JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commis 00067765	sion Filers)	2 Total pages filed: 25
3 CANDIDATE /	MS/MRS/MR	FIRST		MI	OFFICE LIGE ONLY
OFFICEHOLDER	The Honorable	Nicole Hennin	ng	1411	OFFICE USE ONLY
NAME			· ·		Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025
		Garza			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	·V·	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER		7 3011 E #, C11	1,	ZII CODE	
MAILING	100 Dolorosa				Receipt # Amount
ADDRESS	37th District Court				rescipe" / induit
Change of Address	San Antonio, TX 78205				Date Processed
					Date Processed
					Date Imaged
					Jule illuged
5 CAMPAIGN	MS / MRS / MR	FIRST			MI
TREASURER	Mr.	Jose R.			
NAME	IVII.	303e IV.			
	NIO(ALAME				OUEEN
	NICKNAME	LAST			SUFFIX
	Bobby	Elizalde			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP1	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	2606 Pebble Dawn				
(Residence or Business)	San Antonio, TX 78216				
	,				
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION		
TREASURER PHONE	(210) 545-4666				
FIIONE					
8 REPORT					<u>_</u>
TYPE	X January 15	30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-FR)
		_ our day belore		reporting limit	Time report (mash 6/6/11)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2024	TH	HROUGH	12/31/202	
				,_,_	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year		Primary	Runoff	Other
	11/05/2024				
		XG	Seneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	District Judge Place San A	Antonio District	37 Bexar	District Judge Pl	ace San Antonio District 37th
	1			1	
		GO 1	ΓΟ PAGE 2		

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Garza, Nicole Hennir	g (The Honorable)	14 Filer ID 00067765	(Ethics Comm	ission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's know	ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
—	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTIONS		\$	1,985.70
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					0.00
TOTALS				\$	0.00
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE	LAST DAY OF THE	\$	68,271.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required		
		The Honora	ble Nicole Henning (Garza	
		Signature o	of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid	, this the		day
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administerinç	g oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			JVER GILET	3 of 25
	Nicole Henning (The Honorable)	19 Filer ID 00067765	(Ethics Commission	Filers)
l	JLE SUBTOTALS OF SCHEDULE	SUBTOTAL AM	IOUNT	
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,985.70
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 CONTRIBUTION:	S	\$	8,812.09
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 TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/25		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Garza, Nico	le Henning (The Honorable)		00067765		
4	Date 10/18/2024	 Full name of contributor out-of-state PAC (ID#: Rodriguez, Jr., Fidel Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$485.70		
		San Antonio, TX 78212				
8	Contributor's	I Principal Occupation	9 Contributor's Job Title			
	Attorney		Managing Partner			
10		employer/law firm	pouse (if any)			
	Rodriguez T					
12		s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
	10/04/2024	The BExar County Justice PAC of SATLA		\$1,500.00		
		Contributor address; City; State; Zip Code San Antonio, TX 78232				
	Contributor's	Principal Occupation	Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)	•			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		• • • • • • • • • • • • • • • • • • • •
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 5/25	Garza, Nicole Henning (The Honorable)	00067765
4	Date	5 Payee name	
	07/15/2024	Amazon	
6	Amount (\$) \$235.76	7 Payee address; City; State; Zip Code 325 9th Avenue Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	Courtroom materials and supplies	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense room materials and supplies.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	08/21/2024	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.50	325 9th Avenue	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Courticon Supplies.	ck if Austin, TX, officeholder living expense
		Court	room Supplies.
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	10/25/2024	American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$349.00	DFW Airport	
		Dallas, TX 75261	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	Traver for project member	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		· · · · · · · · · · · · · · · · · · ·	I for Kathryn Walston as primary handler for
			e Companions.
	Complete ONLY if direct expenditure to benefit C/Ol	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 Lenal 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:	<u> </u>
	Sch: 2/21 Rpt: 6/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	10/21/2024	Bexar County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,530.00	1844 Fredericksburg Rd.
		San Antonio, TX 78201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/30/2024	Budd, Elyssa
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	100 Dolorosa
	¥	37th District Court
		San antonio, TX 78205
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contribution for SABA Jimmy Allison's Retirement
		event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/12/2024	Chick-fil-a
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.07	106 E. Houston
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch meeting.
		Earlor meeting.
	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

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

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

	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: 3/21 Rpt: 7/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	09/26/2024	Chick-fil-a
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.04	106 E. Houston
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Juror provisions Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Juror lunches for those w/ dietary restriction.
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	12/13/2024	Chili's
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.04	12503 IH 10 W
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Holiday Appreciation luncheon.
		romady Approduction furtherests
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	10/04/2024	Chuy's
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$38.35	18008 San Pedro
	400.00	
		San Antonio, TX 78258
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Continued campaign meeting.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 F dyment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 4/21 Rpt: 8/25	Garza, Nicole Henning (The Honorable)		00067765	
4 Date	5 Payee name		•	
10/25/2024	Domino's Pizza			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$140.92	250 W. Houston			
	San Antonio, TX 78205			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	l <u>—</u>	el outside of Texas. Cor	
_/		Juror Lunch	in, TX, officeholder livin	g expense
		Juloi Lulicii.	•	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	laht	Office h	eld.
expenditure to benefit C/O		agni	Office fi	Ciu
Data				
Date 09/09/2024	Payee name Fish City Grill			
	-	- 4 -		
Amount (\$)	Payee address; City; State; Zip C	ode		
\$103.44	18130 San Pedro Ave			
	Con Antonio TV 70000			
	San Antonio, TX 78232	La		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	el outside of Texas. Cor	anlata Schadula T
EXPENDITURE	Event Expense		in, TX, officeholder livin	
			ner related to co	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office h	eld
expenditure to benefit C/OI	H			
Date	Payee name			
09/09/2024	HEB Grocery			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$41.00	20935 US Highway 281 North			
	San Antonio, TX 78258			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense		el outside of Texas. Cor	nplete Schedule T.
EXPENDITORE			in, TX, officeholder livin	g expense
		Food bevera	age	
Oranalata ONUNE II	Open distance (Office health as a		O#: :	-1-1
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office h	eia

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 5/21 Rpt: 9/25	Garza, Nicole Henning (The Honorable) 00067765	
4	Date	5 Payee name	_
	10/24/2024	HEB Grocery	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$79.00	20935 US Highway 281 North	
		San Antonio, TX 78258	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Juror Provisions Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Materials, supplies, snacks for jurors.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
	Date		_
	11/04/2024	Payee name Hilton Garden Inn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.66	7516 Las Colinas Blvd	
		1 1 TV 75000	
		Irving, TX 75063	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if to your control of Toyon Complete Schedule T	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food expense at training.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	
	11/12/2024	J. Alexander's Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.45	255 E. Basse	
		San Antonio, TX 78209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Campaign meeting Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign strategy meeting.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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

	Consuling 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: 6/21 Rpt: 10/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	09/05/2024	JW Marriot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.30	23808 Resort Pkwy
		San Antonio, TX 78261
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Valet Parking for Judical Conference.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/06/2024	JW Marriot
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.38	23808 Resort Pkwy
		San Antonio, TX 78261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Valet Parking for Judicial Conference.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	
	Date	Payee name
	09/27/2024	JW Marriot
	Amount (\$)	Payee address; City; State; Zip Code
	\$261.52	23808 Resort Pkwy
	4202.02	
		San Antonio, TX 78261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Hotel for Judicial Conference.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/21 Rpt: 11/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	11/18/2024	Jenny's Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.14	8035 Culebra Rd.
		#114
		San Antonio, TX 78251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Thanksgiving Luncheon for all staff.
		Thanksgiving Euroneon for all stain.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/21/2024	Jimmy John's
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.57	160 E. Houston
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Juror food and beverage.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/04/2024	Jimmy John's
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.70	160 E. Houston
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Juror lunches and beverages.
		Julion functies and beverages.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		ense ges/Contract Labor	Travel C	n District Out of Distric (enter a cat	et tegory not listed above)	1
1	Total pages Schedule F1:	2 FILER NAN	1E				3 Filer II	D (I	Ethics Commission	Filers)
	Sch: 8/21 Rpt: 12/25		cole Henning (The	Honorable))		0006	7765		
4	Date	5 Payee nam	e				<u> </u>			
	09/26/2024	Jimmy Jol								
6	Amount (\$)	7 Payee addi		State	Zip Cod	<u> </u>				
ľ	\$235.00	160 E. Ho		olale,	21p 00u	C				
	Ψ200.00	100 2.110	aston							
		San Antor	nio, TX 78205							
8	PURPOSE	(a) Category	(See Categories listed at the	e top of this sched	dule) (b) Description				
	OF EXPENDITURE	Juror prov				Check if travel				
	- -					Check if Austir Juror lunches		aer living ex	pense	
						Juloi lunche:	3			
_	Complete ONLY if direct	Candidata/O	fficabolder name	<u> </u>	ffice source	nt .		ffice bold		
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Of	ffice sougl	IL	<u> </u>	ffice held		
	Date	Payee nam	e							
	10/24/2024	Jimmy Jol	nn's							
	Amount (\$)	Payee addı	ess; City;	State;	Zip Cod	e				
	\$291.03	160 E. Ho	uston							
		San Antor	nio, TX 78205							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this scher	dule)	b) Description				
	OF EXPENDITURE		erage Expense	, , , , , , , , , , , , , , , , , , , ,		Check if travel				
	TVI FIADITORE					Check if Austin		der living ex	pense	
						Juror Lunche	es.			
_			ee:							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Of	ffice soug	nt	O	ffice held		
	parameter action of the									
	Date	Payee nam								
L	10/28/2024	Krispy Kre	eme							
	Amount (\$)	Payee addı	ess; City;	State;	Zip Cod	е				
	\$58.07	1117 N. L	oop 1604 E							
		San Antor	nio, TX 78232							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this scher	dule)	b) Description				
	OF EXPENDITURE	l	erage Expense	.,	- 1	Check if travel				
	LAFENDITURE					Check if Austin		der living ex	pense	
						Juror breakfa	ast.			
			ee:							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Of	ffice soug	nt	0	ffice held		
	onponditure to benefit 6/01	•								
_										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Salaries/Magney/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T. 1 0 1 1 54	,
1	Total pages Schedule F1:	
	Sch: 9/21 Rpt: 13/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	11/04/2024	La Madeline
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.37	6430 N. MacArthur Blvd.
	420.01	o loo la mas and blad.
		Irving, TX 75039
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food beverage while training in Irving.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	•
	Date	Payee name
	09/30/2024	La Mexicana
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.79	130 Main Plaza
		San Antonio, TX 78205
		1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign meeting.
		Gampang.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	09/12/2024	Labor Council for Latin American advancement
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	815 16th ST. NW
		San Antonio, TX 20006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Program ad.
L		
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula Ed.	2 File ID MAME
1	Total pages Schedule F1: Sch: 10/21 Rpt: 14/25	2 FILER NAME Garza, Nicole Henning (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067765
4	Date	5 Payee name
	11/29/2024	Luby's Cafeteria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.11	911 N. Main
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Luncheon Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	09/09/2024	Lupe Tortilla
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.46	21103 US Hwy 281
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Judicial Lunch related to conference.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	11/07/2024	Michaels
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.50	7635 N. McArthur Blvd.
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Supplies for finishing appreciation gifts to trainers.
L		
	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 Comm

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

	Candidate/Officenoider/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: 11/21 Rpt: 15/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	11/18/2024	Mission San Jose Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	6701 San Jose Dr.
		san Antonio, TX 78214
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event for elderly/veterans.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/23/2024	Nichas
	Amount (\$)	
	\$38.36	3119 Roosvelt
		San Antonio, TX 78214
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch meeting regarding campaign.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/07/2024	Nothing Bunt Cakes
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.50	6450 N. McArthur Blvd.
		Irving, TX 75039
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Appreciation cakes for trainers at Canine Companions.
	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 C

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders a contens) and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┝	T. 1	· · · · · · · · · · · · · · · · · · ·	$\overline{}$
1	Total pages Schedule F1: Sch: 12/21 Rpt: 16/25	2 FILER NAME Garza, Nicole Henning (The Honorable) 3 Filer ID (Ethics Commission Filers 00067765)
4	Date	5 Payee name	
	11/05/2024	Petsmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$124.70	4005 W. airport Freeway	
	•		
		Irving, TX 75062	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	1	
	EXPENDITURE	Supplies for canine Rosalie Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for Canine Rosalie.	
		Supplies for Carline Rosalie.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
H	Data	Γ.	_
	Date	Payee name	
	09/30/2024	Rosarios	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.85	722 S. St Mary's Street	
	Ψ02.03	122 3. 3t Mary 3 Street	
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fundraising meeting.	
		Fundraising meeting.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
H	Date	Davida nama	_
		Payee name	
L	11/08/2024	Saltgrass	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.67	560 W. Lyndon B. Johnson	
	+		
		Irving, TX 75063	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food/beverage while attending training.	
_	0 1: 0:::::::::::::::::::::::::::::::::		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services	•		/ages	/Contract Labor		Travel Out of OTHER (en		trict category not listed above)
L		_		The Instruction G	uide explains	how to cor	mple	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID		(Ethics Commission Filers)
	Sch: 13/21 Rpt: 17/25		Garza, Nico	le Henning (The	e Honorable	e)				0006776	55	
4	Date	5	Payee name									
	08/19/2024		Sam's Club									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$55.58		2530 Marsh	all RD								
			San Antonio	o, TX 78259								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he ton of this sch	nedule)	(b)	Description				
	OF	` '		materials and su		icuaic)		_ `	outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE				• •			Check if Austin				
								Courtroom ar	nd j	uror supp	olies	S.
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	e hel	ld
	expenditure to benefit C/O	Н										
	Date		Payee name									
	10/04/2024		Sam's Club									
	Amount (\$)	T	Payee addre	ss; City;	State	; Zip Co	de					
	\$392.88		2530 Marsh	-		-						
	¥302.00											
			Can Antonio	TV 70250								
		L	San Antonio									
	PURPOSE OF	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Courtroom	Provisions				=				olete Schedule T.
								Courtroom m				
								Courtiooni iii	aic	nais and	Sup	phics.
L	Complete ONLY if direct	Ļ	Condidate /Off	aabaldar := = :== =		Office servi	ab+			Off	0 6 5 1	Id
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(Office sou	ynt			Office	e ne	IU
	,	_										
	Date		Payee name									
	12/09/2024		Sam's Club									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$69.24		2530 Marsh	all RD								
			San Antonio	o, TX 78259								
	PURPOSE	(a)	Category (e.	ee Categories listed at t	he ton of this seh	nedule)	(b)	Description				
	OF	<u> </u>	Supplies	Daiogorioo iisicu ai i	01 1113 301		• •	•	outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE		11. 24					Check if Austin				
								Supplies for 0	Cou	ırtroom/ju	ırors	S
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	e he	ld
	expenditure to benefit C/OI	Н										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/21 Rpt: 18/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	12/10/2024	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.76	2530 Marshall RD
		San Antonio, TX 78259
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Courtroom/juror supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/29/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$585.96	9800 Airport Blvd.
	•	
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for contributions.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/12/2024	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	22135 Bulverde
		San Antonio, TX 78261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Materials/snacks/supplies Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Materials/snacks/supplies for courtroom.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/21 Rpt: 19/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	07/12/2024	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.45	20518 US-281
		San Antonio, TX 78259
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Juror meals. Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Juror provisions.
		Suroi provisions.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	David waren
		Payee name
L	09/11/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.31	20518 US-281
		San Antonio, TX 78259
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Juror lunches and beverages.
		Suror functies and beverages.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date 09/24/2024	Payee name
		Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.11	20518 US-281
		San Antonio, TX 78259
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Juror provisions. Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Juror breakfast for trial.
		Suloi breaklast for that.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal S		·		Vages	/Contract Labor		OTHER (enter	a category not listed a	bove)
ᆫ		_			istruction Gu	iue expiairis	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 16/21 Rpt: 20/25		Garza, Nico	ole He	nning (The	Honorable	e)				00067765	5	
4	Date	5	Payee name							_			
	09/26/2024		Taco Palen										
<u>_</u>	Amount (¢)	7			City:	Ctoto	; Zip Co	do					
ľ	Amount (\$)	 ′	Payee addre		City;	State	, Zip CC	ue					
	\$69.18		20518 US-2	28T									
			San Antonio	o, TX	78259								
8	PURPOSE	(a)	Category (S	ee Caten	ories listed at th	e ton of this sch	nedule)	(b)	Description				
	OF		Juror provis		jorioo iiotoa at a	.o top 0. tillo 001	104410)		:	outs	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		•						Check if Austin	, TX	officeholder liv	ng expense	
									Juror breakfa	st.			
9	Complete ONLY if direct		Candidate/Offi	icehold	ler name	(Office sou	ght			Office	held	
	expenditure to benefit C/O	Н											
⊨	Doto	Т											
	Date		Payee name										
L	10/22/2024		Taco Palen	ique									
	Amount (\$)		Payee addre	ess;	City;	State	; Zip Co	de					
	\$126.62		20518 US-2	281									
			San Antonio	o. TX	78259								
┝	PURPOSE	(0)						(h)	Description				
l	OF	(a)	Category (S		ories listed at th	e top of this sch	nedule)	(D)	Description	oute	do of Toyas Co	omplete Schedule T.	
l	EXPENDITURE		Juror provis	sions					Check if Austin				
									Juror breakfa			3 - 1	
⊢	Complete ONLY if direct	<u> </u>	Candidate/Offi	ioobold	lor nama		Office sou	abt			Office	hold	
l	expenditure to benefit C/O		Sanuluale/On	iceriola	iei iiaiiie	,	Jilice Sou	ynt			Office	rielu	
	·												
	Date		Payee name										
	10/25/2024		Taco Palen	que									
Г	Amount (\$)		Payee addre	SS;	City;	State	; Zip Co	de					
	\$101.03		20518 US-2	281	-		·						
l			C A:	- TV:	70050								
			San Antoni	0, IX	78259								
	PURPOSE	(a)	Category (S	ee Categ	ories listed at th	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	rage E	xpense							omplete Schedule T.	
l									Check if Austin		officeholder livi	ng expense	
									Juror breakfa	ST.			
L													
	Complete ONLY if direct		Candidate/Off	icehold	ler name	(Office sou	ght			Office	held	
	expenditure to benefit C/O	Н											
ı													

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 Lenal 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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/21 Rpt: 21/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	11/15/2024	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.51	20518 US-281
		San Antonio, TX 78259
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		For jurors in trial
		To significant and
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies warms
	10/28/2024	Payee name Target
		Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.42	7845 N MacArthur Blvd.
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Materials and Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies and materials for class at Canine
		Companions.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
		<u> </u>
	Date	Payee name
	11/05/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.90	7845 N MacArthur Blvd.
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Materials and Supplies
		Check if Austin, TX, officeholder living expense
		Materials and supplies for class.
	Complete ONLY if direct	Constitute / Office helder no year
	Complete ONLY if direct expenditure to benefit C/OH	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 Commi 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 Cobadula F1	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 18/21 Rpt: 22/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	09/04/2024	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.82	1210 San Antonio
		Suite 800
		Austin, TX 78701
Ļ	DUDD005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Judicial auction at conference.
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L		
	Date	Payee name
	07/26/2024	Texas Ethics Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$512.45	201 E 14th Street
		#10
		Austin, TX 78701
	PURPOSE	
	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 1. Check if Austin, TX, officeholder living expense
		Late fee.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	Davies name
	Date	Payee name
	10/02/2024	Thai Lucky Sushi
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.98	102 Navarro
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		Campaign gathering.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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 Comm

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/21 Rpt: 23/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	12/04/2024	The Gavel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.63	100 Villita Street
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Appreciation luncheon
Ļ	Operation ONE VIII II	Our didn't 10ff a baild a game
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Thru Project
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.63	4502 Centerview Dr
		Suite 225
		San Antonio, TX 78228
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Luncheon ticket.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/05/2024	Towne Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.71	450 Plymouth
		Plymouth, PA 19462
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Valet parking at judicial conference.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	¬

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/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: 20/21 Rpt: 24/25	Garza, Nicole Henning (The Honorable) 00067765
4	Date	5 Payee name
	11/07/2024	Trudy's Hallmark Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.40	7625 N. McArthur Blvd.
		Irving, TX 75063
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Card in appreciation to trainers.
		Calle in appropriation to daments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/28/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.98	1725 Third Street
	Ψ41.50	1725 Hillu Sueet
		Los Angeles, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	L/II LIIDITOTE	Check if Austin, TX, officeholder living expense
		Travel for Katheryn Walston from airport to Hilton for Canine Companions training.
	Camplete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/28/2024	Wendy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.04	8415 McCullough
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food en route to event.
		Food en route to event.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/21 Rpt: 25/25	Garza, Nicole Henning (The Honorable)	00067765
4	Date	5 Payee name	
l	11/06/2024	Wendy's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	9
l	\$19.25	7700 N. MacArthur Blvd.	
l			
		Irving, TX 75063	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Meal while training,
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
l	expenditure to benefit C/OH		
Г	Date	Payee name	
l	10/30/2024	Yardbirds	
┝	Amount (\$)	Payee address; City; State; Zip Code	9
l	\$120.00	2121 N. Pearl	
	4120.00	22271170	
		Dallas, TX 75201	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE		Check if Austin, TX, officeholder living expense
l			Beverage and food while attending training at Canine Companions.
L			·
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
experiordire to benefit 6/6/1			
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