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) 00083892 21 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Gabriela NAME Date Received **ELECTRONICALLY FILED** 01/19/2025 NICKNAME LAST **SUFFIX** Gabby Garcia CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 44 East Dr MAILING Receipt # Amount **ADDRESS** Change of Address Brownsville, TX 78520 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Antonio NAME NICKNAME LAST **SUFFIX** Tony Flores **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 740 Toledo **ADDRESS** (Residence or Business) Brownsville, TX 78526 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 266-5050 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l 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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 138 Cameron

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Garcia, Gabriela (The	Honorable)	14 Filer ID 00083892	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the eholder's knowledge or tice of such expenditures.	
Additional Pages	COMMITTEE TYPE			
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THAI	N DI EDCES I OANS	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	\$ 2,000.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 6,121.82
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 1,175.94	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 21,200.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Gabriela Garc	ia
		Signature of	Candidate or Officehol	der
AFFIX NOT	ΓARY STAMP / SEAL AΒ	DVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	JVER SHEET	3 of 21
	LER NAN arcia, G	(Ethics Commissio	n Filers)		
I	ME OF	SUBTOTAL A	MOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,000.00
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	6	\$	6,121.82
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	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.	1		es Schedule A(J). Rpt: 4/21	1:
2	FILER NAME Garcia, Gabriela (The Honorable)	3	Filer ID 0008389	(Ethics Commiss	ion Filers)
4				of Contribution (\$)	\$2,000.00
	Brownsville, TX 78520				
8	Contributor's Principal Occupation Attorney 9 Contributor's Job Title Attorney	•			
10	Contributor's employer/law firm LAW OFFICES OF ERNESTO GAMEZ, JR. 11 Law firm of contributor's statement of the contributo	spous	se (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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 1/17 Rpt: 5/21	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	09/16/2024	AMAZON.COM
6	Amount (\$) \$55.37	7 Payee address; City; State; Zip Code TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/09/2024	APPLEBEE'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	4385 Frontage Rd
		Brownsville, TX 78520
	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
		Court Staff/Courthouse Personnel
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2024	CAMERON COUNTY DEMOCRATIC PARTY
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	975 W Ruben Torres Blvd
		Suite
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Democratic Party Event
	Commission ON 11 V 11 11	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 2/17 Rpt: 6/21	Garcia, Gabriela (The Honorable)		00083892
4	Date	5 Payee name		•
	11/04/2024	CHIK-FIL-A		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$92.56	4325 N Expressway 77		
		Brownsville, TX 78520		
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.
	EXPENDITORE	-		Check if Austin, TX, officeholder living expense
				Constituents/Campaign
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç H	ght	Office held
	Date	Payee name		
	07/25/2024	COBBLEHEADS		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$116.19	3154 Central Blvd		
		Brownsville, TX 78520		
	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.
	ZA ZADITORZ			Check if Austin, TX, officeholder living expense
				Constituents/Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Office field
	<u> </u>	T _		
	Date 07/01/2024	Payee name		
	07/01/2024	DOLLAR TREE		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$35.18	1215 Central Blvd		
		Brownsville, TX 78520		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Supplies		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Office Supplies
				••
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 7/21	Garcia, Gabriela (The Honorable)		00083892
4	Date	5 Payee name		·
	10/21/2024	DOLLAR TREE		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$5.41	1215 Central Blvd		
		Brownsville, TX 78520		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Supplies		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
9	expenditure to benefit C/OI		1110	Office field
	Date	D		
	11/04/2024	Payee name DOLLAR TREE		
	Amount (\$)	Payee address; City; State; Zip Cod	ie	
	\$81.46	1215 Central Blvd		
		D		
		Brownsville, TX 78520		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Gifts Constituents/Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	11/07/2024	EL GALLO FINO		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$109.41	2740 W Alton Gloor Blvd		
		Suite C		
		Brownsville, TX 78520		
	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.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Constituents/Campaign
	Complete ONLY if direct	Candidata/Officaholdar nama	ht	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	rit	Office neid

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Fees

Event Expense

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 Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NA	AME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/17 Rpt: 8/21	Garcia, (Gabriela (The Honora	able)				L	00083892	
4	Date	5 Payee na	me							
	11/18/2024	FEDER/	AL EXPRESS							
6	Amount (\$)	7 Payee ad	dress; City;	State;	Zip Co	ode				
	\$45.34	3965 Air	ways							
		Module (G, 4th Floor							
		Memphis	s, TN 38116							
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Courier		top or trilo sorie	duic)		`	outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITORE						_		officeholder living	expense
							Judicial Corre	esp	onaence	
Ļ	0 1, 5, 5, 5, 5		O.C. 1 1;			<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	0	ffice sou	ight			Office he	ld
	Date	Payee na	me							
	11/04/2024	GLADYS	PORTER ZOO							
	Amount (\$)	Payee ad	dress; City;	State;	Zip Co	de				
	\$126.00	500 E Ri	nggold							
		Brownsv	ille, TX 78520							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		tions/Donations Mad		,		Check if travel of	outsi	de of Texas. Comp	olete Schedule T.
	EXI ENDITORE	Candida	te/Officeholder/Politic	cal Commi	ttee			, TX,	officeholder living	expense
							Zoo Event			
_	Complete ONLY if direct	Candidate/	Officeholder name		ffice co	ah+			Office be	Id
	Complete ONLY if direct expenditure to benefit C/OH		Omcenoider name	U	ffice sou	ıgrıt			Office he	ıu
L										
	Date	Payee na								
	11/26/2024		_EZ, MARIELA (Ms.)							
	Amount (\$)	Payee ad		State;	Zip Co	ode				
	\$40.00	455 E. E	lizabeth St.							
		Brownsv	ille, TX 78520							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Event Ex	rpense				ш		de of Texas. Comp	
							Check if Austin, Charro Days	, TX,	officeholder living	expense
							Chano Days			
_	Complete ONLY if direct	Candidate/	Officeholder name	0	ffice sou	aht			Office he	ld .
	expenditure to benefit C/O		Cincendide Haine	O	cc 30u	giit			Office He	ıu
1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 5/17 Rpt: 9/21	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	11/12/2024	HARBOR FREIGHT TOOLS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.50	1601 E Price Rd
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Courtroom
		Coditiooni
_	Commission ONU V 'C. I'	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/24/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.05	1628 Central Blvd
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		reu iviass
_	Occupated ONLY if alice at	On didn't Office helder game
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	11/01/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.62	1628 Central Blvd
		Brownsville, TX 78520
	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
		Jurors/Breakroom Supplies
	Complete CNII V if direct	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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

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: 6/17 Rpt: 10/21	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	11/18/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.49	1628 Central Blvd
		Brownsville, TX 78520
8	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
		ACT Court Thanksgiving Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
\models	Data	
	Date	Payee name
	07/22/2024	HORD, JAMES C
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2900 Central Blvd
		Ste A
		Brownsville, TX 78520
	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 Photograph
		Εποιοθιαμπ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davisa nama
	12/16/2024	Payee name LA VAQUITA
	Amount (\$)	
	\$50.00	705 W Elizabeth St
		Danish stills TV 70500
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donation
	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
		Democratic Party Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Event Expense Fees

Food/Beverage Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Consulting Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/17 Rpt: 11/21 Garcia, Gabriela (The Honorable) 00083892 4 Date Payee name 10/31/2024 LOPEZ, STEPHANIE (Ms.) 6 Amount (\$) Payee address; State; Zip Code \$150.00 5142 Denver Ave Brownsville, TX 78521 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Funeral Expense** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/04/2024 LOWE'S Amount (\$) Payee address; City; State; Zip Code \$37.87 525 Ruben M Torres Sr Blvd Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Supplies **EXPENDITURE** Check if Austin, TX, officeholder living expense Tools Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/12/2024 **MARRIOTT** Amount (\$) Payee address: City; State; Zip Code \$1.153.72 101 Bowie St. San Antonio, TX 78205 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel/Continuing Legal Education Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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		mmittee	Legal Services		Salaries/	Wages	s/Contract Labor		OTHER (enter	a category not listed al	oove)
				The Instruction	Guide ex	cplains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 8/17 Rpt: 12/21		Garcia, Gab	riela (The Ho	onorable	!)				00083892		
4	Date	5	Payee name									
	11/05/2024		McDONALD	's								
6	Amount (\$)	7	Payee addres	s; City;		State; Zip Co	ode					
	\$33.30		1609 Centra	ıl Blvd								
			Brownsville,	TX 78520								
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top o	of this schedule)	(b)	Description				
	OF		Food/Bevera					Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			•				_		officeholder livir		
								Court Staff B	rea	kfast Meeti	ng	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	!	Office sou	ught			Office h	neld	
	experialiture to beliefit C/OI											
	Date		Payee name									
	07/01/2024		NORTH BR	OWNSVILLE	ROTA	RY						
	Amount (\$)		Payee addres	s; City;		State; Zip Co	ode					
	\$220.00											
			Brownsville,	TX 78520								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		Civic Club M		•	,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE							ш		officeholder livir	ng expense	
								Dues - Non P	rot	it		
							<u> </u>					
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	!	Office sou	ught			Office h	neld	
		_										
	Date		Payee name									
	11/25/2024		NORTH BR	OWNSVILLE	ROTAF	RY						
	Amount (\$)		Payee addres	s; City;		State; Zip Co	ode					
	\$200.00											
			TX									
	PURPOSE	(a)	Category (Se	e Categories listed	at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE		Contribution								mplete Schedule T.	
			Candidate/C	Officeholder/F	Political (Committee		ш	, TX,	officeholder livir	ng expense	
								Non Profit				
	Complete ONLY if direct	Ļ	Condidate /Offi	oholde:		O#:	امامه			Office	add	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	;	Office sou	ugnt			Office h	leiü	
	· 											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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

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
TTALE (Control of State Control of C

	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: 9/17 Rpt: 13/21	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	08/16/2024	PELICAN STATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$220.15	201 S. Garcia St.
		Port Isabel, TX 78578
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 Constituent/Campaign
		Constituent Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
_	Data	
	Date	Payee name
	08/05/2024	PILOT
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.03	4105 S. Loop 1604
		San Antonio, TX 78264
	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
		Transportation/Fuel Continuing Legal Education
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	D :	
	Date	Payee name
	10/22/2024	PINKY'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.74	2265 Central Blvd
		Brownsville, TX 78520
	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 Breakroom Supplies
		bleaktootti Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

	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: 10/17 Rpt: 14/21	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	10/24/2024	RICARDO'S RESTAURANT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.31	425 E. 10th St.
		Brownsville, TX 78520
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Red Mass Committee Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/08/2024	RIO BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.76	3401 Old Hwy 77
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/15/2024	RIO BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.76	3401 Old Hwy 77
		Brownsville, TX 78520
	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 Debit Card Fee
		Debit Gara i de
-	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 11/17 Rpt: 15/21	2 FILER NAME Garcia, Gabriela (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083892	
4	Date 08/12/2024	5 Payee name RIO BANK	
6	Amount (\$) \$7.76	7 Payee address; City; State; Zip Code 3401 Old Hwy 77	
		Brownsville, TX 78520	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Charge	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 08/15/2024	Payee name RIO BANK	
	Amount (\$) \$1.76	Payee address; City; State; Zip Code 3401 Old Hwy 77	
		Brownsville, TX 78520	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Debit Card Fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 09/09/2024	Payee name RIO BANK	
	Amount (\$) \$7.76	Payee address; City; State; Zip Code 3401 Old Hwy 77	
		Brownsville, TX 78520	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Charge	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/17 Rpt: 16/21	Garcia, Gabriela (The Honorable)	00083892
4	Date	5 Payee name	<u> </u>
	09/16/2024	RIO BANK	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.76	3401 Old Hwy 77	
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	/ Nocounting/Bunking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			bit Card Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	10/11/2024	RIO BANK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.76	3401 Old Hwy 77	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	/\ccounting/banking	Check if travel outside of Texas. Complete Schedule T.
		I — I —	Check if Austin, TX, officeholder living expense rvice Charge
			The charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	-i	
	Date	Payee name	
	10/15/2024	RIO BANK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.76	3401 Old Hwy 77	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense bit Card Fee
			Sit Card I Co
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	
ı			

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

l	Credit Card Payment	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)			
l	Sch: 13/17 Rpt: 17/21	Garcia, Gabriela (The Honorable)	00083892			
4	Date	5 Payee name	·			
l	11/08/2024	RIO BANK				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
l	\$7.76	3401 Old Hwy 77				
l						
		Brownsville, TX 78520				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
l	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
l			Service Charge			
			Ğ			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
F	Date	Payee name				
	11/15/2024	RIO BANK				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$1.76	3401 Old Hwy 77				
l						
		Brownsville, TX 78520				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
l	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.			
l			Check if Austin, TX, officeholder living expense Debit Card Fee			
			Door Cara Foo			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
F	Date	Payee name				
	12/09/2024	RIO BANK				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$7.76	3401 Old Hwy 77				
l						
l		Brownsville, TX 78520				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
l	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.			
			Check if Austin, TX, officeholder living expense Service Charge			
			Co. 1.00 Charge			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
ı						

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/17 Rpt: 18/21	Garcia, Gabriela (The Honorable)	00083892
4	Date	5 Payee name	·
	12/16/2024	RIO BANK	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.76	3401 Old Hwy 77	
		Brownsville, TX 78520	
8	PURPOSE OF	, , ,	Description
	EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Debit Card Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/22/2024	STAPLES	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$217.36	2436 Pablo Kisel Blv	
		Brownsville, TX 78526	
	PURPOSE OF	, , ,	Description
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Back to School Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/24/2024	STAPLES	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.64	2436 Pablo Kisel Blv	
		Brownsville, TX 78526	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee	Red Mass
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: 2	FILER NAME		<u> </u>
			3 Filer ID (Ethics Commission Filers)
Sch: 15/17 Rpt: 19/21	Garcia, Gabriela (The Honorable)		00083892
4 Date 5 09/23/2024	Payee name STATE BAR OF TEXAS		
6 Amount (\$)	Payee address; City; State; 1414 Colorado Street Austin, TX 78701	Zip Code	
8 PURPOSE (a OF EXPENDITURE	Category (See Categories listed at the top of this sched State Bar	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought	Office held
Date 12/06/2024	Payee name THE VIEW (COMEDY CLUB)		
Amount (\$) \$326.54	Payee address; City; State; 4157 S. Expressway 77 2nd Floor Brownsville, TX 78520	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense nas Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought	Office held
Date 11/06/2024	Payee name TRACTOR SUPPLY CO.		
Amount (\$) \$59.53	Payee address; City; State; 1989 Military Hwy	Zip Code	
	Brownsville, TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Supplies	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought	Office held

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/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: 16/17 Rpt: 20/21	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	07/08/2024	VERMILLION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.67	115 Paredes Line Rd
		Brownsville, TX 78521
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent/Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/15/2024	VERMILLION
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	115 Paredes Line Rd
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Birthday Gift Constituent
		Billinday Gill Constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/04/2024	VERMILLION
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.07	115 Paredes Line Rd
		Brownsville, TX 78521
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Constituents/Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Candidate	xpense s/ Donations Made By e/Officeholder/Political	- Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E	ernead/Rental Expense kpense xpense Vages/Contract Labor	Travel in Distri Travel Out of I	
Credit Card F	Payment		The Instruction Guide exp	olains how to co	mplete this form.		
	s Schedule F1: 7 Rpt: 21/21		: oriela (The Honorable)			3 Filer ID 00083892	(Ethics Commission Filers)
Date	•		The Honorabie)			00000002	•
12/16/202		5 Payee name WAL MART					
				Ctata: 7in Ca	- d -		
Amount (\$)	\$174.69	7 Payee addre	ss; City; IN M TORRES BLVD	State; Zip Co	ode		
		BROWNSV	ILLE, TX 78526				
PURPO OF EXPENDI		(a) Category (So Supplies	ee Categories listed at the top of t	this schedule)	Check if Austi	l outside of Texas. Co n, TX, officeholder livi eakroom/Coole	ng expense
Complete <u>Complete</u>	<u> </u>		ceholder name	Office sou	<u>l</u> ıght	Office	neld