FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080056 23 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Angelica I. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Jimenez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 592767 MAILING Receipt # Amount **ADDRESS** Change of Address San Antonio, TX 78259 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Margaret G. NAME NICKNAME LAST **SUFFIX** Mireles STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 329 Mary Louise Drive **ADDRESS** (Residence or Business) San Antonio, TX 78201 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 735-3648 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 408 Bexar District Judge District 408

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Jimenez, Angelica I.	(The Honorable)		14 Filer ID 00080056	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditi may have been made without equired to report this informatio	the candidate's or off	iceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
ш ,	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CO	DNTRIBUTIONS(OTHER THA	N PLEDGES, LOANS		
TOTALS			CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBU PLEDGES, LOANS,	TIONS OR GUARANTEES OF LOAN	S)	\$	26,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	(PENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITU	JRES		\$	13,879.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	129,408.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	10,000.00
17 AFFIDAVIT						
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the a	accompanying d to be report	greport is ed by me
			The Honor	able Angelica I. Jim	nenez	
			Signature o	f Candidate or Officeh	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of office	cer administering oath	Printed name	of officer administering oath	Title of office	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 23						
18 FILER NA Jimenez	AME r, Angelica I. (The Honorable)	19 Filer ID 00080056	(Ethics Commission Filers)				
l	ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT				
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 26,850.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 13,879.56				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	orm.	1	Total pages Schedule A(J)1: Sch: 1/10 Rpt: 4/23
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jimenez, An	gelica I. (The Honorable)				00080056
4	Date 09/19/2024	5 Full name of contributor Canales Law & ADR6 Contributor address; City;	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$) \$150.00
		San Antonio, TX 78259				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	09/17/2024	Curl Stahl Geis, PC Contributor address; City;	<u> </u>			\$1,000.00
		San Antonio, TX 78205				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/12/2024	David Canales Campaig	n Fund			\$100.00
		Contributor address; City; San Antonio, TX 78259	State; Zip Code		1	
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 2/10 Rpt: 5/23
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jimenez, An	gelica I. (The Honorable)				00080056
4	Date 09/13/2024	5 Full name of contributorDavis Cedilla & Mendoz6 Contributor address; City;			7	Amount of Contribution (\$) \$2,500.00
		San Antonio, TX 78212				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/18/2024	De La Paz, Michael Contributor address; City;	State; Zip Code			\$1,000.00
_	Contributorio	San Antonio, TX 78213		Contributor's Job Title		
	Attorney	Principal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	20110	co (if any)
		of Michael R De La Paz		Law IIIII of Continuator's Sp	Jous	se (II ally)
_		s a child, law firm of parent(s) (if	· anv)			
	ii contributor i	s a criliu, iaw iiriri or pareriu(s) (ii	arry)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/17/2024	Diaz, Reynaldo				\$1,000.00
		Contributor address; City; San Antonio, TX 78212	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	Tincipal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	าดบร	se (if any)
		az Accident Injury Attorney F	PC	24.1 6. 66.14.154.6. 6 6	, , ,	(i. ay)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/10 Rpt: 6/23
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jimenez, An	gelica I. (The Honorable)				00080056
4	Date 08/23/2024	5 Full name of contributor Diaz, Reynaldo6 Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78212				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Reynaldo Di	az Accident Injury Attorney F	PC			
12	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/18/2024	Guerrero, Lisa Contributor address; City;	State; Zip Code			\$250.00
		San Antonio, TX 78258				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Guerrero La	w PLLC				
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/18/2024	Guerrero, Lisa	<u> </u>			\$250.00
		Contributor address; City; San Antonio, TX 78258	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Guerrero La	w PLLC				
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 4/10 Rpt: 7/23
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jimenez, An	gelica I. (The Honorable)				00080056
4	Date 09/13/2024	5 Full name of contributor Gutierrez, Bertha6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78216				
8	Contributor's I	rincipal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			oous	se (if any)	
	Self-Employ					
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/29/2024	Herrera, Jorge Contributor address; City; \$	State; Zip Code			\$2,500.00
		San Antonio, TX 78207				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Herrera	Law Firm				
	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 (\$)
	09/18/2024	Jefferson Cano PLLC	_			\$1,000.00
		Contributor address; City; S San Antonio, TX 78205	State; Zip Code		•	
Н	Contributor's I	I Principal Occupation		Contributor's Job Title	_	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/10 Rpt: 8/23
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jimenez, An	gelica I. (The Honorable)				00080056
4	Date 09/19/2024	5 Full name of contributor Katzman, Alex6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		San Antonio, TX 78256				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
		f Katzman & Katzman PLLC				
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/20/2024	Law Offices of Fidel Roc Contributor address; City;	_			\$1,000.00
		San Antonio, TX 78212				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	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 (\$)
	09/25/2024	Lopez, Steven	_			\$500.00
		Contributor address; City; San Antonio, TX 78201	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Lopez Law F	Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 6/10 Rpt: 9/23
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jimenez, An	gelica I. (The Honorable)				00080056
4	Date 09/10/2024	 Full name of contributor Maldonado, Averie Contributor address; City; S 	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78209				
8	Contributor's I	rincipal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Brylak & Ass	sociates				
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/09/2024	Martinez & Associates P Contributor address; City; \$				\$2,000.00
		San Antonio, TX 78223				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/18/2024	McInnis, Gavin	_			\$500.00
		Contributor address; City; \$ Hollywood Park, TX 782			•	
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Wyatt Law F	irm PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRI	BUTIC	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to comple	ete this f	orm.	l	otal pages Schedule A(J)1 ch: 7/10 Rpt: 10/23	:
2	FILER NAME Jimenez, An	gelica I. (The Honorable)			l	er ID (Ethics Commission)	on Filers)
4	Date 09/18/2024	5 Full name of contributor out-of-state Michelle L Lanfear Attorney at Law 6 Contributor address; City; State; Zip Code	e PAC (ID#:_)	7 Ar	nount of Contribution (\$)	\$200.00
	Contributoria	San Antonio, TX 78209		O Contributor's Joh Title			
0	Contributors	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse (f any)	
12	! If contributor i	s a child, law firm of parent(s) (if any)		<u> </u>			
	Date	Full name of contributor out-of-state	e PAC (ID#:)	Ar	nount of Contribution (\$)	
	10/11/2024	Michelle L Lanfear Attorney at Law Contributor address; City; State; Zip Code San Antonio, TX 78209					\$250.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	00.11.10410.0	opa. Goodpallo					
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (f any)	
	If contributor i	s a child, law firm of parent(s) (if any)		<u> </u>			
	Date	Full name of contributor out-of-state	e PAC (ID#:_)	Ar	nount of Contribution (\$)	
	09/19/2024	Nava, Alex Contributor address; City; State; Zip Code Shavano Park, TX 78230					\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's of ANG PLLC	employer/law firm		Law firm of contributor's sp	ouse (f any)	
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 8/10 Rpt: 11/23
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jimenez, An	gelica I. (The Honorable)				00080056
4	Date 09/18/2024	5 Full name of contributor Pearsall Law Firm PLLC6 Contributor address; City;)	7	Amount of Contribution (\$) \$200.00
		San Antonio, TX 78230				
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/18/2024	Poncio, Adam Contributor address; City;	<u> </u>			\$500.00
		San Antonio, TX 78229				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Poncio Law	Offices PC				
	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 (\$)
	09/17/2024	Salinas, George	_			\$2,500.00
		Contributor address; City; S Shavano Park, TX 7823			•	
	Contributor's I	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	George Salir	nas Injury Lawyers				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/10 Rpt: 12/23
2	FILER NAME Jimenez, An	gelica I. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00080056
4	Date 10/02/2024	5 Full name of contributor The Bexar County Justice 6 Contributor address; City; Sta)	7 Amount of Contribution (\$) \$1,500.00
_		San Antonio, TX 78232		[: : : - : - : - : : - : : - : : - : : - : : - : : : - :	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if ar	ny)		
	Date 09/30/2024	Full name of contributor Vance, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		Amount of Contribution (\$) \$250.00
		San Antonio, TX 78217			
	Attorney	Principal Occupation		Contributor's Job Title Attorney	
		employer/law firm		Law firm of contributor's sp	pouse (if any)
		of Lisa A Vance PC			,
	If contributor i	s a child, law firm of parent(s) (if ar	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)
	08/25/2024	Wagner Cario Veale & Zub Contributor address; City; Sta San Antonio, TX 78209			. \$500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if ar	ny)		

MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	action Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 10/10 Rpt: 13/23
2 FILER NAME Jimenez, Ar	engelica I. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080056
4 Date 09/18/2024	 Full name of contributor		7 Amount of Contribution (\$) \$5,000.00
	San Antonio, TX 78218		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 14/23	Jimenez, Angelica I. (The Honorable) 00080056
4	Date	5 Payee name
	10/09/2024	Andy Mireles Charitable Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	329 Mary Louise Drive
		San Antonio, TX 78201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship for fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/27/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.30	1920 McKinney Ave
		7th floor
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/28/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.80	1920 McKinney Ave
		7th floor
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/10 Rpt: 15/23	2 FILER NAME Jimenez, Angelica I. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080056
4	Date 08/29/2024	5 Payee name Anedot
6	Amount (\$) \$97.80	7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/10/2024	Payee name Anedot
	Amount (\$) \$4.20	Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/13/2024	Payee name Anedot
	Amount (\$) \$4.20	Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 16/23	Jimenez, Angelica I. (The Honorable) 00080056
4	Date	5 Payee name
	09/18/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$176.40	1920 McKinney Ave
		7th floor
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Credit cord proceeding for
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Davida warna
	09/20/2024	Payee name Anedot
	Amount (\$) \$353.10	Payee address; City; State; Zip Code
	\$353.10	1920 McKinney Ave
		7th floor
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	09/25/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.80	1920 McKinney Ave
		7th floor
		Dallas, TX 75201
	PURPOSE	10.5
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPCHURATE TO DEFICIT C/OF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 4/10 Rpt: 17/23	Jimenez, Angelica I. (The Honorable) 00080056
4	Date	5 Payee name
	09/30/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.05	1920 McKinney Ave
		7th floor
		Dallas, TX 75201
8	PURPOSE	(a) a
°	OF	(a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Crount out a processing rec
_	Commission ONLLY if disposit	Candidata/Officahaldarragea Offica acustot Offica hald
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/10/2024	Bexar County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1844 Fredericksburg Rd
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Coordinated Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	07/03/2024	Mailchimp
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.86	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Eblast subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/10 Rpt: 18/23	Jimenez, Angelica I. (The Honorable) 00080056
4	Date	5 Payee name
	08/05/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.86	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Eblast subscription
L	2 2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.86	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Eblast subscription
		Ευίαστ σαυσστημίστι
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
-	Date	Davida nama
	10/03/2024	Payee name Mailchimp
		·
	Amount (\$) \$13.86	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE
	Φ13.00	
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Eblast subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card i ayment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 19/23	Jimenez, Angelica I. (The Honorable)	00080056
4	Date	5 Payee name	<u> </u>
	11/04/2024	Mailchimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$13.86	675 Ponce de Leon Ave NE	
		Suite 5000	
		Atlanta, GA 30308	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Et Et	blast subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	12/03/2024	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.86	675 Ponce de Leon Ave NE	
		Suite 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense blast subscription
			olust subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	030 1.012
	Date	Payee name	
	07/02/2024	Paragon Solutions	
		-	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 2141 E Broadway Rd, Ste 202	
	Ψ23.00	2141 L Bloadway Nu, Ste 202	
		Tompo A7 05202	
		Tempe, AZ 85282	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	escription Theck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
		M	erchant fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/10 Rpt: 20/23	Jimenez, Angelica I. (The Honorable) 00080056
4	Date	5 Payee name
	08/02/2024	Paragon Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd, Ste 202
		Tempe, AZ 85282
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		Welchart lee
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	Paragon Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd, Ste 202
		Tempe, AZ 85282
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		Melonanties
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	v
-	Data	Davis same
	Date 10/02/2024	Payee name Paragon Solutions
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.75	2141 E Broadway Rd, Ste 202
		Tempe, AZ 85282
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Merchant fee
		เพียงเล่าเกียร
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 21/23	Jimenez, Angelica I. (The Honorable) 00080056
4	Date	5 Payee name
	11/04/2024	Paragon Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd, Ste 202
		Tempe, AZ 85282
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/02/2024	Paragon Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd, Ste 202
		Tempe, AZ 85282
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		interest and the second
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/20/2024	Pearls Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	8000 IH 10 West
		Suite 600
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sponsorship for fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3		Filer ID	(Ethics Commission Filers)	
	Sch: 9/10 Rpt: 22/23	Jimenez, Angelica I. (The Honorable)				00080056		
4	Date	5 Payee name		•				
	12/12/2024	San Antonio AFL CIO Central Labor Council						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	\$700.00	9502 Computer Dr #201						
		San Antonio, TX 78229						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising Expense		Check if travel out				
				Check if Austin, TX Advertisement		officenolaer living	expense	
				Advertisement				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> Iaht			Office he	eld	_
	expenditure to benefit C/OI		·9···			000		
	Date	Payee name						=
	09/19/2024	Stone Werks						
	Amount (\$)	Payee address; City; State; Zip Co	nde					_
	\$2,127.00	999 E Basse Rd	Juc					
	42,121.00	000 L Badde Na						
		San Antonio, TX 78209						
	PURPOSE		(h)	Description				_
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(5)	Description Check if travel out	tsic	le of Texas. Com	plete Schedule T.	
	EXPENDITURE	Event Expense		Check if Austin, T	Χ,	officeholder living	expense	
				Fundraising Ev	eı	nt		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	experience to benefit Gree							_
	Date	Payee name						
	12/12/2024	Viva Politics LLC						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$3,000.00	1850 Fredericksburg Rd						
		San Antonio, TX 78201						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Consulting Expense		Check if travel out				
				Check if Austin, TX	Λ,	onicenoider living	expense	
				Concaring				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	L ight			Office he	eld	_
	expenditure to benefit C/OI		g			200 110	· -	
_								_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, ₋ I Coi	mmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
┰	Total pages Schedule F1:	2	EII ER NAM			,		3	Filer ID	(Ethics Commission Filers)	\dashv
ľ	Sch: 10/10 Rpt: 23/23	_		.∟ Angelica I. (The ⊦	Honorable)			ľ	00080056	(Lance Commission Files)	
┢	Date	5	Payee name		,						-
ľ	12/12/2024		Viva Politic								
6	Amount (\$)	7	Payee addr	ess; City;	State:	Zip Code					_
ľ	\$3,000.00	-		ericksburg Rd	Otalio,	p					
	, , , , , , , , , , , , , , , , , , , ,										
L				io, TX 78201							
8	PURPOSE OF	(a)		See Categories listed at t	the top of this sche	_{edule)} (b) Description				
	EXPENDITURE		Consulting	Expense					ide of Texas. Comp , officeholder living		
							Consulting	, i i	, onicendider living	скрепас	
							J				
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Of	ficeholder name	C	Office sough	t		Office he	ıld	