CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	`	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00083892		22			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Gabriela			03/05/2025	
		NICKNAME	LAST		SUFFIX	1	
		Gabby	Garcia			Date Hand-delivered or I	Date Postmarked
4	ORIGINAL	X January 15	Runoff	Other (s	pecify)	1	
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		8th day before election	appointment (office	• • •		Date Processed	
_	ODICINAL DEDICE		Ш ' `	·	V		
5	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day	Year	Date Imaged	
_	EVEL ANIATION OF C	07/01/2024		12/31/2024			
6	EXPLANATION OF C	ORRECTION f the Report, I noticed that i		dit in 14		unt avenaman familia F	Namaaanatia Dantu it
		t Program Christmas Lunc payee (La Vaquita) as the c venile Divert Court.					
7	AFFIDAVIT		l sw	rear, or affirm, under po	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	eck the box next to any	and all applicat	ole statements:	
			X	Semiannual reports was made in good fa misrepresent the info	aith and without	an intent to mislead	
			X	Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	the 14th busines ginally filed is ina t any error or om	ss day after the date accurate or incompl	e I learned ete. I
				The !	Honorable Gal	oriela Garcia	
				Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	e.		
			ŕ				
	Signature of office	er administering oath	Printed name of of	fficer administering oat	th T	itle of officer admini	istering oath
	S.g		· ····································		'	5. 5561 44.11111	

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Gabriela NAME Date Received **ELECTRONICALLY FILED** 03/05/2025 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

ELECTION DATE

District Judge District 138 Cameron

Year

Day

11/05/2024

OFFICE HELD (if any)

Month

10 ELECTION

11 OFFICE

Primary

χ General

ELECTION TYPE

12 OFFICE SOUGHT (if known)

Other

Runoff

Special

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 22

13 C / OH NAME	Garcia, Gabriela (The	Honorable)	14 Filer ID 00083892	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
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	S)	\$ 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	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	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

					4 of 22	
Garcia	8 FILER NAME Garcia, Gabriela (The Honorable) 19 Filer ID (Ethics Commission Filers) 00083892					
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE				OTAL AMOUNT	
1.	X	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.	Χ	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 IT TO FILER	RETURNED	\$		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form					es Schedule A(J)1 Rpt: 5/22	L:
2	FILER NAME			3	Filer ID ((Ethics Commissi	on Filers)
	Garcia, Gab	riela (The Honorable)			00083892	2	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of	Contribution (\$)	
	10/31/2024	GAMEZ Jr., ERNESTO					\$2,000.00
		6 Contributor address; City; State; Zip Code					
		Brownsville, TX 78520					
8		Principal Occupation	9 Contributor's Job Title				
	Attorney		Attorney				
10		employer/law firm	11 Law firm of contributor's sp	oous	se (if any)	·	
		ES OF ERNESTO GAMEZ, JR. s a child, law firm of parent(s) (if any)					

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

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

	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: 1/17 Rpt: 6/22	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 EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Red Mass
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	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 Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	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/OI	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 EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
	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 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: 2/17 Rpt: 7/22	Garcia, Gabriela (The Honorable)		00083892
4	Date	5 Payee name		·
	11/04/2024	CHIK-FIL-A		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	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.
				Constituents/Campaign
				onesitatino, eampaign
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O		,	
	Date	Payee name		
	07/25/2024	COBBLEHEADS		
	Amount (\$)	Payee address; City; State; Zip Cod	le.	
	\$116.19	3154 Central Blvd		
	¥==0:=0	020 / 00/100 2000		
		Brownsville, TX 78520		
	PURPOSE		(b)	Description
	OF	Food/Beverage Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Constituents/Campaign
	0 1: 01:14 7 7 7			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ınt	Office held
	Date	Payee name		
	07/01/2024	DOLLAR TREE		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$35.18	1215 Central Blvd		
		- "		
		Brownsville, TX 78520		
	PURPOSE OF	, -	(b)	Description Check if travel outside of Tayon Complete Schoolule T
	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 soug	ht	Office held
	expenditure to benefit C/O	1		
_				

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 3/17 Rpt: 8/22	Garcia, Gabriela (The Honorable)	
4	Date	5 Payee name	
	10/21/2024	DOLLAR TREE	
6	Amount (\$) \$5.41	7 Payee address; City; State; Zip Code 1215 Central Blvd	
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Supplies Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office Supplies	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/04/2024	DOLLAR TREE	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$81.46	1215 Central Blvd	
		Brownsville, TX 78520	
	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	
		Gifts Constituents/Campaign	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/07/2024	EL GALLO FINO	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$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	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Constituents/Campaign	
_	Complete ONLY if alian -t	Condidate/Officeholder name Office county Office	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L		··	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 4/17 Rpt: 9/22	Garcia, Gabriela (The Honorable)
4	Date	5 Payee name
	11/18/2024	FEDERAL EXPRESS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.34	3965 Airways
		Module G, 4th Floor
		Memphis, TN 38116
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Courier Service (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Courier Service Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Judicial Correspondence
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L		
	Date	Payee name
	11/04/2024	GLADYS PORTER ZOO
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.00	500 E Ringgold
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Zoo Event
		Zoo Event
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditare to benefit eye.	
	Date	Payee name
	11/26/2024	GONZALEZ, MARIELA (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	455 E. Elizabeth St.
		Brownsville, TX 78520
<u> </u>	PURPOSE	La.
	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	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Charro Days
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 10/22	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 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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/24/2024	HEB
	Amount (\$) \$189.05	Payee address; City; State; Zip Code 1628 Central Blvd
	\$189.05	1028 Cerillai Bivu
		Brownsville, TX 78520
	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
		Red Mass
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	11/01/2024	HEB
	Amount (\$) \$156.62	Payee address; City; State; Zip Code 1628 Central Blvd
	\$150.02	1026 Ceritiai bivu
		D
		Brownsville, TX 78520
	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
		Jurors/Breakroom Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

	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: 11/22	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 travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense ACT Court Thanksgiving Lunch
		ACT Coult Manksgiving Eurich
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	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
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		Photograph
	Complete ONLY if direct	Condidate/Office helds no year
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/16/2024	LA VAQUITA
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	705 W Elizabeth St
		Brownsville, TX 78520
	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 Christmas Lunch
_	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
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 compl	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
L	Sch: 7/17 Rpt: 12/22	Garcia, Gabriela (The Honorable)	00083892
4	Date 10/31/2024	5 Payee name LOPEZ, STEPHANIE (Ms.)	
Ļ			
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 5142 Denver Ave	
		Brownsville, TX 78521	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Funeral Expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
L	11/04/2024	LOWE'S	
	Amount (\$) \$37.87	Payee address; City; State; Zip Code 525 Ruben M Torres Sr Blvd	
		Brownsville, TX 78520	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tools
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/12/2024	Payee name MARRIOTT	
	Amount (\$) \$1,153.72	Payee address; City; State; Zip Code 101 Bowie St.	
		San Antonio, TX 78205	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel/Continuing Legal Education
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 8/17 Rpt: 13/22	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	11/05/2024	McDONALD's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.30	1609 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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Court Staff Breakfast Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/01/2024	NORTH BROWNSVILLE ROTARY
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.00	
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Civic Club Membership Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues - Non Profit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/25/2024	NORTH BROWNSVILLE ROTARY
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		TX
	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
		Non Profit
	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)
g 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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guid	le explains how to co	mple	ete this form.
1	Total pages Schedule F1:	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 9/17 Rpt: 14/22	Garcia, Gabriela (The Honora	able)		00083892
4	Date	Payee name			
	08/16/2024	PELICAN STATION			
6	Amount (\$)	Payee address; City;	State; Zip Co	de	
	\$220.15	201 S. Garcia St.			
		Port Isabel, TX 78578			
8	PURPOSE OF	Category (See Categories listed at the	top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense			Check if Austin, TX, officeholder living expense
					Constituent/Campaign
9	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name	Office sou	ght	Office held
	experialitare to benefit C/O				
	Date	Payee name			
	08/05/2024	PILOT			
	Amount (\$)	Payee address; City;	State; Zip Co	de	
	\$40.03	4105 S. Loop 1604			
		San Antonio, TX 78264			
	PURPOSE OF	Category (See Categories listed at the	top of this schedule)	(b)	Description Check if travel outside of Tourse Complete Schodule T
	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 expenditure to benefit C/O	andidate/Officeholder name	Office sou	ght	Office held
	experioration to benefit C/O				
	Date	Payee name			
	10/22/2024	PINKY'S			
	Amount (\$)	Payee address; City;	State; Zip Co	de	
	\$5.74	2265 Central Blvd			
		2			
		Brownsville, TX 78520			
	PURPOSE OF	Category (See Categories listed at the	top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense			Check if Austin, TX, officeholder living expense
					Breakroom Supplies
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name	Office sou	ght	Office held
	experiulture to beliefft C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Se	rvices struction Guid			/Wages	/Contract Labor		OTHER (enter		ot listed above)
Ŀ					Struction Guid	ie expiairis	11000 10 0	Jonipie	te this form.	1.			
1	Total pages Schedule F1:	2			The Heneve	(ماماد				3	Filer ID	•	Commission Filers)
L	Sch: 10/17 Rpt: 15/22	L			The Honora	abie)					00083892	<u></u>	
4	Date	5	Payee name	;									
	10/24/2024		RICARDO'	S RES	TAURANT								
6	Amount (\$)	7	Payee addre	ess;	City;	State	; Zip C	Code					
	\$119.31		425 E. 10th	ı St.									
			Brownsville	e, TX 78	3520								
8	PURPOSE	(a)						(b)	Description				
ľ	OF	```	Category (S Food/Beve			top of this sch	eaule)	(")	_ `	outsi	ide of Texas. Co	mplete Sched	lule T.
	EXPENDITURE		1 OOG/DCVC	rage L	крепос				=		, officeholder liv		
									Red Mass Co	omi	mittee Lun	ch	
9	Complete ONLY if direct		Candidate/Off	ficeholde	er name	(Office so	ught			Office	held	
	expenditure to benefit C/OI	Н											
F	Date		Payee name	<u> </u>									
	07/08/2024		RIO BANK										
H	Amount (\$)	H	Payee addre	566.	City;	State	; Zip C	:ode					
	\$7.76		3401 Old F		Oity,	Otato	, <u>-</u> .p (Jouc					
	Ψ1.10		3401 Old I	ivvy 11									
			D	TV 70	2500								
L		L	Brownsville										
	PURPOSE OF	(a)	Category (S			top of this sch	edule)	(b)	Description				
	EXPENDITURE		Accounting	ı/Bankir	ng				=		ide of Texas. Co , officeholder livi		lule 1.
									Service Char		, 0001.0.001	ing expense	
										9-			
⊢	Complete ONLY if direct		Candidate/Off	ficeholde	er name	(Office so	<u>l</u> ouaht			Office	held	
	expenditure to benefit C/OI		ou.ru.duto, o		J. 1.d.1.0	·		zag			000		
⊨	Data		Dovos mari										
	Date 07/15/2024		Payee name RIO BANK										
		L											
	Amount (\$)		Payee addre	•	City;	State	; Zip C	Code					
	\$1.76		3401 Old F	lwy //									
			Brownsville	e, TX 78	3520								
	PURPOSE	(a)	Category (S	See Catego	ories listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Accounting								ide of Texas. Co		lule T.
									_		, officeholder liv	ng expense	
									Debit Card F	ee			
dash			_ "' "				~ ***						
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	riceholde	er name	(Office so	ought			Office	neld	

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: 11/17 Rpt: 16/22	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	08/12/2024	RIO BANK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.76	3401 Old Hwy 77
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/15/2024	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Debit Card Fee
	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Data	
	Date 09/09/2024	Payee name RIO BANK
	Amount (\$) \$7.76	Payee address; City; State; Zip Code 3401 Old Hwy 77
	\$1.10	5401 Old Hwy 77
		Proumovillo TV 70520
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking Check if travel outside of Texas. Complete Schedule T.
	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

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 co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/17 Rpt: 17/22		Garcia, Gabriela (The Honorable)		00083892
4	Date	5	Payee name		
	09/16/2024		RIO BANK		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$1.76		3401 Old Hwy 77		
			Brownsville, TX 78520	1	
8	PURPOSE OF	(a) 	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Accounting/Banking		Check if Austin, TX, officeholder living expense
					Debit Card Fee
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ught	t Office held
	·	_			
	Date		Payee name		
	10/11/2024		RIO BANK		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$7.76		3401 Old Hwy 77		
			Brownsville, TX 78520		
	PURPOSE	(0)		(b)) Description
	OF	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		7.000driung/Danking		Check if Austin, TX, officeholder living expense
					Service Charge
	Occupate ONLY if disent	<u> </u>	Orași interest (Office la Indonesia e Confice a Confice		Office held
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou	ugnt	t Office held
_	Data		Para a sana		
	Date 10/15/2024		Payee name RIO BANK		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1.76		3401 Old Hwy 77	ouc	
	¥= \$				
			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 Card Fee
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office sou	<u>l</u> ught	t Office held
	expenditure to benefit C/OI		<u> </u>	J	
ı					

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	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: 13/17 Rpt: 18/22	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	11/08/2024	RIO BANK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.76	3401 Old Hwy 77
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Charge
		Scrive charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	11/15/2024	RIO BANK
L		
	Amount (\$)	
	\$1.76	3401 Old Hwy 77
L		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 Debit Card Fee
		Desir Gara Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/09/2024	RIO BANK
L	Amount (\$)	112 21 111
	\$7.76	Payee address; City; State; Zip Code 3401 Old Hwy 77
	Φ1.10	5401 Old Hwy 11
		B
		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
1		2553
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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 Salaries/Wages/Contract Labor

l	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: 14/17 Rpt: 19/22	Garcia, Gabriela (The Honorable)	00083892
4	Date	5 Payee name	•
l	12/16/2024	RIO BANK	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$1.76	3401 Old Hwy 77	
l			
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	
l	OF EXPENDITURE	7 tecounting/Bariking	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
l		l — l —	Card Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
F	Date	Payee name	
	07/22/2024	STAPLES	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$217.36	2436 Pablo Kisel Blv	
l			
		Brownsville, TX 78526	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
l	OF EXPENDITURE	Onto Wards Michigals Expense I	eck if travel outside of Texas. Complete Schedule T.
l		I — I —	eck if Austin, TX, officeholder living expense to School Supplies
		- Buok	to concer cuppings
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
F	Date	Payee name	
	10/24/2024	STAPLES	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$18.64	2436 Pablo Kisel Blv	
l			
l		Brownsville, TX 78526	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
l	OF EXPENDITURE	Continuations/Donations water by	eck if travel outside of Texas. Complete Schedule T.
l		Candidate/Officeholder/Political Committee Characteristics Red I	eck if Austin, TX, officeholder living expense
		l Neu l	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	
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 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: 15/17 Rpt: 20/22	2 FILER NAME Garcia, Gabriela (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083892
4	Date 09/23/2024	5 Payee name STATE BAR OF TEXAS
6	Amount (\$) \$382.50	7 Payee address; City; State; Zip Code 1414 Colorado Street
8	PURPOSE OF EXPENDITURE	Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) State Bar (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/06/2024	Payee name THE VIEW (COMEDY CLUB)
	Amount (\$) \$326.54	Payee address; City; State; Zip Code 4157 S. Expressway 77 2nd Floor Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Staff Christmas Lunch
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/06/2024	Payee name TRACTOR SUPPLY CO.
	Amount (\$) \$59.53	Payee address; City; State; Zip Code 1989 Military Hwy
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense T-Post Puller
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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	
Ļ	-	
1	Total pages Schedule F1:	
	Sch: 16/17 Rpt: 21/22	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	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 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
		Birthday Gift Constituent
		Britiday Ont Obligation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
H	Date	Payee name
	11/04/2024	VERMILLION
_	Amount (\$)	Payee address; City; State; Zip Code
	\$109.07	115 Paredes Line Rd
	Φ109.07	TIO FAIGUGS LING MU
		Drawnoville, TV 70521
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituents/Campaign
		F
	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

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		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 17/17 Rpt: 22/22	Garcia, Gabriela (The Honorable)	00083892
4	Date	5 Payee name	
	12/16/2024	WAL MART	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$174.69	2205 RUBEN M TORRES BLVD BROWNSVILLE, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		Supplies Bre	eakroom/Coolers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held