diaz , Reynaldo	out or state 1710 (IB//.			7 11.10 (11.10)		\$1,000.00
	Contributor address; City; State; Zip Code							+=,000.00
		SAN ANTONIO, TX 782	12					
Contributor's Principal Occupation Contributor's Job Title								
	Attorney			Attorney				
	Contributor's 6	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if	any)	l				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount o	of Contribution (\$)	
	09/10/2024	Espinoza & Brock, PLLC						\$2,000.00
		Contributor address; City; \$	State; Zip Code					
		SAN ANTONIO, TX 782	16					
	Contributor's I	Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm			Law firm of contributor's s	pou	se (if any)			
	If contributor i	s a child, law firm of parent(s) (if	any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 4/11 Rpt: 7/40
2	FILER NAME	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 09/10/2024	Full name of contributor Espronceda , Jennifer Contributor address; City; \$	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00
		Texas , TX 78210				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10		employer/law firm .aw at Espronceda Law, PLL	С	11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/17/2024	Garza, Paulina Contributor address; City; \$				\$750.00
		SAN ANTONIO, TX 782	<u> </u>	T		
Contributor's Principal Occupation Contributor's Job Title						
	Attorney	employer/law firm		Owner Law firm of contributor's sp	2011	on (if any)
		ociates, PLLC		Law littl of contributors sp	Jous	se (II ally)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/11/2024	Glenn J Deadman PC Contributor address; City; \$	State; Zip Code			\$500.00
		San Antonio , TX 78215		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1		es Schedule A(J)2 1 Rpt: 8/40	L:
2	FILER NAME	NAME				Filer ID	(Ethics Commissi	on Filers)
	Chapa, Cyn	thia Marie (The Honorable)				0008189	3	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount o	f Contribution (\$)	
	07/15/2024	024 Gutierrez , Bertha						\$100.00
		6 Contributor address; City;	State; Zip Code					
		San Antonio, TX 78216	-2240					
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
	Law Office of	of Bertha Gutierrez, P.C.						
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount o	f Contribution (\$)	
	08/11/2024 Guzman , Ramiro							\$10.00
		Contributor address; City;	State; Zip Code					
		Del Rio , TX 78840						
	Contributor's	Principal Occupation		Contributor's Job Title				
				Technical Manager, IT				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	Synthesis H	ealth Inc.						
	If contributor i	s a child, law firm of parent(s) (if any)					
-	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount o	f Contribution (\$)	
	07/11/2024	Herrera , Jorge						\$1,000.00
		Contributor address; City;	State; Zip Code					
		SAN ANTONIO, TX 782	207					
	Contributor's	Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's s	pou	se (if any)		
	Herrera Law	Firm						
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CONTRIE	BUTIC	ONS		SCHE	DULE F	\(J)1
	The Instru	ction Guide explains how to complet	te this f	orm.	1	Total pages Sche Sch: 6/11 Rpt: 9		
2	FILER NAME				3	Filer ID (Ethics	Commissio	n Filers)
	Chapa, Cynt	hia Marie (The Honorable)				00081893		
4	Date 09/12/2024	 Full name of contributor ☐ out-of-state Higdon, Hardy & Zuflacht Contributor address; City; State; Zip Code 	n, Hardy & Zuflacht		7	Amount of Contril	bution (\$)	\$500.00
		San Antonio, TX 78230						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	10 Contributor's employer/law firm 11 Law firm of contributor's s				pou	se (if any)		
12	! If contributor i	s a child, law firm of parent(s) (if any)						
F	Date	Full name of contributor out-of-state	PAC (ID#:)	T	Amount of Contri	bution (\$)	
	07/11/2024	Hudson , Jennifer					(,)	\$150.00
		Contributor address; City; State; Zip Code						
	0	Boerne , TX 78006						
Contributor's Principal Occupation Contributor's Job Title Human Resources & Communicatons Specialist Human Resources				Human Resources & C	om	munications Sno	cialist	
		·				<u> </u>	Cialist	
	City of Fair (employer/law firm		Law firm of contributor's s	pou	se (II ally)		
	ii continuator i	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contri	bution (\$)	
	09/11/2024	James E Monning Attorney At Law						\$500.00
		Contributor address; City; State; Zip Code SAN ANTONIO, TX 78208						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Continuators	-ппстраг Оссирацип		Continuator 5 30b Title				
Contributor's employer/law firm				Law firm of contributor's s	pous	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL CONTRIB	BUTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	e this f	orm.	1	Total pages Schedule A(J)1: Sch: 7/11 Rpt: 10/40	
2	FILER NAME				3	Filer ID (Ethics Commission Fi	ilers)
	Chapa, Cynt	hia Marie (The Honorable)				00081893	
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/29/2024	Jose J. Ruiz & Associates, P.C.	` _				200.00
		6 Contributor address; City; State; Zip Code			•		
	Eagle Pass , TX 78852						
8	Contributor's Principal Occupation 9 Contributor's Job Title						
10 Contributor's employer/law firm 11 Law firm of contrib				11 Law firm of contributor's sp	oous	se (if any)	
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state F	PAC (ID#:_)	Ī	Amount of Contribution (\$)	
	08/12/2024 Law Office of Ronald A Ramos, P.C.					\$2,	,000.00
		Contributor address; City; State; Zip Code			•		
		SAN ANTONIO, TX 78216					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	08/12/2024	Law Offices of Donato D. Ramos, PLLC	:			\$	500.00
		Contributor address; City; State; Zip Code Laredo , TX 78401			•		
_	Contributoria	Principal Occupation		Contributor's Job Title			
	Continuators	-ппсіраї Оссираціон		Continuation 5 300 Title			
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)					

MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCH	EDULE A(J)1
The Instru	ction Guide explains hov	v to complete this 1	form.	1 Total pages Sch Sch: 8/11 Rpt:	
2 FILER NAME	thia Marie (The Honorable)			3 Filer ID (Ethic 00081893	s Commission Filers)
		_			
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Cont	
09/10/2024	Law Offices of Fidel Rodi	_			\$1,000.00
	6 Contributor address; City; S				
	SAN ANTONIO, TX 7821				
8 Contributor's I	Principal Occupation	9 Contributor's Job Title			
10 Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse (if any)	
12 If contributor i	s a child, law firm of parent(s) (if	any)			
Date	Full name of contributor	Out of state DAC (ID#)	`	Amount of Cont	ribution (\$)
	Date Full name of contributor out-of-state PAC (ID#:) 09/21/2024 Leach , Rosemary		Amount of Cont	\$200.00	
09/21/2024	Contributor address; City; State; Zip Code				\$200.00
	Kerrville , TX 78028				
	Principal Occupation		Contributor's Job Title		
Retired			Retired		
Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)	
none					
If contributor i	s a child, law firm of parent(s) (if	any)			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Cont	ribution (\$)
09/03/2024	Maloney Jr., Pat	_			\$1,000.00
	Contributor address; City; S	State; Zip Code		1	
	SAN ANTONIO, TX 7820	05			
Contributor's I	Principal Occupation		Contributor's Job Title		
Attorney			Attorney		
Contributor's employer/law firm Law firm of contributor's sp			ouse (if any)		
Self					
If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	orm.	1	Total pages Schedule A(J)1: Sch: 9/11 Rpt: 12/40
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Chapa, Cynt	thia Marie (The Honorable)			L	00081893
4	Date 09/12/2024	Michael Ireland & Associates Attorneys at Law 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00	
		SAN ANTONIO, TX 782	30			
8	Contributor's I	Principal Occupation	pal Occupation 9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	08/29/2024	Nevarez Law Group, PC Contributor address; City; \$				\$750.00
		Eagle Pass , TX 78852			l	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	l		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/13/2024	Pelaez-Prada, Juanita			l	\$500.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78201				•		
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Pelaez Law	Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 10/11 Rpt: 13/40
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			1	Filer ID (Ethics Commission Filers) 00081893
4	Date 07/25/2024	5 Full name of contributor People Business Solutio6 Contributor address; City;			_	Amount of Contribution (\$) \$750.00
		Laredo , TX 78044				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/10/2024	Prichard Young, LLP Contributor address; City;	<u> </u>			\$1,000.00
		San Antonio, TX 78216				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/12/2024	Richard , Dennis Contributor address; City;	State; Zip Code			\$250.00
		SAN ANTONIO, TX 782	16			
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Law Office o	f Dennis Richard				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

MONET	SCHEDULE A(J)1			
The Instru	ction Guide explains how to complete this	1	es Schedule A(J)1: 11 Rpt: 14/40	
2 FILER NAME			I	(Ethics Commission Filers)
	thia Marie (The Honorable)		0008189	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount o	f Contribution (\$)
09/04/2024	Ritchie Law Group PLLC 6 Contributor address; City; State; Zip Code			\$500.00
	Eagle Pass , TX 78852			
8 Contributor's	Principal Occupation	9 Contributor's Job Title		
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instr	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 15/40				
2 FILER NAM	E	3 Filer ID (Ethic	cs Commission Filers)			
Chapa, Cy	nthia Marie (The Honorable)		00081893			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution		
09/12/2024	Garcia , Carlo		contribution (\$)	description Food, decorations, DJ for		
	7 Contributor address; City; State; Zip Code		\$3,000.00	Sept 12th Fundraiser		
			I I			
	SAN ANTONIO, TX 78249		Check if travel of	outside of Texas. Complete Schedule T.		
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See i	nstructions)		
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Attorney		Attorney				
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
Oliva Saks	Garcia & Curiel, PLLC					
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution		
09/12/2024			contribution (\$)			
	Contributor address; City; State; Zip Code		\$267.14	Beverages for Sept. 12th		
	Continuo dudicas, City, State, Zip Code			Fundraiser		
				I I		
	San Antonio, TX 78216		Check if travel of	l butside of Texas. Complete Schedule T.		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)		
Contributor'	s principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor	o omployer/low firm (FOD JUDICIAL)	Low firm of contribute	orlo opougo (if opu) (LOD TIDICIAL)		
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm of contribute	or s spouse (ii ariy) (FOR JUDICIAL)		
If contributo	r is a shild law firm of narant(s) (if any) (FOR HIDICIAL)					
ii contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution		
09/12/2024		State 1716 (12		•		
	Contributor address; City; State; Zip Code			Drinks for September fundraiser		
				I I I I I I I I I I I I I I I I I I I		
	San Antonio, TX 78216		Check if travel of	l outside of Texas. Complete Schedule T.		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See i	nstructions)		
Contributor'	s principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 16/40 3 Filer ID (Ethics Commission Filers) FILER NAME Chapa, Cynthia Marie (The Honorable) 00081893 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 08/29/2024 The Law Firm of Oscar A. Garza, PLLC \$637.55 Food and flowers for Meet 7 Contributor address; City; State; Zip Code and Greet in Eagle Pass SAN ANTONIO, TX 78201 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 09/09/2024 Volk & McElroy, LLP \$1,500.00 | Electronic Billboard Contributor address; City; State; Zip Code San Antonio, TX 78230 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	PLEDGE	CONTRIBUTIONS (JUDIC	IAL)		SCHEDU	ILE B(J)
	The Inst	truction Guide explains how to comple	1 Total pages Schedule B(J): Sch: 1/1 Rpt: 17/40			
2	FILER NAME Chapa, Cynthia	Marie (The Honorable)		3 Filer ID (Et 00081893	hics Commissior	ı Filers)
4	TOTAL OF UN	NITEMIZED PLEDGES			\$	0.00
5	Date 08/29/2024	6 Full name of pledgor out-of-state PAC (ID# Valadez , Ruben 7 Pledgor Address; City; State; Zip		8 Amount of pledge (\$) - \$1,000.00	(If app	escription licable)
		Eagle Pass, TX 78852		Check if travel ou	tside of Texas. C	complete Schedule T.
10	Pledgor's principa	al occupation	11 Pledgor's job title	<u>, —</u>		
	Attorney		Attorney			
12	Pledgor's employ Langley & Bana		13 Law firm of pledgor's	s spouse (if any)		
14		d, law firm of parent(s) (if any)	<u> </u>			

	LOANS (J	UDICIAL)				SCHEE	OULE E	(J)
	The Instruction Guide explains how to complete this form.					1 Total pages Schedule E(J): Sch: 1/1 Rpt: 18/40		
2	FILER NAME Chapa, Cynthia Marie (The Honorable)				Filer ID 000818	(Ethics Con	nmission Fil	ers)
4	TOTAL OF UNITEMIZED LOANS					\$		0.00
5	Date of loan	7 Name of lender ut-of-state P	AC (ID#:)	9 Loan Am	ount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest F		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	eposited	into political (See Inst		
19	GUARANTOR INFORMATION	20 Name of guarantor	•			22 Amount	Guaranteed	(\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	over/Law Eirm	26 Law Firm of guarantor's sp	nnuse	(if any)			
	· 		20 Law Film Of guarantor 5 Sp		, (ii diriy)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 1/21 Rpt: 19/40	Chapa, Cynthia Marie (The Honorable) Chapa, Cynthia Marie (The Honorable)
4	Date	5 Payee name
	07/01/2024	AVG Technologies
6	Amount (\$) \$47.62	7 Payee address; City; State; Zip Code 2625 Broadway St.
		Redwood City , CA 94063
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Antivirus subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Antivirus subscription for computer
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/25/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.34	345 Park Ave
		San Jose , CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Adobe Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Adobe Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/26/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.34	345 Park Ave
		San Jose , CA 95110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Adobe Subcription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Monthly subscription for adobe
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	·

SCHEDULE F1

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

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

Credit Card Payment	der/Political (The Instruction Guide explains how to co	-	lete this form.
1 Total pages Schedu	ule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/21 Rpt: 2	20/40	Chapa, Cynthia Marie (The Honorable)		00081893
4 Date		5 Payee name		•
09/25/2024		Adobe		
6 Amount (\$) \$2	21.34	7 Payee address; City; State; Zip C 345 Park Ave San Jose , CA 95110	ode	
8 PURPOSE OF EXPENDITURE	1	(a) Category (See Categories listed at the top of this schedule) Adobe subcription	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Adobe monthly subscription fee
Complete ONLY if c expenditure to bene		Candidate/Officeholder name Office so	ught	Office held
Date		Payee name		
09/05/2024		American Inns of Court		
Amount (\$) \$29	90.00	Payee address; City; State; Zip C 225 Reinekers Lane Ste 770	ode	
BUBBOOF		Alexandria , VA 22314	Las	N=
PURPOSE OF EXPENDITURE	((a) Category (See Categories listed at the top of this schedule) Fees	(a)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fee renewal
Complete ONLY if of expenditure to bene		Candidate/Officeholder name Office so	ught	Office held
Date		Payee name		
07/11/2024		Anedot, Inc.		
Amount (\$)	40.30	Payee address; City; State; Zip C 5555 Hilton Ave Ste 106	ode	
		Baton Rouge , LA 70808		
PURPOSE OF EXPENDITURE	ľ	(a) Category (See Categories listed at the top of this schedule) Processing Fee	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee for contributions collected
Complete ONLY if of expenditure to bene		Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbur

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

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

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Sch: 3/21 Rpt: 21/40 Chapa, Cynthia Marie (The Honorable) 3 Filer ID (Ethics Commission File 00081893) 4 Date 09/11/2024 5 Payee name Anedot, Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code	ers)
Sch: 3/21 Rpt: 21/40 Chapa, Cynthia Marie (The Honorable) 00081893 4 Date 09/11/2024 5 Payee name Anedot, Inc.	
09/11/2024 Anedot, Inc.	
09/11/2024 Anedot, Inc.	
δ Amount (φ) Γ Fayee address, City, State, Zip Code	
\$6.30 5555 Hilton Ave Ste 106	
40.30 S333 HIIIOH AVE SIE 100	
Baton Rouge , LA 70808	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Processing Fee Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Campaign contribution processing fees	
Campaigh Contribution processing lees	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
09/15/2024 Anedot, Inc.	
Amount (\$) Payee address; City; State; Zip Code	
\$4.30 5555 Hilton Ave Ste 106	
Baton Rouge , LA 70808	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Taxas, Complete Schedule T	
EXPENDITURE Processing fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Processing fee for campaign contributions	
1 rocessing fee for sampaign containsultons	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Data Dayon nama	
Date Payee name 08/11/2024 Anedot, Inc.	
Amount (\$) Payee address; City; State; Zip Code	
\$0.70 5555 Hilton Ave Ste 106	
	ĺ
Baton Rouge , LA 70808	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Processing fee Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	,
Processing fee for campaign contributions made online	,
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	ĺ

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: 4/21 Rpt: 22/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	09/03/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	5555 Hilton Ave Ste 106
		Baton Rouge , LA 70808
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Processing fee
	2 /4 2 /12 1	Check if Austin, TX, officeholder living expense
		Processing fee for campaign contributions made online
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/10/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.30	5555 Hilton Ave Ste 106
		Baton Rouge , LA 70808
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Processing fee Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee for campaign contributions made
		online
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/12/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	5555 Hilton Ave Ste 106
		Baton Rouge , LA 70808
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Processing fee Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee for contributions made online
		Processing fee for contributions made online
	Commission ONII V if direct	Constitute / Office helder mores Office accords
	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: Sch: 5/21 Rpt: 23/40	2 FILER NAME Chapa, Cynthia Marie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081893	
4	Date 09/13/2024	5 Payee name Anedot, Inc.	
6	Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Ste 106	_
8	PURPOSE OF EXPENDITURE	Baton Rouge , LA 70808 (a) Category (See Categories listed at the top of this schedule) Processing fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee for contributions made online	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 09/16/2024	Payee name Anedot, Inc.	
	Amount (\$) \$100.30	Payee address; City; State; Zip Code 5555 Hilton Ave Ste 106 Baton Rouge , LA 70808	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee for contributions made online	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 09/16/2024	Payee name Anedot, Inc.	
	Amount (\$) \$40.30	Payee address; City; State; Zip Code 5555 Hilton Ave Ste 106	
		Baton Rouge , LA 70808	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee for contributions made online	
	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 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:	<u> </u>
	Sch: 6/21 Rpt: 24/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	09/16/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.10	5555 Hilton Ave Ste 106
		Baton Rouge , LA 70808
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Processing fee Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee for contributions made online
		Processing ree for contributions made online
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	09/17/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.30	5555 Hilton Ave Ste 106
		Baton Rouge , LA 70808
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Processing fee Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee for contributions made online
		Processing lee for contributions made online
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 09/17/2024	Payee name
		Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.30	5555 Hilton Ave Ste 106
		Baton Rouge , LA 70808
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Processing fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fee for contributions made online
		1 reseaseing too for contained that to
	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 7/21 Rpt: 25/40	Chapa, Cynthia Marie (The Honorable) Chapa, Cynthia Marie (The Honorable)
4	Date 07/12/2024	5 Payee name Candy's Old Fashion Burgers
_		
6	Amount (\$) \$61.67	7 Payee address; City; State; Zip Code 115 S. Flores St. San Antonio, TX 78204
_	DUDDOGE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting with CWOP Staff lunch provided
		Wiceting with even Stan function provided
Ļ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2024	Candy's Old Fashion Burgers
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.44	115 S. Flores St.
	Ψ00.44	110 0.1 10/03 00.
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Staff Lunch meeting (lunch provided)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2024	Candy's Old Fashion Burgers
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code
	\$74.82	115 S. Flores St.
	Φ14.02	110 O. I 10103 Ot.
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Lunch meeting with Judge Robertson and staff to welcome him on.
L		welcome film on.
	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 -

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	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/21 Rpt: 26/40	Chapa, Cynthia Marie (The Honorable)	00081893
4	Date	5 Payee name	
	08/27/2024	Chapa , Amando	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$900.00	8915 McPherson	
		#15	
		Laredo , TX 78045	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Galaries/Wages/Contract Eabor	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			ign Placement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/09/2024	Chapa , Amando	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	8915 McPherson	
		#15	
		Laredo , TX 78045	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Eabor	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			ign placement in Webb County and
		other countie	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit of or		
	Date	Payee name	
	07/03/2024	Cricket Wireless LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	21 Peachtree St	
		Atlanta, GA 30303	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Loutride of Tours Complete C. L. L. T.
	EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			pot monthly charge
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	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: 9/21 Rpt: 27/40	Chapa, Cynthia Marie (The Honorable) 00081893	
4	Date	5 Payee name	-
	08/05/2024	Cricket Wireless LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$35.00	21 Peachtree St	
		Atlanta, GA 30303	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	internet Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		internet hot spot monthly fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
_	Date	David and the second se	=
	09/04/2024	Payee name Cricket Wireless LLC	
_			_
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 21 Peachtree St	
	Ф35.00	21 Peachtiee St	
		Atlanta CA 20202	
		Atlanta, GA 30303	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Internet (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Internet Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Wifi hotspot montly fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/29/2024	Exxon Mobil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.34	2195 E Main St	
		Eagle Pass, TX 78852	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Gas Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Gas for trip to Eagle Pass for Fundraiser	
		Sus for the to Eagle 1 ass for 1 and alser	
-	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 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: 10/21 Rpt: 28/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	08/31/2024	Flagship Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	7926 Broadway
		Apt 707
		SAN ANTONIO, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense
		Consulting Fee for campaign universe and turf
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/OI	
	Date	Payee name
	09/23/2024	Flagship Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	7926 Broadway
	Ψ2,000.00	
		Apt 707
		SAN ANTONIO, TX 78209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign consulting fee for universe and turf
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	09/26/2024	Girl Scouts of Southwest Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	811 N Coker Loop
		SAN ANTONIO, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation to GSSWT
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	ponditare to benefit 0/01	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/21 Rpt: 29/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	09/18/2024	Glider Group, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,248.10	2202 Cresta Avenida
		San Antonio, TX 78256
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
		Campaign Consultant Fees
		Gampaign Concatant Coo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/05/2024	GoDaddy.Com
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.99	2155 E GoDaddy Way
		Tempe , AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	website Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		4th Court Website domain
	Commiste ONLY if dispet	Constitute /Office helder no year
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/05/2024	Gorilla Barbecue
	Amount (\$)	Payee address; City; State; Zip Code
	\$292.41	3301 San Bernardo
		Laredo , TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food for Laredo Townhall / Meet and Greet Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantific to belieff 6/01	<u>'</u>

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		Gift ee Leg	nd/Beverage Expense /Awards/Memorials E pal Services e Instruction Gu	Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	1							3	Filer ID	(Ethics Commission Filers)	_
L	Sch: 12/21 Rpt: 30/40	Cha	apa, Cynthi	a Marie (The	Honorable)				L	00081893		
4	Date	5 Pay	/ee name									
	07/18/2024	Gos	spel Vision	Ministry								
6	Amount (\$)	7 Pay	/ee address;	City;	State;	Zip Co	ode					
	\$250.00	500	0 N. Santa F	Rosa								
		#81	14									
		Sar	n Antonio, 1	X 78207								
8	PURPOSE	(a) Cat	egory (See C	ategories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Coi	ntributions/I	Donations Ma	de By			=			plete Schedule T.	
	_/\\.\.\.	Cai	ndidate/Offi	ceholder/Polit	ical Comm	ittee		ш		officeholder living		
								Dack to Sci10	OI E	oackpack ar	nd school supply Event	
_	Complete ONLY if direct	Cons	hidata/Office!	oldor nama		office ee	laht			Office	nld	
9	Complete ONLY if direct expenditure to benefit C/O		didate/Officeh	ioidei name		office sou	ugril			Office he	:iu 	
	Date	1 1	/ee name									
	09/17/2024	Go:	spel Vision	Ministry								
	Amount (\$)	Pay	/ee address;	City;	State;	Zip Co	ode					
	\$350.00	500) N. Santa F	Rosa								
		#81	14									
		Sar	n Antonio, 1	X 78207								
	PURPOSE	(a) Cat	egory (See C	ategories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Coi	ntributions/I	Donations Ma	de By			=			plete Schedule T.	
		Cai	ndidate/Offi	ceholder/Polit	ical Comm	ittee		ш		officeholder living	rexpense t Responders -	
								sponsorhip	у∟	MINE IOI EIIS	i Nesponders -	
	Complete ONLY if direct expenditure to benefit C/OI		didate/Officeh	nolder name	C	office sou	ught			Office he	eld	
		ı										
	Date	1 1	/ee name									
	07/27/2024	HE	B #444									
	Amount (\$)	l .	/ee address;	City;	State;	Zip Co	ode					
	\$62.92	332	23 SE Milita	ry Dr								
		Sar	n Antonio, 1	X 78223								
\vdash	PURPOSE			ategories listed at th	e ton of this cab	adule)	(b)	Description				
	OF		od/Beverag		e top oi triis sche	aule)	``		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		9					_		officeholder living		
								Precinct Chai	ır A	ppreciation	Event donated desserts	
	0 1 0 0 0 0 0 0				_		<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeh	nolder name	С	office sou	ught			Office he	eia	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting 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: 13/21 Rpt: 31/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	08/05/2024	HEB #444
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$254.63	3323 SE Military Dr
		San Antonio, TX 78223
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		HLAA School Supply Event contribution for supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/11/2024	Hispanas Unidas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 15478
	Ψ230.00	FO BOX 13470
		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
		Contribution/ sponsorship of the 40th Anniversary Reunion and Conference
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	09/23/2024	Laredo Morning Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	5711 Mcpherson Ave
		Ste 203-A
		Laredo , TX 78405
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ad in the Laredo Morning Times Newspaper
		, to in the Edition monthly throughout
\vdash	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 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		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse Printir Salari	-	se s/Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:						l	Filer ID	(Ethics Commission Filers)
	Sch: 14/21 Rpt: 32/40		nthia Marie (The Hor	orable)				00081893	
4	Date	5 Payee name)						
	07/18/2024	Mailchimp							
6	Amount (\$)	7 Payee addre	•	State; Zip	Code				
	\$117.26	405 N. Ang	jiei Ave.						
		Atlanta , G	A 30312						
8	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Solicitation	/Fundraising Expens	е				de of Texas. Com officeholder living	pplete Schedule T.
						fundraising e			
						3 -			•
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office h	eld
H	Date	Payee name	<u> </u>						
	08/17/2024	Mailchimp							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$117.23	405 N. Ang	•	. г					
		Atlanta , G.	A 30312						
	PURPOSE OF		See Categories listed at the top		(b)	Description	oute:	lo of Towns O	anlata Cahadula T
	EXPENDITURE	Solicitation	/Fundraising Expens	е				de of Texas. Com officeholder living	nplete Schedule T. g expense
						\Box			ails for fundraising.
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office h	eld
	Date	Payee name)						
	09/18/2024	Mailchimp							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$117.26	405 N. Ang	jier AVe.						
		Atlanta , G	A 30312						
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Marketing t				ш			nplete Schedule T.
						_		officeholder living emails for fu	g expense undraisers and notices for
						campaign	`		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	sought			Office h	eld
	expenditure to benefit C/O	H			J				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/21 Rpt: 33/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	08/02/2024	Maldonado Cloud, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$410.00	8710 Timber Ridge Dr
		Crossroads , TX 76227
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Website Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Website Expenses for domain and hosting
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Data	
	Date 08/07/2024	Payee name Mayorial County Democratic Party
		Maverick County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1299 Main St.
		Eagle Pass , TX 78852
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution to the party
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/18/2024	Maverick County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	1299 Main St.
		Eagle Pass, TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZAI ZABITORZ	Candidate/Officeholder/Political Committee
		Maverick County Dem Party
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

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: 16/21 Rpt: 34/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	09/03/2024	Microsoft Corportation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.24	One Microsoft Way
		Redmond , WA 98052
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Microsoft Subscription Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Microsoft subcription renewal
Ļ	Operation ONE V if discont	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
	09/02/2024	NE Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	7122 San Pedro Ave.
		#114
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		NE Bexar County Dems Labor Day Picnic
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	09/20/2024	New Blue Interactive, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,152.50	5138 Newport Ave
	Ψ1,132.30	3136 Newport/Ne
		Bethesda , MD 20816
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Digital Ads
	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)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3		Filer ID	(Ethics Commission Filers)
	Sch: 17/21 Rpt: 35/40	Chapa, Cynthia Marie (The Honorable)				00081893	
4	Date	5 Payee name		•			
	09/05/2024	Outback					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
	\$103.16	6569 Ingram Rd					
		SAN ANTONIO, TX 78238					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outs			
				Check if Austin, T			expense n road to Laredo for
				events	ıμ	aigir stair oi	Troad to Laredo for
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht			Office he	ald.
	expenditure to benefit C/O		igiit			Office fic	iu .
_	Date	Daviss same					
	08/30/2024	Payee name Prestige Printing, LLC					
			, do				
	Amount (\$) \$184.03	Payee address; City; State; Zip Co 8 Burwood Lane	oue				
	Φ104.03	o bulwood Lalle					
		Can Antonia TV 70216					
		San Antonio, TX 78216					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outs	eid	e of Teyes Com	nlete Schedule T
	EXPENDITURE	Printing Expense		Check if Austin, T			
				Push Cards			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight			Office he	eld
	expenditure to benefit C/Ol	1					
	Date	Payee name					
	09/23/2024	Prestige Printing, LLC					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$438.41	8 Burwood Lane					
		San Antonio, TX 78216					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Printing Expense		Check if travel outs			
	LAI LINDITORE			Check if Austin, T	Χ,	officeholder living	expense
				Push Cards			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht			Office ha	ald.
	Complete ONLY if direct expenditure to benefit C/Ol		ıyılı			Office he	au

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 18/21 Rpt: 36/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	08/07/2024	Rosario's Comida Mex
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.39	722 S St. Mary's St.
		SAN ANTONIO, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff meeting lunch provided
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	09/14/2024	Sign Busters LLC
_	Amount (\$)	Payee address; City; State; Zip Code
	\$6,375.00	330 Baetz Blvd
	Ψ0,070.00	SOO BACK BIVA
		San Antonio , TX 78221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Sign Placement in Bexar County
		Tampanga agai maanan maaanan ng
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/20/2024	St. Mary's Hispanic Law Alumni Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1 Caminio Santa Maria St.
		SAN ANTONIO, TX 78228
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if Austin, TX, officeholder living expense
		Contribution for Menter Mentee Event & Salsa and
		Sangria Event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/21 Rpt: 37/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	08/02/2024	Studioshots AI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.50	354 Oyster Point Blvd
		San Francisco, TX 94080
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Headshots Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Headshots
		Tious.iote
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name Toyon Associat District Judges
	08/29/2024	Texas Assoc of District Judges
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.06	201 Caroline
		10th Floor
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership fees
_	Camplete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
L	<u> </u>	
	Date	Payee name
	07/01/2024	The Indian Night
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.01	136 Main Plaza
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Meeting Lunch Provided
		Stall Weeting Lunch Flowded
_	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 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 co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File
Sch: 20/21 Rpt: 38/40	Chapa, Cynthia Marie (The Honorable)		00081893
4 Date	5 Payee name		•
09/26/2024	USPS PO Boxes		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$30.54	6825 Huebner Rd.		
	San Antonio, TX 78238		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	PO Box	Check if trav	rel outside of Texas. Complete Schedule T.
LAI LINDITORE			stin, TX, officeholder living expense
		PO Box rer	lewai
O Complete ONLY if direct	Condidate/Officeholder name Office acu	abt	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	gnı	Office held
Date	Payee name		
07/10/2024	Uber Eats		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$51.66	1455 Market ST.		
	4th Fl		
	Trevose , PA 94103		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Food/Beverage Expense		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
			for the Jurors
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
09/21/2024	Uber Eats		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$57.79	1455 Market ST.		
	4th Fl		
	Trevose , PA 94103		
PURPOSE		(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if trav	rel outside of Texas. Complete Schedule T.
EXPENDITURE	1 oou/Deverage Expense		stin, TX, officeholder living expense
		Donuts fror	n Fresh Donuts for the Jurors
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
Complete ONLY if direct expenditure to benefit C/O		ght 	Office held
		ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 21/21 Rpt: 39/40	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	07/12/2024	Uber Technologies, Inc a
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	PO Box 505000
		Louisville, KY 40233
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense
		Transportation to the SW Voter Gala at Grand Hyatt
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	09/18/2024	Webb County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	101 W Village Blvd
		Laredo , TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Contribution to Webb County Dem Party
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	experiorarie to benefit C/Or	
	Date	Payee name
	08/23/2024	Wreaths Across America
	Amount (\$)	Payee address; City; State; Zip Code
	\$390.00	3200 North Meadow Avenue
		Laredo , TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Purchase of table for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 40/40 2 FILER NAME Filer ID (Ethics Commission Filers) Chapa, Cynthia Marie (The Honorable) 00081893 Date 8 Amount (\$) 5 Name of person from whom amount is received 07/11/2024 Frost Bank \$10.10 6 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Date Name of person from whom amount is received 08/12/2024 Frost Bank \$10.82 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer interest Name of person from whom amount is received Date Amount (\$) 09/12/2024 Frost Bank \$10.36 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer interest