

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081893	2 Total pages filed: 48									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Cynthia Marie	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2024								
	NICKNAME	LAST Chapa	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked								
	REDACTED PER 254.0313, GOV'T CODE			Receipt #								
				Amount								
				Date Processed								
			Date Imaged									
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Linda	MI									
	NICKNAME	LAST Hardberger	SUFFIX									
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE											
	REDACTED PER 254.0313, GOV'T CODE											
7 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 382-8203	EXTENSION									
8 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>				<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)									
9 PERIOD COVERED	Month Day Year 09/27/2024	THROUGH	Month Day Year 10/26/2024									
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
	11 OFFICE OFFICE HELD (if any) District Judge District 288 Bexar		12 OFFICE SOUGHT (if known) 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

2 of 48

13 C / OH NAME Chapa, Cynthia Marie (The Honorable) **14** Filer ID (Ethics Commission Filers)
00081893

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	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)	\$	36,525.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	95.10
	4. TOTAL POLITICAL EXPENDITURES	\$	26,601.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	150,868.97
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 Cynthia Marie Chapa

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

SUBTOTALS - JC/OH

18 FILER NAME Chapa, Cynthia Marie (The Honorable)		19 Filer ID 00081893	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	30,925.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	5,600.00
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	26,601.61
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	7.33

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/17 Rpt: 4/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre, Alex	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78231	
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Lawyer
10 Contributor's employer/law firm Aguirre Law PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bandoske, Stephaine	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Shavano Park, TX 78231	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Bandoske & Butler, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartlett , Brad	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Ray Pena Mc Christian Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/17 Rpt: 5/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Below, Christopher	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Alamo Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergmann, Ryan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78238	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Bergmann Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonilla and Chapa, P.C.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Corpus Christi , TX 78465-5488	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/17 Rpt: 6/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bozada , John	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78212	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm George Salinas Injury Lawyers		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro for Congress	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78292	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark , Willard	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Mission Injury Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/17 Rpt: 7/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes , Fernando	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78215	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cukjati, Curtis	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Martin, Cukjati & Tom, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Joseph	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Corpus Christi , TX 78401	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Wigington Rumley Dunn & Blair LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/17 Rpt: 8/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran , Javier <hr/> 6 Contributor address; City; State; Zip Code Universal City , TX 78148	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Germer PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galan , Claudia <hr/> Contributor address; City; State; Zip Code Boerne , TX 78015	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Galan Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Cecilia <hr/> Contributor address; City; State; Zip Code Laredo , TX 78045	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm none		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/17 Rpt: 9/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales , Roland <hr/> 6 Contributor address; City; State; Zip Code San Antonio , TX 78249	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Lawyer
10 Contributor's employer/law firm Germer PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez , Frank <hr/> Contributor address; City; State; Zip Code San Antonio , TX 78201	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Calfas Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardberger , Linda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Curator		Contributor's Job Title Curator
Contributor's employer/law firm Tobin Theatre Arts Fund		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/17 Rpt: 10/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Cecilia	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78232	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm none		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Richard	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Thomas J. Henry		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irma , Gonzalea	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Alice , TX 78332	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm none		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/17 Rpt: 11/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isenberg, Kenneth	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78248	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Ford Murray, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janeicek , Beth	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Janicek Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemmy , Thomas	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kemmy Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/17 Rpt: 12/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kustoff, Daniel	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Kustoff & Sanders LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landing , Karen	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch , TX 78015	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Germer PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez , Ralph	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Davis Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/17 Rpt: 13/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez , Steven <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Lopez Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons , Sean <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78204	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Lyons & Lyons		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney , Nathaniel <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Mack Injury Attorneys		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/17 Rpt: 14/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazuca, James (Mr.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78212	
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Lawyer
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiece , Erin	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78201	
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Cavaretta, Katona & Leighner, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller , Kevin	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230	
Contributor's Principal Occupation Lawyer		Contributor's Job Title Attorney
Contributor's employer/law firm The law Offices of Miller & Bicklein, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/17 Rpt: 15/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Celina	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209	
8 Contributor's Principal Occupation Homemaker		9 Contributor's Job Title Homeaker
10 Contributor's employer/law firm none		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Narvaez , Gabriel	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Antonio, TX 78216	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Hill Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nava, Alex	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Shavano Park , TX 78230	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm ANG Trial Lawyers		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/17 Rpt: 16/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz Law Offices PC	7 Amount of Contribution (\$) \$750.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78216	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez , David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78201	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Rodriguez Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez , Ronald	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Laredo , TX 78401	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Offices of Ronald Rodriguez, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/17 Rpt: 17/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblatt, Jennifer <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78248	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Rosenblatt Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Freddy <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Freddy B. Ruiz		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Regina <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Realtor		Contributor's Job Title Realtor
Contributor's employer/law firm Vortex Realty		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/17 Rpt: 18/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santana , Raysa	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code New Braunfels , TX 78130-7050	
8 Contributor's Principal Occupation Paralegal		9 Contributor's Job Title Paralegal
10 Contributor's employer/law firm Ortiz Lawyers		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skemp , Andrew	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Janicek Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Jacqueline	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cibolo, TX 78108	
Contributor's Principal Occupation Philanthropist		Contributor's Job Title CEO
Contributor's employer/law firm The Jacqueline Smith Foundation		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/17 Rpt: 19/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Bexar County Justice PAC of SATLA	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78222	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of Lisa A. Vance, P.C.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78217	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toscano , Andrew	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78201	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Gene Toscano Inc		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/17 Rpt: 20/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yanta, Virgil <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78205	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm none		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 21/48	
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 10/03/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamez , Carmen	8 Amount of contribution (\$) \$600.00	9 In-kind contribution description Decorations and Mariachis for fundraiser event.
	7 Contributor address; City; State; Zip Code San Antonio , TX 78230		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Administrative Support		13 Contributor's job title (FOR JUDICIAL) (See instructions) Administrative Support	
14 Contributor's employer/law firm (FOR JUDICIAL) Gamez Law Firm		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)			
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamez Law Firm	Amount of contribution (\$) \$5,000.00	In-kind contribution description Fundraiser event expenses for catering, bartender, rent chairs, tables, tent.
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):
Sch: 1/1 Rpt: 22/48

2 FILER NAME
Chapa, Cynthia Marie (The Honorable)

3 Filer ID (Ethics Commission Filers)
00081893

4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

10 Pledgor's principal occupation **11** Pledgor's job title

12 Pledgor's employer/law firm **13** Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 23/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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.

1	Total pages Schedule F1: Sch: 1/24 Rpt: 24/48	2	FILER NAME Chapa, Cynthia Marie (The Honorable)	3	Filer ID (Ethics Commission Filers) 00081893
4	Date 10/25/2024	5	Payee name Saltgrass		
6	Amount (\$) \$131.99	7	Payee address; City; State; Zip Code 60 NE Loop 410 SAN ANTONIO, TX 78216		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with consultants		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/25/2024		Payee name Adobe		
	Amount (\$) \$21.34		Payee address; City; State; Zip Code 345 Park Ave San Jose , CA 95110		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adobe	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Adobe monthly subscription		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/27/2024		Payee name Anedot, Inc.		
	Amount (\$) \$4.30		Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform fee		
		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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/24 Rpt: 25/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 09/30/2024	5 Payee name Anedot, Inc.	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Anedot, Inc.	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Anedot, Inc.	
Amount (\$) \$60.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform processing fee
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.

1 Total pages Schedule F1: Sch: 3/24 Rpt: 26/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
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4 Date 09/30/2024	5 Payee name Anedot, Inc.
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6 Amount (\$) \$3.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name Anedot, Inc.
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Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name Anedot, Inc.
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Amount (\$) \$8.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 4/24 Rpt: 27/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/02/2024	5 Payee name Anedot, Inc.	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Anedot, Inc.	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Anedot, Inc.	
Amount (\$) \$12.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 5/24 Rpt: 28/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/02/2024	5 Payee name Anedot, Inc.	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Program	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Program Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Anedot, Inc.	
Amount (\$) \$200.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Anedot, Inc.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 6/24 Rpt: 29/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/02/2024	5 Payee name Anedot, Inc.	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Anedot, Inc.	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Anedot, Inc.	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 7/24 Rpt: 30/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/02/2024	5 Payee name Anedot, Inc.	
6 Amount (\$) \$6.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Anedot, Inc.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Anedot, Inc.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
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.

1 Total pages Schedule F1: Sch: 8/24 Rpt: 31/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
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4 Date 10/03/2024	5 Payee name Anedot, Inc.
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6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name Anedot, Inc.
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Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name Anedot, Inc.
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Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 9/24 Rpt: 32/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/03/2024	5 Payee name Anedot, Inc.	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Anedot, Inc.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Anedot, Inc.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
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.

1 Total pages Schedule F1: Sch: 10/24 Rpt: 33/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/03/2024	5 Payee name Anedot, Inc.	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Anedot, Inc.	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Anedot, Inc.	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising platform processing fee
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.

1 Total pages Schedule F1: Sch: 11/24 Rpt: 34/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
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4 Date 10/04/2024	5 Payee name Anedot, Inc.
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6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2024	Payee name Anedot, Inc.
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Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2024	Payee name Anedot, Inc.
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Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 12/24 Rpt: 35/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
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4 Date 10/08/2024	5 Payee name Anedot, Inc.
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6 Amount (\$) \$40.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2024	Payee name Anedot, Inc.
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Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/09/2024	Payee name Anedot, Inc.
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Amount (\$) \$8.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 13/24 Rpt: 36/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/14/2024	5 Payee name Anedot, Inc.	
6 Amount (\$) \$60.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Anedot, Inc.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Anedot, Inc.	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
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.

1 Total pages Schedule F1: Sch: 14/24 Rpt: 37/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/20/2024	5 Payee name Anedot, Inc.	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name Anedot, Inc.	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2024	Payee name Anedot, Inc.	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
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.

1 Total pages Schedule F1: Sch: 15/24 Rpt: 38/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
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4 Date 10/23/2024	5 Payee name Anedot, Inc.
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6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Platform	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name Baragan , Alejandro
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2614 Arlene Park SAN ANTONIO, TX 78251
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consultant fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/11/2024	Payee name Best Western Plus Laredo Inn & Suites
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Amount (\$) \$364.78	Payee address; City; State; Zip Code 3110 Santa Ursula Ave Laredo , TX 78040
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel expense in Laredo - traveled for events in Laredo
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 16/24 Rpt: 39/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/07/2024	5 Payee name Bexar County Coordinated Campaign	
6 Amount (\$) \$2,100.00	7 Payee address; City; State; Zip Code 1844 Fredericksburg Rd SAN ANTONIO, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to the Phone Banking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Bexar County Democratic Party	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dems for Democracy Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Chapa , Ramon	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1525 W Bridge St. New Braunfels , TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages for campaign staff
Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/24 Rpt: 40/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/16/2024	5 Payee name Chapa , Ramon	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1525 W. Bridge St. New Braunfels , TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign wage for staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name Cricket Wireless LLC	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 21 Peachtree St Atlanta, GA 30303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Hotspot	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wifi hotspot monthly expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name Enchanted Hearts Alzheimer's & Dementia Association	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 8850 Broadway San Antonio, TX 78217	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsored a table at the event
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 18/24 Rpt: 41/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/16/2024	5 Payee name Glider Group, LLC	
6 Amount (\$) \$10,237.32	7 Payee address; City; State; Zip Code 2202 Cresta Avenida San Antonio, TX 78256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultant fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name GoDaddy.Com	
Amount (\$) \$35.16	Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe , AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name GoDaddy.Com	
Amount (\$) \$281.04	Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe , AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website design expense
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 19/24 Rpt: 42/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/10/2024	5 Payee name Hachar Media	
6 Amount (\$) \$950.00	7 Payee address; City; State; Zip Code 4100 San Bernando Ste. 17 Laredo, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Billboards in Laredo
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Jason's Deli	
Amount (\$) \$123.41	Payee address; City; State; Zip Code 25 NE Interstate 410 Loop San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting provided lunch for staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name La Finca Bruncheri	
Amount (\$) \$96.33	Payee address; City; State; Zip Code 1713 E Del Mar Blvd Ste. 6C Laredo , TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brunch meeting
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 20/24 Rpt: 43/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/16/2024	5 Payee name La Mexicana Restraunt	
6 Amount (\$) \$75.52	7 Payee address; City; State; Zip Code 130 Main Plaza SAN ANTONIO, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff meeting before early voting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2024	Payee name Mailchimp	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 405 N. Angier Ave. Atlanta , GA 30312	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2024	Payee name Mexican American Bar Association of SA	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 830953 San Antonio, TX 78283	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsored table for Dia De Los Muertos Event
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 21/24 Rpt: 44/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/07/2024	5 Payee name New Blue Interactive, LLC	
6 Amount (\$) \$1,152.50	7 Payee address; City; State; Zip Code 5138 Newport Ave Bethesda , MD 20816	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ads for Early Voting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name New Blue Interactive, LLC	
Amount (\$) \$117.50	Payee address; City; State; Zip Code 5138 Newport Ave Bethesda , MD 20816	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ads for early voting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name New Blue Interactive, LLC	
Amount (\$) \$2,366.77	Payee address; City; State; Zip Code 5138 Newport Ave Bethesda , MD 20816	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ad buy
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.

1 Total pages Schedule F1: Sch: 22/24 Rpt: 45/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/11/2024	5 Payee name Pizza Hut	
6 Amount (\$) \$60.11	7 Payee address; City; State; Zip Code 4821 San Bernardo Ave Laredo , TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Feed staff prior to event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Planque Group	
Amount (\$) \$390.52	Payee address; City; State; Zip Code 4615 San Bernardo Ave Laredo , TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet and greet in Laredo
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name Prestige Printing, LLC	
Amount (\$) \$82.27	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature printing
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 23/24 Rpt: 46/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/08/2024	5 Payee name Prestige Printing, LLC	
6 Amount (\$) \$492.54	7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for literature pieces
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Prestige Printing, LLC	
Amount (\$) \$529.34	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of literature pieces
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Prestige Printing, LLC	
Amount (\$) \$184.52	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of additional block walking literature
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/24 Rpt: 47/48	2 FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/13/2024	5 Payee name San Antonio Hispanic Chamber of Commerce	
6 Amount (\$) \$118.30	7 Payee address; City; State; Zip Code 3006 General Hudnell SAN ANTONIO, TX 78226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsored the 9th Annual Gala
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name The V.O.I.C.E.S. of Our Veterans	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 6300 Rue Marielynn #1905 SAN ANTONIO, TX 78238	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsored a table for GOTV event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Uber Eats	
Amount (\$) \$77.69	Payee address; City; State; Zip Code 1455 Market ST. 4th Fl Trevose , PA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pan Dulce for the Jury Supervision staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 48/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4 Date 10/10/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$7.33
	6 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251	
	7 Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer