#### 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 Commis 00081893		2 Total pages	filed: 48
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	The Honorable	Cynthia Mari	<u>م</u>			USE ONLY
NAME		Cynuna Man	e		Date Received	
					ELECTRONIC	CALLY FILED
					10/28/2024	
	NICKNAME	LAST		SUFFIX	10/20/2024	
		Chapa				
4 CANDIDATE /	ADDRESS / PO BOX;		τv·	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	ADDITESS / FO BOX,	AFT/SUIL#, CI				
MAILING					Descipt //	A
ADDRESS	REDACTED PER	254.0313, GOV'T	CODE		Receipt #	Amount
Change of Address						
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER					IVII	
NAME	Mrs.	Linda				
	NICKNAME	LAST			SUFFIX	
		Hardberger				
		Haruberger				
6 CAMPAIGN	STREET ADDRESS (N	O PO BOX PLEASE);	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER						
ADDRESS			0005			
(Residence or Business)	REDACTED PER	254.0313, GOV'T	CODE			
7 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER	(210) 382-8203					
PHONE	(210) 002 0200					
8 REPORT TYPE		20th day befo	ra algorian		1 Eth day, aftar a	ampaign tracquirar
	January 15	30th day befor		Runoff	appointment (of	ampaign treasurer ficeholder onlv)
	July 15	X 8th day before		Exceeded modified	Final Report (At	
				reporting limit		
9 PERIOD	Month Day Y	'ear		Month Day	Year	
COVERED	09/27/2024	Т	HROUGH	10/26/202	4	
10 ELECTION	ELECTION DAT	F I		ELECTION TYPE		
			Deies an			
			Primary	Runoff	Other	
	11/05/2024		General	Special		
				1		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	District Judge District	288 Bexar		Court Of Appeals	s, Justice Place	3 District 4
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	ז www.e	thics.state.tx.u	S	Vers	sion V4.1.0.48da51f7

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 48

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FROM POLITICAL COMMITTEE (andidate 3 d officient dors part of this information only if they receive notice of such expenditures consent. Condidates and officient dors part endited to report this information only if they receive notice of such expenditures consent. Conditates and officient dors part endited to report this information only if they receive notice of such expenditures consent. Conditates and officient dors part endities to report this information only if they receive notice of such expenditures consent. Conditates and officient dors part endities to report this information only if they receive notice of such expenditures consent. Conditates and officient dors part endities to report the information only if they receive notice of such expenditures consent. Conditates and officient dors part endities to report the information only if they receive notice of such expenditures consent. Conditates and officer administering call         Image: Constraint of the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint on the information only if they receive notice of such expenditures constraint information required to the reported by me under the 15. Elec							
FROM POLITICAL COMMITTEE (S)       andidate i of diffeended/ses are expenditures may have been made without the candidate's or diffeended/se's for	13 C / OH NAME	Chapa, Cynthia Mari	e (The Honorable)	-	(Ethics Co	mmission Filers)	
Additional Presh       COMMITTEE TYPE       COMMITTEE NAME         Image: committee comparison of the comparison of t	FROM POLITICAL	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
COMMITTEE ADDRESS      COMMITTEE ADDRESS      COMMITTEE CAMPAIGN TREASURER NAME      COMMITTEE CAMPAIGN TREASURER NAME      COMMITTEE CAMPAIGN TREASURER ADDRESS      COMMITTEE CAMPAIGN      COMMITTEE CAMPAIGN TREASURER ADDRESS      COMMITTEE CAMPAIGN TREASURER ADDRESS      COMMITTEE CAMPAIGN      COMMITTEE CAMPAIGNER      COMMITTEE CAMPAIGNER      COMMITTEE CAMPAI		COMMITTEE TYPE COMMITTEE NAME					
COMMITTEE CAMPAIGN TREASURER NAME     COMMITTEE CAMPAIGN TREASURER NAME     COMMITTEE CAMPAIGN TREASURER ADDRESS      COMMITTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)      COMTRIBUTION     CONTRIBUTION     A TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S 26.601.4      CONTRIBUTION     A. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S 150.868.3      OUTSTANDING     O. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S 26.601.4      CONTRIBUTION     A TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S 26.601.4      CONTRIBUTION     A. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S 26.601.4      CONTRIBUTION     A TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S 26.601.4      CONTRIBUTION     A TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S 26.601.4      CONTRIBUTION     S TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY     CONTOL AND OF THE REPORTING PERIOD     Is usear, or affirm, inder penals of peliury, that the accompanying report is     under Title 15, Election Code.      The Honorable Cynthia Marie Chapa     Signature of Candidate or Officeholder      Signature of Candidate or Officeholder      Signature of Officeholder		GENERAL					
COMMITTEE CAMPAIGN TREASURER NAME     COMMITTEE CAMPAIGN TREASURER ADDRESS      If CONTRIBUTION     1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS,     OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)     S 0.0,     OUTER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)     S 0.0,     OUTER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)     S 0.0,     OUTER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)     S 0.0,     OUTER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES     S 06,601,     OUTERTAILS     OUTERTAINTY     EXPENDITURE     S TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S 150,868.3     OUTSTANDING     OF THE REPORTING PERIOD     S TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0,0     OF THE REPORTING PERIOD     S TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0,0     OF THE REPORTING PERIOD     S TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0,0     OF THE REPORTING PERIOD     S TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0,0     OF THE REPORTING PERIOD     S TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0,0     OF THE REPORTING PERIOD     S TOTAL POLITICAL CONTRIBUTIONS     S TOTAL POLITICAL CONTRUME     S TOTAL POLITICAL CONTRUME     S TOTAL POLITICAL CONTRUME			COMMITTEE ADDRESS				
Image: Committee Campaign Treasurer ADDRESS         IS CONTRIBUTION       1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GURANATEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)       \$       0.0         IS CONTRIBUTION       1. OTAL UNITEMIZED POLITICAL CONTRIBUTIONS MADE ELECTRONICALLY)       \$       0.0         IS CONTRIBUTION       1. OTAL UNITEMIZED POLITICAL CONTRIBUTIONS       \$       3.6,525.0         IS CONTRIBUTION       1. OTAL UNITEMIZED POLITICAL EXPENDITURES       \$       95.         IS CONTRIBUTION       1. OTAL UNITEMIZED POLITICAL EXPENDITURES       \$       26,601.0         IS CONTRIBUTION       5. TOTAL POLITICAL EXPENDITURES       \$       26,601.0         IS CONTRIBUTION       5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$       150,868.3         IS ADARCE       0.1       0.1       0.1       0.1       0.1         IS ADARCE       0.1       0.1       0.1       0.1       0.1       0.1         IS ADARCE       0.1       0.1       0.1       0.1       0.1       0.1       0.1         IS ADARCE       0.1       0.1       0.1       0.1       0.1       0.1       0.1         IS ADARCE       0.1       0.1       0.1       0.1       0.1       0.1		SPECIFIC					
16 CONTRIBUTION TOTALS       1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)       \$       0.4         2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$       3.6,52,4         EXPENDITURE       3. TOTAL UNITEMIZED POLITICAL EXPENDITURES       \$       95.         4. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$       26,601.4         EXPENDITURE       3. TOTAL POLITICAL EXPENDITURES       \$       26,601.4         BALANCE       5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$       150,868.9         OUTSTANDING       6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY       \$       0.4         17 AFFIDAVIT       Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and inducteds all information required to be reported by me under Title 15, Election Code.			COMMITTEE CAMPAIGN TREASU	JRER NAME			
TOTALS       OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)       \$       0,1         2.       TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$       36,525,4         EXPENDITURE TOTALS       3.       TOTAL UNITEMIZED POLITICAL EXPENDITURES       \$       95.         4.       TOTAL POLITICAL EXPENDITURES       \$       26,601,4         CONTRIBUTION BALANCE       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$       150,868,3         CONTRIBUTION BALANCE       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD       \$       0,0         1015TANDING LOAN TOTALS       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD       \$       0,0         117 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.			COMMITTEE CAMPAIGN TREASU	JRER ADDRESS			
TOTALS       OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)       \$       0,1         2       TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$       36,525,4         EXPENDITURE TOTALS       3       TOTAL UNITEMIZED POLITICAL EXPENDITURES       \$       95.         4       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$       26,601,4         BALANCE       5       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$       150,868,3         OUTSTANDING LOAN TOTALS       6       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD       \$       0,0         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.       \$       0,0         The Honorable Cynthia Marie Chapa         Signature of Candidate or Officeholder         Signature of Candidate or Officeholder         Title of officer administering oath         Signature of officer administering oath       Printed name of officer administering oath       Title of officer administering oath	16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS	OTHER THAN PLEDGES, LOANS	<b>I</b>		
COTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)         \$ 30,5254           EXPENDITURE TOTALS         3. TOTAL UNITEMIZED POLITICAL EXPENDITURES         \$ 95.           4. TOTAL POLITICAL EXPENDITURES         \$ 26,601.4           CONTRIBUTION BALANCE         5. TOTAL POLITICAL EXPENDITURES         \$ 26,601.4           CONTRIBUTION BALANCE         5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD         \$ 150,868.9           OUTSTANDING LOAN TOTALS         6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD         \$ 0.1           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         Signature of Candidate or Officeholder         day           of	TOTALS	OR GUARANTE				0.00	
EXPENDITURE TOTALS       3.       TOTAL UNITEMIZED POLITICAL EXPENDITURES       \$       95.         4.       TOTAL POLITICAL EXPENDITURES       \$       26,601.0         CONTRIBUTION BALANCE       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD       \$       150,868.1         OUTSTANDING LOAN TOTALS       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD       \$       0.0         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.				EES OF LOANS)	\$	36,525.00	
CONTRIBUTION BALANCE       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD       \$       150,868.3         OUTSTANDING       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY LOAN TOTALS       \$       0.0         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.       I he Honorable Cynthia Marie Chapa         AFFIX NOTARY STAMP / SEAL ABOVE       Signature of Candidate or Officeholder       day         of	-	· · · · · · · · · · · · · · · · · · ·			\$	95.10	
BALANCE       REPORTING PERIOD       \$       150,868.3         OUTSTANDING LOAN TOTALS       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD       \$       0.1         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.       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.         AFFIX NOTARY STAMP / SEAL ABOVE       Signature of Candidate or Officeholder         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		4. TOTAL POLIT	ICAL EXPENDITURES		\$	26,601.61	
LOAN TOTALS       OF THE REPORTING PERIOD       S       0.1         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.       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				AS OF THE LAST DAY OF THE	\$	150,868.97	
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.         Image: 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, this the day of, 20, to certify which, witness my hand and seal of office.         Signature of officer administering oath					\$	0.00	
true and correct and includes all information required to be reported by me under Title 15, Election Code.	17 AFFIDAVIT						
Signature of Candidate or Officeholder         AFFIX NOTARY STAMP / SEAL ABOVE         Sworn to and subscribed before me, by the said, this the, 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			true and correct	and includes all information required			
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this theday 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				The Honorable Cynthia Marie (	Chapa		
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				Signature of Candidate or Officeh	older		
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	AFFIX NO	TARY STAMP / SEAL AB	OVE				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Sworn to and subs	cribed before me, by the s	aid	, this the		day	
	of	, 20, to c	ertify which, witness my hand and se	al of office.			
Forms provided by Taylos Ethios Commission www.athios state ty us	Signature of offic	cer administering oath	Printed name of officer adminis	stering oath Title of offic	cer administ	ering oath	
ruins pidvided by texas Editics Collingssion www.editics.state.tx.us version v4 to 400ab	Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.	us	Version	V4.1.0.48da51f7	

#### SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

3 of 48

18 FILER NA Chapa, (	AME Cynthia Marie (The Honorable)	<b>19</b> Filer ID 00081893	(Ethics (	Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SU	IBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	30,925.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,600.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	26,601.61
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	7.33

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/17 Rpt: 4/48
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chapa, Cynt	hia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/08/2024	Aguirre, Alex		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Con Antonia TV 70221		
<b>0</b> Constributoria	San Antonio, TX 78231	• Contributorio Joh Title	
Lawyer	Principal Occupation	9 Contributor's Job Title Lawyer	
10 Contributor's e	pmployor/low firm	11 Law firm of contributor's sp	pource (if any)
Aguirre Law		II Law IIIII of contributors sp	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/02/2024	Bandoske, Stephaine	)	\$200.00
	Contributor address; City; State; Zip Code		
	Shavano Park, TX 78231		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Bandoske &	Butler, PLLC		
If contributor is	s a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/21/2024	Bartlett , Brad		\$250.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78209	Γ	
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm c Christian Law Firm	Law firm of contributor's sp	Jouse (II any)
-	s a child, law firm of parent(s) (if any)		
	s a child, law lifth of parent(s) (if any)		
Eorms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/17 Rpt: 5/48
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chapa, Cynth	nia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/09/2024	Below, Christopher		\$200.00
	6 Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78232		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
Alamo Law			
<b>12</b> If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/20/2024	Bergmann, Ryan		\$250.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78238		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Bergmann La	W		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/23/2024	Bonilla and Chapa, P.C.		\$2,500.00
ľ	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78465-5488		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Contributor's el	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
	www.ethic	s state ty us	Version V4 1 0 48da51f7

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/17 Rpt: 6/48
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chapa, Cynt	hia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/03/2024	Bozada , John		\$250.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78212		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
-	nas Injury Lawyers		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/15/2024	Castro for Congress		\$1,000.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78292		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
16 tuile - to a i			
II CONTRIBUTOR IS	s a child, law firm of parent(s) (if any)		
Date 10/03/2024	Full name of contributor out-of-state PAC (ID#: Clark , Willard	)	Amount of Contribution (\$) \$1,000.00
10/03/2024	Contributor address; City; State; Zip Code		\$1,000.00
	Continuator address, City, State, Zip Code		
	SAN ANTONIO, TX 78212		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Mission Injur	y Law		
If contributor is	s a child, law firm of parent(s) (if any)	L	
Forms provided	by Texas Ethics Commission www.ethic	s state ty us	Version V4.1.0.48da51f7

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 4/17 Rpt: 7/48
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	hia Marie (The Honorable)		00081893
4 Date 10/03/2024	5 Full name of contributor out-of-state PAC (ID#: Cortes , Fernando		7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78215		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e self	employer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/03/2024	Cukjati, Curtis		\$500.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78212		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
	ati & Tom, LLP s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/02/2024	Dunn, Joseph		\$1,000.00
	Contributor address; City; State; Zip Code		
	Corpus Christi , TX 78401		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
	umley Dunn & Blair LLP		
	s a child, law firm of parent(s) (if any)		
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The Instru	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			<b>3</b> Filer ID (Ethics Commission Filers)
Chapa, Cynt	hia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/02/2024	Duran , Javier		\$250.00
	6 Contributor address; City; State; Zip Code		
	Universal City , TX 78148		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
Germer PLL	.C		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/02/2024	Galan , Claudia		\$300.00
	Contributor address; City; State; Zip Code		
	5 77 70015		
	Boerne , TX 78015		
	Principal Occupation	Contributor's Job Title	
Attorney	malayor/lay firm	Attorney	
Galan Law F	employer/law firm	Law firm of contributor's sp	Jouse (II any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#:	,	Amount of Contribution (\$)
10/23/2024	Full name of contributor out-of-state PAC (ID#: Garza, Cecilia	)	\$100.00
10/20/2024	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Laredo , TX 78045		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
none			
If contributor is	s a child, law firm of parent(s) (if any)		
Formo providad	hy Texas Ethics Commission www.ethic	rs state tx us	Version V/4 1 0 48da51f7

The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 6/17 Rpt: 9/48	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Chapa, Cynt	hia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/02/2024	Gonzales , Roland		\$500.00
	6 Contributor address; City; State; Zip Code		
	San Antonio , TX 78249	1	
	Principal Occupation	9 Contributor's Job Title	
Lawyer		Lawyer	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
Germer PLL			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	٨	Amount of Contribution (\$)
10/01/2024	Gonzalez , Frank	)	\$150.00
	Contributor address; City; State; Zip Code		
	San Antonio , TX 78201		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
Calfas Law 0	Group		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/01/2024	Hardberger , Linda		\$1,000.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78212	1	
	Principal Occupation	Contributor's Job Title	
Curator		Curator	
Tobin Theatr	employer/law firm	Law firm of contributor's sp	bouse (if any)
	s a child, law firm of parent(s) (if any)		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 7/17 Rpt: 10/48
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chapa, Cynt	hia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/23/2024	Herrera, Cecilia		\$500.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Retired		Retired	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
none			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	N	Amount of Contribution (\$)
10/02/2024	Hunnicutt, Richard	)	\$500.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78249		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Thomas J. H	lenry		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/23/2024	Irma , Gonzalea		\$100.00
	Contributor address; City; State; Zip Code		
	Alice , TX 78332		
Contributor's F	Principal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
none			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 8/17 Rpt: 11/48
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081893
4 Date       5 Full name of contributor       out-of-state PAC (ID#:_         10/03/2024       Isenberg, Kenneth         6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$250.00
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 sp	oouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date       Full name of contributor       out-of-state PAC (ID#:_         09/30/2024       Janeicek , Beth         Contributor address; City; State; Zip Code	Janeicek , Beth	
SAN ANTONIO, TX 78209 Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Attorney	
Contributor's employer/law firm Janicek Law	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date       Full name of contributor       out-of-state PAC (ID#:_         10/04/2024       Kemmy , Thomas         Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$500.00
SAN ANTONIO, TX 78212 Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Attorney	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
Kemmy Law		
If contributor is a child, law firm of parent(s) (if any)		
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2 FILER NAME Chapa, Cvnth	ia Marie (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081893
4 Date 10/04/2024	<ul> <li>Full name of contributor out-of-state PAC (ID#:_ Kustoff, Daniel</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$500.00
	SAN ANTONIO, TX 78230		
8 Contributor's P Attorney	rincipal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's en Kustoff & Sar		<b>11</b> Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor out-of-state PAC (ID#: Landinger , Karen Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$250.00
Contributor's P	Fair Oaks Ranch , TX 78015	Contributor's Job Title	
Attorney Contributor's er	nployer/law firm	Attorney Law firm of contributor's sp	oouse (if any)
Germer PLLC			
If contributor is	a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor out-of-state PAC (ID#: Lopez , Ralph Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$1,000.00
	SAN ANTONIO, TX 78209		
Contributor's P Attorney	rincipal Occupation	Contributor's Job Title Attorney	
	nployer/law firm	Law firm of contributor's sp	oouse (if any)
Davis Law Fi	m a child, law firm of parent(s) (if any)		
	by Texas Ethics Commission www.ethic:	s.state.tx.us	Version V4.1.0.48da51f7

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chapa, Cyntl	hia Marie (The Honorable)		00081893
	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/15/2024	Lopez , Steven		\$500.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78209		
	Principal Occupation	9 Contributor's Job Title	
Attorney	na lava (lav. firma	Attorney	
10 Contributor's e Lopez Law F		<b>11</b> Law firm of contributor's sp	ouse (ii any)
-	s a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	١.	Amount of Contribution (\$)
10/04/2024	Lyons , Sean	)	\$1,000.00
10/0 1/2021	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78204		
Contributor's P	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Lyons & Lyor	าร		
If contributor is	a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/03/2024	Maloney , Nathaniel		\$500.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78230	Γ	
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Mack Injury A	mployer/law firm	Law firm of contributor's sp	ouse (ii any)
	s a child, law firm of parent(s) (if any)		
	s a child, law lifth of parend(s) (if any)		
Eorms provided l	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7

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2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Chapa, Cyntl	nia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/12/2024	Mazuca, James (Mr.)		\$150.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78212		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Lawyer		Lawyer	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
Self			
12 If contributor is	a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/30/2024	McNiece , Erin	,	\$75.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78201		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Lawyer		Lawyer	
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
	atona & Leighner, PLLC		
	a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/30/2024	Miller , Kevin	/	\$500.00
	SAN ANTONIO, TX 78230		
Contributor's P	rincipal Occupation	Contributor's Job Title	I
Lawyer		Attorney	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
The law Offic	es of Miller & Bicklein, P.C.		
If contributor is	a child, law firm of parent(s) (if any)		
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chapa, Cynt	hia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/02/2024	Montoya, Celina		\$100.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78209		
	Principal Occupation	9 Contributor's Job Title	
Homemaker		Homeaker	
10 Contributor's e	mployer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)
none			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/02/2024	Narvaez , Gabriel		\$250.00
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78216	1	
	Principal Occupation	Contributor's Job Title	
Attorney	malovor/low firm	Attorney	
Hill Law Firm	mployer/law firm	Law firm of contributor's sp	Jouse (ii any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/23/2024	Nava, Alex		\$500.00
	Contributor address; City; State; Zip Code		•
	Shavano Park , TX 78230		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
ANG Trial La			
If contributor is	s a child, law firm of parent(s) (if any)		
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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			<b>3</b> Filer ID (Ethics Commission Filers)
Chapa, Cynth	ia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/23/2024	Ortiz Law Offices PC		\$750.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78216		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e	nployer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)
<b>12</b> If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/03/2024	Rodriguez , David		\$100.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78201	Γ	
	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
	nployer/law firm	Law firm of contributor's sp	oouse (if any)
Rodriguez La			
	a child, law firm of parent(s) (if any)		
Data			
Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Rodriguez , Ronald	)	Amount of Contribution (\$) \$500.00
10/22/2024	Contributor address; City; State; Zip Code		\$500.00
	Contributor address; City; State; Zip Code		
	Laredo , TX 78401		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
	nployer/law firm	Law firm of contributor's sp	oouse (if any)
Law Offices of Ronald Rodriguez, PC			
If contributor is	a child, law firm of parent(s) (if any)		
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chapa, Cynthia	a Marie (The Honorable)		00081893
10/08/2024	Full name of contributor       out-of-state PAC (ID#:         Rosenblatt, Jennifer         Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00
	SAN ANTONIO, TX 78248		
8 Contributor's Prir Attorney	ncipal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's em	ployer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)
Rosenblatt Lav	v Firm		
<b>12</b> If contributor is a	child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/02/2024	Ruiz, Freddy		\$500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230		
Contributor's Prir	ncipal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's em		Law firm of contributor's sp	oouse (if any)
Law Office of F	-		
If contributor is a	child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Sanders, Regina Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$150.00
	SAN ANTONIO, TX 78209		
Contributor's Prir	ncipal Occupation	Contributor's Job Title	I
Realtor		Realtor	
Contributor's em	ployer/law firm	Law firm of contributor's sp	oouse (if any)
Vortex Realty			
If contributor is a	child, law firm of parent(s) (if any)		
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 15/17 Rpt: 18/48
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chapa, Cynt	hia Marie (The Honorable)		00081893
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
09/30/2024	Santana , Raysa		\$100.00
	6 Contributor address; City; State; Zip Code		
<b>0</b> Constributorio I	New Braunfels , TX 78130-7050	• Contributorio Joh Title	
Paralegal	Principal Occupation	9 Contributor's Job Title Paralegal	
10 Contributor's e	mplovor/low firm	<b>11</b> Law firm of contributor's sp	pource (if any)
Ortiz Lawyer		II Law IIIII of contributors sp	
	s a child, law firm of parent(s) (if any)		
	······································		
Date	Full name of contributor out-of-state PAC (ID#:_	۱	Amount of Contribution (\$)
10/03/2024	Skemp , Andrew		\$500.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78209		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
Janicek Law			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/27/2024	Smith , Jacqueline		\$100.00
	Contributor address; City; State; Zip Code		
	Cibolo, TX 78108		
Contributor's F	Principal Occupation	Contributor's Job Title	
Philanthropis		CEO	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
The Jacqueli	ne Smith Foundation		
If contributor is	s a child, law firm of parent(s) (if any)	1	
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The Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A(J)1: Sch: 16/17 Rpt: 19/48		
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)		
Chapa, Cynthia Marie (The Honorable)		00081893		
4 Date 5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of Contribution (\$)		
10/23/2024 The Bexar County Justice PAC of SAT	LA	\$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	<b>11</b> Law firm of contributor's sp	oouse (if any)		
<b>12</b> If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)		
09/30/2024 The Law Office of Lisa A. Vance, P.C.		\$250.00		
SAN ANTONIO, TX 78217				
	Constributorio Job Title			
Contributor's Principal Occupation	Contributor's Job Title			
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)		
10/02/2024 Toscano , Andrew		\$5,000.00		
Contributor address; City; State; Zip Code				
San Antonio, TX 78201				
Contributor's Principal Occupation	Contributor's Job Title			
Attorney	Attorney			
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)		
Gene Toscano Inc				
If contributor is a child, law firm of parent(s) (if any)				
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2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081893
4	Date 10/03/2024	<ul> <li>5 Full name of contributor Yanta, Virgil</li> <li>6 Contributor address; City.</li> </ul>	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$) \$100.00
		SAN ANTONIO, TX 78	205		
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	
	Retired			Retired	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse (if any)
	none				
12	If contributor i	s a child, law firm of parent(s) (	íf anv)		

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Sch Sch: 1/1 Rpt:		
2 FILER NAME			3	Filer ID (Ethics	s Commission Filers)	
· · · ·	thia Marie (The Honorable)			00081893	,	
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		0.00	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8			
10/03/2024	Gamez , Carmen			contribution (\$)	description Decorations and	
	7 Contributor address; City; State; Zip Code			· I	Mariachis for fundraiser event.	
	San Antonio , TX 78230			Check if travel or	utside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JL		structions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	DR JUDICIAL) (	(See instructions)	
Administrati	ve Support	Administrative Sup	ро	rt		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (F	FOR JUDICIAL)	
Gamez Law	/ Firm					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of	In-kind contribution	
10/03/2024	Gamez Law Firm	/		contribution (\$)		
	Contributor address; City; State; Zip Code				Fundraiser event expenses for	
					catering,bartender, rent	
					chairs, tables, tent.	
	SAN ANTONIO, TX 78230			Check if travel or	utside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JL	JDICIAL) (See in	structions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	DR JUDICIAL) (	(See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's	spouse (if any) (F	FOR JUDICIAL)	
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I				

## PLEDGED CONTRIBUTIONS (JUDICIAL)

The Instruction Guide explains how to complete this form.			1 Total pages S	Schedule B(J):	
The Inst	ruction Guide explains how to comple	ete this form.	Sch: 1/1 Rp	t: 22/48	
2 FILER NAME			3 Filer ID	(Ethics Commission File	ers)
Chapa, Cynthia I	Marie (The Honorable)		00081893		
<sup>4</sup> TOTAL OF UN	IITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	out-of-state PAC (ID#:)		9 In-kind desc (If applica	ription ble)
	7 Pledgor Address; City; State; Zip	Code		i I	
			Check if trave	el outside of Texas. Comp	olete Schedule T.
10 Pledgor's principal	occupation	<b>11</b> Pledgor's job title	<u> </u>		
12 Pledgor's employe	r/law firm	<b>13</b> Law firm of pledgor's	spouse (if any)		
<b>14</b> If pledgor is a child	d, law firm of parent(s) (if any)	1			

	LOANS (J	UDICIAL)			SCHEDULE	E(J)
	The Instructio	on Guide explains how to complete this t	form.	Sch: 1/	Total pages Schedule E(J): Sch: 1/1 Rpt: 23/48	
	FILER NAME Chapa, Cynthia	Marie (The Honorable)		3 Filer ID 000818	(Ethics Commission 393	Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$	0.00
5	Date of loan	7 Name of lender Out-of-state PA	AC (ID#:	)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
12	Lender's Principal	Occupation	13 Lender's Job Title			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)		
16	If lender is child, la	aw firm of parent(s) (if any)				
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited	l into political account (See Instructions)	)
19	GUARANTOR INFORMATION	<b>20</b> Name of guarantor			22 Amount Guarante	ed (\$)
	not applicable	21 Guarantor address; City; State;	Zip Code			
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title			
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27	If guarantor is child	d, law firm of parent(s) (if any)	·			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)					
ľ	Sch: 1/24 Rpt: 24/48	Chapa, Cynthia Marie (The Honorable)	00081893					
4	Date	Payee name						
	10/25/2024	Saltgrass						
6	Amount (\$)	' Payee address; City; State; Zip Code						
	\$131.99	60 NE Loop 410						
		SAN ANTONIO, TX 78216						
8	PURPOSE							
ľ	OF	a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense	tside of Texas. Complete Schedule T.					
	EXPENDITURE		X, officeholder living expense					
		Meeting with c	onsultants					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/25/2024	Adobe						
⊢	Amount (\$)	Payee address; City; State; Zip Code						
\$21.34 345 Park Ave								
	Ψ21.04							
		San Jose , CA 95110						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)       (b) Description						
	EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense					
		Adobe monthly						
			Subscription					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
	Date	Payee name						
	09/27/2024	Anedot, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4.30	1340 Poydras St.						
		Ste 1770						
		New Orleans , LA 70112						
-	PURPOSE							
	OF		tside of Texas. Complete Schedule T.					
	EXPENDITURE		X, officeholder living expense					
		Fundraising Pla	atform fee					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OH							

			EXPENDITURE CATEGOR	IES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				head/Rental Expense ense oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 2/24 Rpt: 25/48		Chapa, Cynthia Marie (The Honorable)				00081893		
4	Date 09/30/2024		Payee name Anedot, Inc.						
6	Amount (\$) \$20.30								
8       PURPOSE         OF       OF         EXPENDITURE       Fundraising Platform         (b)       Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Fundraising Platform						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	09/30/2024		Anedot, Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$10.30		1340 Poydras St.						
			Ste 1770 New Orleans , LA 70112						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fundraising Platform	edule)	Check if Austin	, TX	de of Texas. Complete Schedule T. officeholder living expense form Processing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	09/30/2024		Anedot, Inc.						
	Amount (\$) \$60.30		Payee address; City; State; 1340 Poydras St. Ste 1770 New Orleans , LA 70112	Zip Co	le				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fundraising Platform	edule)	Check if Austin	I, TX	de of Texas. Complete Schedule T. officeholder living expense form processing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 3/24 Rpt: 26/48	_	Chapa, Cynthia Marie (The Honorable)				00081893		
4	Date 09/30/2024	5	Payee name Anedot, Inc.						
_		_							
6	Amount (\$)	7		Zip Co	de				
	\$3.30		1340 Poydras St.						
			Ste 1770						
			New Orleans , LA 70112						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description				
	OF EXPENDITURE		Fundraising Platform	ŕ	Check if travel	outs	ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					Fundraising	Plai	tform Processing Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght		Office held		
	Date		Payee name						
	09/30/2024		Anedot, Inc.						
_	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$4.30		1340 Poydras St.						
	<b>\$</b> 4.00		Ste 1770						
			New Orleans , LA 70112						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description				
	EXPENDITURE		Fundraising Platform		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
							tform Processing fee		
					runuruising	iu			
	Complete ONLY if direct		Candidate/Officeholder name O	ffice sou	ght		Office held		
	expenditure to benefit C/OF	H							
	Date		Payee name						
	10/02/2024		Anedot, Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$8.30		1340 Poydras St.						
			Ste 1770						
			New Orleans , LA 70112						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description		ide of Taura Downlate Calendada T		
	EXPENDITURE		Fundraising Platform				ide of Texas. Complete Schedule T. , officeholder living expense		
							tform Processing Fee		
					. anaraion y	1.4			
-	Complete ONL V if direct	Ļ	Candidate/Officeholder name O	ffice sou	abt		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			nice sou	JIIC		Onice neid		
_									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
_	Sch: 4/24 Rpt: 27/48		Chapa, Cynthia Marie (The Honorable)				00081893		
4	Date 10/02/2024	5	Payee name Anedot, Inc.						
_		-		7:0 00	10				
6	Amount (\$)	7		Zip Co	le				
	\$4.30		1340 Poydras St.						
			Ste 1770						
			New Orleans , LA 70112						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Fundraising Platform				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Fundraising	Plai	tform Processing Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held		
	Date		Payee name						
	10/02/2024		Anedot, Inc.						
Amount (\$) Payee address; City; State; Zip Code									
	\$20.30		1340 Poydras St.	1					
	Ψ20.00		Ste 1770						
			New Orleans , LA 70112						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Fundraising Platform		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
							tform Processing Fee		
					i unuruising i	iu			
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Jht		Office held		
	expenditure to benefit C/OI	-1							
	Date		Payee name						
	10/02/2024		Anedot, Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	1e				
	\$12.30		1340 Poydras St.	2.0 00					
	<b>\$12.00</b>		Ste 1770						
			New Orleans , LA 70112						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Fundraising Platform				ide of Texas. Complete Schedule T.		
							, officeholder living expense tform Processing fee		
					i unuraisiny i	a			
		L			- la 4				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Int		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhaed/Rental Expense       Food/Beverage Expense     Polling Expense       y -     Gift/Awards/Memorials Expense     Printing Expense       al Committee     Legal Services     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)			
1	Total pages Schedule F1:	2	·		•	2	Filer ID (Ethics Commission Filers)		
-	Sch: 5/24 Rpt: 28/48	2	Chapa, Cynthia Marie (The Honorable)				00081893		
4	Date 10/02/2024	5	Payee name Anedot, Inc.						
6	Amount (\$) \$10.30								
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       EXPENDITURE       Fundraising Program       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Fundraising Program Processing Fee						, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	ht		Office held		
	Date		Payee name						
	10/02/2024		Anedot, Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$200.30		1340 Poydras St.						
			Ste 1770						
			New Orleans , LA 70112						
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sche Fundraiser Platform	dule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense tform Processing Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	ht		Office held		
	Date		Payee name						
	10/02/2024		Anedot, Inc.						
	Amount (\$)	$\vdash$	Payee address; City; State;	Zip Co	le				
	\$40.30		1340 Poydras St.						
			Ste 1770						
			New Orleans , LA 70112						
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alub)	(b) Description				
	OF		Fundraising platform	dule)	Check if travel	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense tform Processing Fee		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · · · ·		•	2	Filer ID (Ethics Commission Filers)	
-	Sch: 6/24 Rpt: 29/48		Chapa, Cynthia Marie (The Honorable)				00081893	
4	Date 10/02/2024		Payee name Anedot, Inc.					
6	Amount (\$)           7         Payee address;         City;         State;         Zip Code           \$20.30         1340 Poydras St.         Ste 1770           New Orleans , LA 70112         New Orleans , LA 70112							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fundraising Platform       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held	
	Date		Payee name					
	10/02/2024		Anedot, Inc.					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$10.30	:	1340 Poydras St. Ste 1770 New Orleans , LA 70112					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fundraiser Platform	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense form Processing Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held	
	Date		Payee name					
	10/02/2024		Anedot, Inc.					
	Amount (\$) \$20.30			Zip Coo	le			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fundraiser Platform	edule)	Check if Austin	I, TX	de of Texas. Complete Schedule T. , officeholder living expense iform Processing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
_	Sch: 7/24 Rpt: 30/48	Chapa, Cynthia Marie (The Honorable)	00081893					
4	Date 10/02/2024	Payee name Anedot, Inc.						
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$6.30       1340 Poydras St.       1340 Poydras St.       Ste 1770         New Orleans , LA 70112       New Orleans , LA 70112       New Orleans , LA 70112							
8	PURPOSE OF EXPENDITURE	<ul> <li>A) Category (See Categories listed at the top of this schedule)</li> <li>Fundraising Platform</li> <li>(b) Description</li> <li>Check if travel</li> <li>Check if Austir</li> </ul>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Platform Processing Fee					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	10/03/2024	Anedot, Inc.						
	Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St.						
		Ste 1770 New Orleans , LA 70112						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Platform Processing fee					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/03/2024	Anedot, Inc.						
	Amount (\$) \$40.30	Payee address;City;State; Zip Code1340 Poydras St.Ste 1770New Orleans , LA 70112						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Platform Processing Fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 8/24 Rpt: 31/48		Chapa, Cynthia Marie (The Honorable)			ľ	00081893		
4	Date 10/03/2024		Payee name Anedot, Inc.						
6	Amount (\$) \$20.30								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fundraising Platform       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	10/03/2024		Anedot, Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$20.30		1340 Poydras St.						
			Ste 1770						
			New Orleans , LA 70112						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fundraising Platform	edule)	Check if Austir	n, TX,	de of Texas. Complete Schedule T. officeholder living expense form Processing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	10/03/2024		Anedot, Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$10.30		1340 Poydras St.						
			Ste 1770						
			New Orleans , LA 70112						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fundraising Platform	edule)	Check if Austir	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense form Processing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 9/24 Rpt: 32/48	2	Chapa, Cynthia Marie (The Honorable)				00081893		
4	Date 10/03/2024		Payee name Anedot, Inc.						
6	Amount (\$) \$10.30	7       Payee address;       City;       State; Zip Code         \$10.30       1340 Poydras St.         Ste 1770       New Orleans , LA 70112							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Fundraising Platform						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	10/03/2024		Anedot, Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$40.30		1340 Poydras St.						
			Ste 1770						
			New Orleans , LA 70112						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fundraising Platform	edule)	Check if Austir	n, TX,	de of Texas. Complete Schedule T. officeholder living expense form Processing Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	10/03/2024		Anedot, Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$40.30		1340 Poydras St.						
			Ste 1770						
			New Orleans , LA 70112						
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dulo)	(b) Description				
	OF	()	Fundraising Platform	euue)	Check if travel	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense form Processing Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 10/24 Rpt: 33/48	Chapa, Cynthia Marie (The Honorable)	00081893						
4	Date 10/03/2024	5 Payee name Anedot, Inc.							
6	6 Amount (\$) \$4.30 \$4.30 \$4.30 \$4.30 \$4.30 \$4.30 \$4.30 \$4.30 \$4.30 \$4.30 \$4.30 \$5.								
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       EXPENDITURE       Fundraising Platform       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Fundraising Platform       Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/03/2024								
	Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112							
PURPOSE OF EXPENDITURE			utside of Texas. Complete Schedule T. TX, officeholder living expense latform processing fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/03/2024	Anedot, Inc.							
	Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense latform processing fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reim Fees Office Overhead/Renta Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to complete thi	al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
1	Sch: 11/24 Rpt: 34/48	Chapa, Cynthia Marie (The Honorable)	00081893					
4	Date 10/04/2024	Payee name Anedot, Inc.						
	6 Amount (\$) \$20.30							
8	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense draising Platform Processing fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/04/2024	Anedot, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$20.30	1340 Poydras St. Ste 1770 New Orleans , LA 70112						
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense draising Platform Processing Fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/04/2024	Anedot, Inc.						
	Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112						
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense draising Platform Processing Fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:			•		•	3	Filer ID	(Ethics Commission Filers)
-	Sch: 12/24 Rpt: 35/48		a, Cynthia Marie (The I	Honorable)	)			00081893	(
4	Date 10/08/2024	i Payee Aned	name ot, Inc.						
6	Amount (\$) \$40.30								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Fundraising Platform Processing fee						expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office soug	ht		Office he	eld
	Date	Payee	name						
	10/08/2024	Aned	ot, Inc.						
	Amount (\$) \$40.30	1340 Ste 1	address; City; Poydras St. 770 Drleans , LA 70112	State;	; Zip Cod	e			
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the aising Platform	e top of this sch	edule) (		n, TX,	de of Texas. Com officeholder living form proces	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office soug	ht		Office he	eld
	Date	Payee	name						
	10/09/2024		ot, Inc.						
	Amount (\$) \$8.30	1340 Ste 1	address; City; Poydras St. 770 Drleans , LA 70112	State;	; Zip Cod	e			
	PURPOSE OF EXPENDITURE		Dry (See Categories listed at the aising Platform	e top of this sch	edule)		ı, TX,	de of Texas. Com officeholder living form Proces	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	С	Office soug	ht		Office he	eld

EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhee           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense	nse Travel Out of District ss/Contract Labor OTHER (enter a category not listed above)
1	1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
-	Sch: 13/24 Rpt: 36/48	Chapa, Cynthia Marie (The Honorable)	00081893
4	Date 10/14/2024	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	Category (See Categories listed at the top of this schedule) (b Fundraising Platform	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform processing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	Contract Office held
	Date	Payee name	
	10/15/2024	Anedot, Inc.	
	Amount (\$) \$40.30	Payee address; City; State; Zip Code L340 Poydras St. Ste 1770 New Orleans , LA 70112	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	Diffice held
	Date	Payee name	
	10/15/2024	Anedot, Inc.	
	Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Ste 1770 New Orleans , LA 70112	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Fundraising Platform	Description     Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense     Fundraising Platform Processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			·	3	Filer ID (Ethics Commission Filers)
-	Sch: 14/24 Rpt: 37/48		Chapa, Cynthia Marie (The Honorable)				00081893
4	Date 10/20/2024		Payee name Anedot, Inc.				
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$10.30       1340 Poydras St.         Ste 1770       Ste 1770         New Orleans , LA 70112						
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fundraising Platform       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Fundraising Platform Processing fee						, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held
	Date		Payee name				
	10/21/2024		Anedot, Inc.				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$10.30		1340 Poydras St.				
			Ste 1770				
			New Orleans , LA 70112				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fundraising Platform	edule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense tform Processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held
	Date		Payee name				
	10/22/2024		Anedot, Inc.				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$20.30		1340 Poydras St.				
			Ste 1770				
			New Orleans , LA 70112				
-	PURPOSE		Category (See Categories listed at the top of this sche	dule)	(b) Description		
	OF EXPENDITURE		Fundraising Platform	euue)	Check if travel	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense tform Processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 15/24 Rpt: 38/48	Chapa, Cynthia Marie (The Honorable)	00081893				
4	Date 10/23/2024	5 Payee name Anedot, Inc.					
6	6 Amount (\$) \$20.30						
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Fundraising Platform</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Processing Fee</li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/23/2024	Baragan , Alejandro					
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2614 Arlene Park SAN ANTONIO, TX 78251					
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Consultant fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/11/2024	Best Western Plus Laredo Inn & Suites					
	Amount (\$) \$364.78	Payee address; City; State; Zip Code 3110 Santa Ursula Ave					
		Laredo , TX 78040					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. . TX, officeholder living expense e in Laredo - traveled for events in				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense           bornnittee         Legal Services           Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Total pages Schedule F1:	EILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
-	Sch: 16/24 Rpt: 39/48	Chapa, Cynthia Marie (The Honorable)	00081893				
4	Date 10/07/2024	Payee name Bexar County Coordinated Campaign					
6							
0	Amount (\$)     7 Payee address; City; State; Zip Code     1844 Fredericksburg Rd     SAN ANTONIO, TX 78201						
	DUDDOCE	i					
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. TX, officeholder living expense o the Phone Banking				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/30/2024	Bexar County Democratic Party					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$200.00	1844 Fredericksburg Rd San Antonio, TX 78201					
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. TX, officeholder living expense NOCRACY EVENt				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
-	Date	Payee name					
	10/02/2024	Chapa, Ramon					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	1525 W Bridge St.					
		New Braunfels , TX 78130					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense mpaign staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	EII FR NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
1	Sch: 17/24 Rpt: 40/48	Chapa, Cynthia Marie (The Honorable)	00081893				
4	Date 10/16/2024	Payee name Chapa , Ramon					
6	Amount (\$)						
U	<ul> <li>Amount (\$)</li> <li>Payee address; City; State; Zip Code</li> <li>\$1,000.00</li> <li>T525 W. Bridge St.</li> <li>New Braunfels , TX 78130</li> </ul>						
_	BUBBAAS						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>ge for staff</b>				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/04/2024	Cricket Wireless LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$35.00	21 Peachtree St					
		Atlanta, GA 30303					
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense nonthly expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/11/2024	Enchanted Hearts Alzheimer's & Dementia Association					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	8850 Broadway					
		San Antonio, TX 78217					
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense able at the event				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex ee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 18/24 Rpt: 41/48	Ch	apa, Cynthia Marie (The H	onorable)	)			00081893	
4	Date 10/16/2024		yee name der Group, LLC						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$10,237.32 202 Cresta Avenida San Antonio, TX 78256								
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Consulting Expense       (b) Description         Image: Consulting Expense       Image: Consulting Expense       Image: Consultation of Texas. Complete Schedule T.         Image: Consultation of the texas       Consultation of Texas. Complete Schedule T.       Image: Consultation of Texas. Complete Schedule T.         Image: Consultation of Texas       Consultation of Texas. Complete Schedule T.       Image: Consultation of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ht		Office he	ld
	Date	Pa	yee name						
	09/30/2024	Go	Daddy.Com						
	Amount (\$) \$35.16		yee address; City; 55 E GoDaddy Way	State;	Zip Coo	le			
		Те	mpe , AZ 85284						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the vertising Expense	top of this sch	edule)		n, TX,	ide of Texas. Com, , officeholder living <b>ES</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ht		Office he	eld
	Date	Pa	yee name						
	10/02/2024	Go	Daddy.Com						
	Amount (\$) \$281.04		yee address; City; 55 E GoDaddy Way	State;	Zip Coo	le			
			mpe , AZ 85284						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the vertising Expense	top of this sch	edule)		ı, TX,	ide of Texas. Com , officeholder living <b>expense</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
-	Sch: 19/24 Rpt: 42/48	Chapa, Cynthia Marie (The Honorable) 00081893							
4	Date 10/10/2024	Payee name Hachar Media							
6	6 Amount (\$) \$950.00 \$950.00 T Payee address; City; State; Zip Code 4100 San Bernando Ste. 17 Laredo, TX 78401								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digitial Billboards in Laredo								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/03/2024 Jason's Deli								
	Amount (\$)       Payee address;       City;       State;       Zip Code         \$123.41       25 NE Interstate 410 Loop       San Antonio, TX 78216								
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense provided lunch for staff						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/11/2024	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		outside of Texas. Complete Schedule T. TX, officeholder living expense <b>NG</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 20/24 Rpt: 43/48		Chapa, Cynthia Marie (The Honorable)				00081893
4	Date 10/16/2024		Payee name La Mexicana Restraunt				
6	Amount (\$) \$75.52		Payee address; City; State; 130 Main Plaza SAN ANTONIO, TX 78205	Zip Coo	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense meeting before early voting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice soug	ht		Office held
	Date		Payee name				
	10/18/2024		Mailchimp				
	Amount (\$) \$117.26		Payee address; City; State; 405 N. Angier AVe. Atlanta , GA 30312	Zip Coo	le		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense n platform fee
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice soug	ht		Office held
	Date		Payee name				
	10/24/2024		Mexican American Bar Association of S	SA			
	Amount (\$) \$1,000.00		Payee address; City; State; PO Box 830953	Zip Coo	le		
			San Antonio, TX 78283				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	,	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense e for Dia De Los Muertos Event
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex ttee Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2 FI	I FR NAME	-		-	3	Filer ID	(Ethics Commission Filers)
-	Sch: 21/24 Rpt: 44/48		hapa, Cynthia Marie (The H	onorable)	)			00081893	()
4	Date		ayee name						
	10/07/2024		ew Blue Interactive, LLC						
6	Amount (\$) \$1,152.50		ayee address; City; L38 Newport Ave	State;	; Zip Coo	le			
	φ1,152.50	5.							
		В	ethesda , MD 20816						
8	PURPOSE	(a) C	ategory (See Categories listed at the	ton of this sch	edule)	<b>b)</b> Description			
	OF EXPENDITURE		dvertising Expense				outs	ide of Texas. Comp	lete Schedule T.
	LAFENDITORE							, officeholder living (	expense
						Digital Ads fo	or⊨	arly voting	
9	Complete <u>ONLY</u> if direct		ndidate/Officeholder name	C	Office soug	ht		Office hel	d
	expenditure to benefit C/Oł	1							
	Date	Pa	ayee name						
	10/02/2024	N	ew Blue Interactive, LLC						
	Amount (\$)	Pa	ayee address; City;	State;	; Zip Coo	le			
\$117.50 5138 Newport Ave									
		В	ethesda , MD 20816						
	PURPOSE	<b>(a)</b> C	ategory (See Categories listed at the	top of this sch	edule)	<b>b)</b> Description			
	OF EXPENDITURE	A	dvertising Expense					ide of Texas. Comp , officeholder living (	
						Digital Ads fo			expense
						Digital / 105 10	10	any voung	
	Complete ONLY if direct		ndidate/Officeholder name	C	Office soug	ht		Office hel	d
	expenditure to benefit C/OF	1							
	Date	Pa	ayee name						
	10/21/2024	Ν	ew Blue Interactive, LLC						
	Amount (\$)	Pa	ayee address; City;	State;	; Zip Coo	le			
	\$2,366.77	53	L38 Newport Ave						
		B	ethesda , MD 20816						
	PURPOSE OF		ategory (See Categories listed at the	top of this sch	iedule)	<b>b)</b> Description			
	EXPENDITURE	A	dvertising Expense					ide of Texas. Comp , officeholder living (	
						Digital Ad bu		, onicendider living (	expense
						<u>.</u>	,		
-	Complete ONLY if direct	Ca	ndidate/Officeholder name	C	Office soug	ht		Office hel	d
	expenditure to benefit C/OI	4							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 22/24 Rpt: 45/48		Chapa, Cynthia Marie (The Honorable)				00081893	
4	Date 10/11/2024		Payee name Pizza Hut					
6				Zin Co	, do			
0	6 Amount (\$) \$60.11 \$60.11 Laredo , TX 78041 7 Payee address; City; State; Zip Code 4821 San Bernando Ave Laredo , TX 78041							
_	DUDDOCE			r				
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if the content of the conten						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ight		Office held	
	Date		Payee name					
	10/15/2024		Planque Group					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$390.52		4615 San Bernando Ave Laredo , TX 78041					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense in Laredo	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name C	office sou	ight		Office held	
	Date		Payee name					
	09/27/2024		Prestige Printing, LLC					
	Amount (\$) \$82.27		Payee address; City; State; 8 Burwood Lane	Zip Co	ode			
			San Antonio, TX 78216					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Printing Expense	edule)		, тх,	de of Texas. Complete Schedule T. . officeholder living expense g	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	)ffice sou	ight		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME 3			<b>3</b> Filer ID (Ethics Commission Filers)	
	Sch: 23/24 Rpt: 46/48		Chapa, Cynthia Marie (The Honorable	)		00081893	
4	Date 10/08/2024		Payee name Prestige Printing, LLC				
6	6 Amount (\$) \$492.54 7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Printing Expense	iedule)	Check if Austin,	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense iterature pieces	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name 0	Office sou	ght	Office held	
	Date		Payee name				
	10/10/2024		Prestige Printing, LLC				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$529.34		8 Burwood Lane San Antonio, TX 78216				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Printing Expense	nedule)	Check if Austin,	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense terature pieces	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name (	Office sou	ght	Office held	
	Date		Payee name				
	10/15/2024		Prestige Printing, LLC				
	Amount (\$) \$184.52		Payee address; City; State 8 Burwood Lane	; Zip Co	de		
			San Antonio, TX 78216				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Printing Expense	iedule)	Check if Austin,	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense dditional block walking literature	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 24/24 Rpt: 47/48						
4	Date	5 Payee name					
	10/13/2024	San Antonio Hispanic Chamber of Commerce					
6	6 Amount (\$) 7 Payee address; City; State; Zip Code						
	\$118.30	3006 General Hudnell					
		SAN ANTONIO, TX 78226					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		outside of Texas. Complete Schedule T.				
	-		TX, officeholder living expense e 9th Annual Gala				
		Sponsored un	e sui Annuai Gala				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
╞	Date						
	10/02/2024	Payee name The V.O.I.C.E.S. of Our Veterans					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.00	6300 Rue Marielynn					
		#1905					
		SAN ANTONIO, TX 78238					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Sponsored a	table for GOTV event				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
F	Date	Payee name					
	10/08/2024	Uber Eats					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$77.69	1455 Market ST.					
	\$11100	4th Fl					
		Trevose , PA 94103					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utida ef Taura Consulta Cabadula T				
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
			the Jury Supervision staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

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

SCHEDULE K

	The Instrue	ctio		pages Schedule K: 1/1 Rpt: 48/48			
2	FILER NAME						D (Ethics Commission Filers)
	Chapa, Cynt	00081	-				
4	Date	5		8 Amount (\$)			
	10/10/2024		Frost Bank				\$7.33
		6	Address of person from whom amount is received; City; State; Zip Cod	de			
			SAN ANTONIO, TX 78251				
		7	Purpose for which amount is received	Check if po	olitic	al cont	I ribution returned to filer
			Interest				
-		<u> </u>					