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 70 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Gabriela NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Gabby Garcia CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Mr. Antonio NAME NICKNAME LAST **SUFFIX** Tony Flores **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 266-5050 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 70

13 C / OH NAME	Garcia, Gabriela (The	Honorable)	14 Filer ID 00083892	(Ethics Commission	Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM POLITICAL candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.							
Additional Pages	COMMITTEE TYPE	TYPE COMMITTEE NAME						
—	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00			
		ICAL CONTRIBUTIONS		\$ 73,8	811.70			
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES								
TOTALS	0. 1017 E 0111 E III	ZES I GENTONE EN ENSITONES		\$	0.00			
		ICAL EXPENDITURES		\$ 16,8	854.82			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 54,2	230.09			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 23,5	883.97			
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Ill information required	companying report is to be reported by me	5			
	The Honorable Gabriela Garcia							
		Signature of	f Candidate or Officeho	lder	_			
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
of	, 20, to ce	ertify which, witness my hand and seal of office.						
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath	_			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 70			
	8 FILER NAME Garcia, Gabriela (The Honorable) 19 Filer ID (Ethics Commission Filers) 00083892							
	HEDUL ME OF	SUBTOT	AL AMOUNT					
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	67,225.00			
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	6,586.70			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	2,683.97			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	14,170.85			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,683.97			
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$				
				•				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 1/25 Rpt: 4/70
2	FILER NAME Garcia, Gab	NAME , Gabriela (The Honorable)		1	Filer ID (Ethics Commission Filers) 00083892	
4	Date 02/18/2025	/2025 AGUILAR & ZABARTE LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$150.00	
		Brownsville, TX 78520		Ţ		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/26/2025	Contributor address; City;	LLC			\$200.00
		Brownsville, TX 78521		_		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/24/2025	AN BAIL BONDS	_			\$500.00
		Contributor address; City; Brownsville, TX 78520	State; Zip Code		-	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL CONTRIBU	JTIC	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 2/25 Rpt: 5/70
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Garcia, Gab	riela (The Honorable)			L	00083892
4	Date 03/03/2025			7	Amount of Contribution (\$) \$500.00	
		Brownsville, TX 78521				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PA	C (ID#:)		Amount of Contribution (\$)
	02/18/2025	BARRERA, RICARDO (Mr.) Contributor address; City; State; Zip Code			•	\$750.00
		Harlingen, TX 78550				
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
		Law Firm, PC		· ·		
		s a child, law firm of parent(s) (if any)		L		
	Date	Full name of contributor out-of-state PA	C (ID#:)	Г	Amount of Contribution (\$)
	03/05/2025	BEGUM LAW GROUP	- (\$2,000.00
		Contributor address; City; State; Zip Code Brownsville, TX 78526			•	
_	Contributorio			Cantuibutada Jab Titla		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIB	BUTIC	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 3/25 Rpt: 6/70
2	FILER NAME Garcia, Gab	riela (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083892
4	Date 03/04/2025	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,000.00	
		Brownsville, TX 78520				
8		Principal Occupation		9 Contributor's Job Title		
10		employer/law firm f Rick Canales		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date 02/14/2025	Full name of contributor out-of-state FCISNEROS LAW GROUP PLLC Contributor address; City; State; Zip Code	PAC (ID#:_)	•	Amount of Contribution (\$) \$1,000.00
		Brownsville, TX 78521				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
F	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)
	02/24/2025	COWEN JR., JOHN F (Mr.) Contributor address; City; State; Zip Code Brownsville, TX 78521				\$1,000.00
	Contributor's F	L Principal Occupation		Contributor's Job Title	<u> </u>	
		stoms Broker		Owner		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to complete this		ages Schedule A(J): 1/25 Rpt: 7/70	l:	
2	FILER NAME Garcia, Gab	AME Gabriela (The Honorable)			(Ethics Commissi	on Filers)
4	Date 02/17/2025	6 Contributor address; City; State; Zip Code			nt of Contribution (\$)	\$500.00
		South Padre Island, TX 78597				
8		Principal Occupation	9 Contributor's Job Title			
_	Attorney		44 Landing of a strike table	(: f		
10	Self Employe	employer/law firm ed	11 Law firm of contributor's sp	oouse (ii an	у)	
12		s a child, law firm of parent(s) (if any)	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	02/15/2025	DE LEON, CESAR (Mr.) Contributor address; City; State; Zip Code				\$1,000.00
	O a materilla contacta da E	Brownsville, TX 78520	O antilla de de Tida			
	Attorney	Principal Occupation	Contributor's Job Title			
-	<u> </u>	employer/law firm	Law firm of contributor's sp	oouse (if an	v)	
	Law Firm of	Cesar de Leon, PLLC				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	03/03/2025	DENTON NAVARRO RODRIGUEZ BERNAL S Contributor address; City; State; Zip Code San Antonio, TX 78212	SANTEE & ZECH PC			\$300.00
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if an	y)	
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 5/25 Rpt: 8/70		
2	FILER NAME Garcia, Gab	R NAME cia, Gabriela (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083892
4	Date 03/03/2025	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$150.00	
		Harlingen, TX 78552				
8		Principal Occupation		9 Contributor's Job Title		
L	Attorney					
10		employer/law firm arro Rodriguez Bernal Sante	a&7ech PC	11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if				
	- II contributor i	s a crina, law iiiii or parcrii(s) (ii	arry)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/24/2025	EL PADRINO BAIL BON	_			\$1,000.00
		Contributor address; City; S	State; Zip Code		1	
		Harlingen, TX 78550				
	Contributor's F	Principal Occupation		Contributor's Job Title		
L	Contributor's	employer/law firm		Law firm of contributor's sp	20119	se (if any)
	Contributor 5	simple yelliaw iiiiii		Law iiiii oi contributoi 5 5	Jou	se (ii uriy)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	03/03/2025	ERWIN, ALAN (Mr.)	_			\$1,000.00
		Contributor address; City; S	State; Zip Code		1	
		Brownsville, TX 78520				
		Principal Occupation		Contributor's Job Title		
	Attorney					
	Roerig Olive	employer/law firm		Law firm of contributor's sp	oous	se (if any)
_		s a child, law firm of parent(s) (if	anvi			
	ii continuttoi i	s a crind, law littl of pareril(s) (ii	arry)			
H						

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 6/25 Rpt: 9/70	
2	FILER NAME	R NAME		3 Filer ID (Ethics Commission Filers)
	Garcia, Gab	riela (The Honorable)		00083892
4	Date 02/17/2025	5 Full name of contributor out-of-state PAC (IE ESPARZA & GARZA, LLP 6 Contributor address; City; State; Zip Code	D#:)	7 Amount of Contribution (\$) \$500.00
		Brownsville, TX 78520		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any)		
H	Date	Full name of contributor out-of-state PAC (IE	D#: \	Amount of Contribution (\$)
	03/01/2025	GAMEZ, ERIN ELIZABETH (Mrs.)	Sm	\$2,500.00
		Contributor address; City; State; Zip Code		
		Brownsville, TX 78520		
		Principal Occupation	Contributor's Job Title	
	Attorney			
		employer/law firm of Ernesto Gamez, Jr., P.C.	Law firm of contributor's s	spouse (if any)
		s a child, law firm of parent(s) (if any)		
	ii contributor i	s a criliu, iaw iiriri or parerii(s) (ii any)		
-	Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	03/03/2025	GAMEZ Jr., ERNESTO		\$2,500.00
		Contributor address; City; State; Zip Code		
		Brownsville, TX 78520		
	Contributor's I Attorney	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Law Office of	f Ernesto Gamez, Jr., P.C.		
	If contributor i	s a child, law firm of parent(s) (if any)	•	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this 1	1	Total pages Schedule A(J)1: Sch: 7/25 Rpt: 10/70	
2	FILER NAME				Filer ID (Ethics Commission Filers)
	Garcia, Gab	riela (The Honorable)		↓	00083892
4	Date 03/05/2025	 Full name of contributor out-of-state PAC (ID#: GARZA, ELIZABETH V (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$500.00
		Brownsville, TX 78526			
8	Contributor's I	Principal Occupation	9 Contributor's Job Title		
	Attorney				
10		employer/law firm RZA LAW FIRM, P.C.	11 Law firm of contributor's sp	oouse	e (if any)
10					
12	in Contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor)		Amount of Contribution (\$)
	03/05/2025	GONZALEZ, CHESTER (Mr.)			\$500.00
		Contributor address; City; State; Zip Code			
		Brownsville, TX 78520			
	Contributor's I	Principal Occupation	Contributor's Job Title		
	Attorney				
		employer/law firm	Law firm of contributor's sp	ouse	e (if any)
	Self Employe	ed			
	If contributor is	s a child, law firm of parent(s) (if any)			
H	Date	Full name of contributor out-of-state PAC (ID#:)	I	Amount of Contribution (\$)
	02/24/2025	GUTIERREZ, HIRAM (Mr.)			\$1,000.00
		Contributor address; City; State; Zip Code			
		McAllen, TX 78501			
	Contributor's I	Principal Occupation	Contributor's Job Title		
	Attorney				
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse	e (if any)
	Perdue, Brai	ndon, Fielder, Collins & Mott			
	If contributor is	s a child, law firm of parent(s) (if any)	1		

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 8/25 Rpt: 11/70
2	FILER NAME	E ubriela (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083892	
4	Date	te 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	
	02/24/2025				\$500.00	
		Harlingen, TX 78550				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	02/13/2025	HODGE & JAMES LLP Contributor address; City; S	<u> </u>			\$500.00
		Harlingen, TX 78553				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	03/03/2025	JR'S EXPRESS BAIL BO	NDS			\$500.00
		Contributor address; City; Si Olmito, TX 78575	tate; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J) Sch: 9/25 Rpt: 12/70)1:		
2	FILER NAME	NAME		3 F	Filer ID (Ethics Commiss	sion Filers)	
	Garcia, Gab	riela (The Honorable)				00083892	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)	
	02/24/2025	LALYS BAIL BONDS					\$1,000.00
		6 Contributor address; City;	State; Zip Code				
		Brownsville, TX 78520					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse	(if any)	
12	If contributor i	s a child, law firm of parent(s) (if	f any)				
_	Date	Full name of contributor	out-of-state PAC (ID#:	,	Τ ,	Amount of Contribution (\$)	
	02/24/2025	LAMAS, RICARDO (Mr.	—		′	Amount of Continbution (φ)	\$500.00
	02/24/2025	Contributor address; City;					Ψ500.00
		Brownsville, TX 78521					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Bonds Man			Owner			
	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	f any)				
-	Date	Full name of contributor	out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	<u> </u>
	02/18/2025	LAW OFFICE OF AMBE	ER M. RODRIGUEZ PLI	LC			\$500.00
		Contributor address; City;	State; Zip Code				
		Harlingen, TX 78550					
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	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	f any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 10/25 Rpt: 13/70	
2	FILER NAME Garcia, Gab	riela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4	Date 03/05/2025	2025 LAW OFFICE OF BENIGNO (TREY) MARTINEZ, PLLC 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,375.00
8	Contributor's F	Brownsville, TX 78520 Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor uut-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	02/03/2025 LAW OFFICE OF CERISE R DE GARDUNO Contributor address; City; State; Zip Code			\$500.00
	Contributor's	Brownsville, TX 78520 Principal Occupation	Contributor's Job Title	
	Continuators	Рипсіраї Оссираціон	Continuator \$ 300 Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC (ID#:		Amount of Contribution (\$)
	02/18/2025	LAW OFFICE OF FABRIAN LIMAS JR		\$500.00
		Contributor address; City; State; Zip Code Brownsville, TX 78520		
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 11/25 Rpt: 14/70
2	FILER NAME Garcia, Gab	riela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4			7 Amount of Contribution (\$) \$1,000.00	
8	Contributor's I	Brownsville, TX 78520 Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID LAW OFFICE OF LEONARDO RINCONES Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$2,000.00
	Contributor's I	Brownsville, TX 78520 Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID LAW OFFICE OF MIGUEL SALAZAR, PLLC Contributor address; City; State; Zip Code Brownsville, TX 78520	#:)	Amount of Contribution (\$) \$300.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A(J)1: Sch: 12/25 Rpt: 15/70
2	FILER NAME Garcia, Gab	ER NAME rcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4			7 Amount of Contribution (\$) \$2,500.00	
		Brownsville, TX 78520		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
	02/18/2025	LAW OFFICE OF OSCAR DE LA FUENTE Contributor address; City; State; Zip Code		\$1,000.00
		Harlingen, TX 78550		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's 6	employer/law firm	Law firm of contributor's	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	I	
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
	03/03/2025	LAW OFFICE OF RUBEN PENA SR.		\$500.00
		Contributor address; City; State; Zip Code Harlingen, TX 78550		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 13/25 Rpt: 16/70
2	FILER NAME Garcia, Gab	AME Gabriela (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083892
4			7	Amount of Contribution (\$) \$500.00		
		Los Fresnos, TX 78566				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	02/20/2025	LINEBARGER GOGGAI Contributor address; City; S Austin, TX 78760	N BLAIR & SAMPSON			\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Continuator 5 i	-ппсіраї Оссираціоп		Continuator \$ 500 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/24/2025	LOPEZ, DANIEL (Mr.)	_			\$300.00
		Contributor address; City;	State; Zip Code		•	
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Logistics	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRI	BUTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comple	ete this f	orm.	1	Total pages Schedule A(J)1: Sch: 14/25 Rpt: 17/70
2	FILER NAME Garcia, Gab	ILER NAME Garcia, Gabriela (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083892	
4	Date 02/17/2025	·	e PAC (ID#:_)	7	Amount of Contribution (\$) \$500.00
		Brownsville, TX 78520				
8		Principal Occupation		9 Contributor's Job Title		
L	Attorney					
10		employer/law firm MASSO ATTORNEY AT LAW		11 Law firm of contributor's sp	ous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state	e PAC (ID#:_)		Amount of Contribution (\$)
	03/03/2025	MONARCA HEALTH CARE LLC Contributor address; City; State; Zip Code				\$250.00
		Brownsville, TX 78521		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state	e PAC (ID#:_)		Amount of Contribution (\$)
	03/01/2025	NARANJO, ANCELMO (Mr.)				\$500.00
		Contributor address; City; State; Zip Code Brownsville, TX 78520				
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney					
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	The Law Off	ice of Ancelmo Naranjo				
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A(J)1: Sch: 15/25 Rpt: 18/70
2	FILER NAME	FILER NAME Garcia, Gabriela (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083892
4			7	Amount of Contribution (\$) \$500.00	
		Brownsville, TX 78520			
8		Principal Occupation	9 Contributor's Job Title		
10	Attorney Contributor's 6 Self Employe	employer/law firm	11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if any)			
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID# NICOLAS D GARZA LAW FIRM Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$200.00
	Cambuilaretaula	Brownsville, TX 78520	Constributorio Iolo Titlo		
	Contributors	Principal Occupation	Contributor's Job Title		
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	.1		
	Date	Full name of contributor out-of-state PAC (ID#	<i>‡</i> :)		Amount of Contribution (\$)
	02/18/2025	NOE GONZALEZ LAW GROUP, PLLC Contributor address; City; State; Zip Code Brownsville, TX 78520			\$800.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm	Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 16/25 Rpt: 19/70
2	FILER NAME Garcia, Gab	riela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4	Date 03/03/2025 Full name of contributor out-of-state PAC (ID#:) NUNEZ, RICHARD JW (Mr.) 6 Contributor address; City; State; Zip Code Brownsville, TX 78521		7 Amount of Contribution (\$) \$1,000.00	
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
10		employer/law firm of Richard J.W. Nunez	11 Law firm of contributor's sp	ouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#: ORTIZ, LEANDRA C (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$150.00
		Harlingen, TX 78552	T	
	Attorney	Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm gos Trevino Kyle & Robinson P.C. s a child, law firm of parent(s) (if any)	Law firm of contributor's sp	nouse (if any)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/04/2025	PERDUE, BRANDON, FIELDER, COLLINS & Contributor address; City; State; Zip Code Houston, TX 77008		\$1,000.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTR	RIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comp	lete this f	form.	1	Total pages Schedule A(J)1: Sch: 17/25 Rpt: 20/70
2	FILER NAME	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Garcia, Gab	riela (The Honorable)				00083892
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 03/03/2025 PRIME POWER SERVICES LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Brownsville, TX 78521				
8	Contributor's	I Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-sta	ate PAC (ID#:_)	Τ	Amount of Contribution (\$)
	02/24/2025	PRONTO BAIL BONDS	ate 1 AC (1D#	J		\$1,000.00
		Contributor address; City; State; Zip Cod	de			
		Brownsville, TX 78520				
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-sta	ate PAC (ID#:_		Τ	Amount of Contribution (\$)
	02/17/2025	RAYNALDO RODRIGUEZ, JR. PC				\$2,000.00
		Contributor address; City; State; Zip Cod	de			
		Harlingen, TX 78550		•		
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		L		

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.					otal pages Schedule A(J). 5ch: 18/25 Rpt: 21/70	1:
2	FILER NAME	ER NAME		3 F	iler ID (Ethics Commiss	ion Filers)	
	Garcia, Gab	riela (The Honorable)			0	0083892	
4	Date 02/24/2025	Full name of contributor RO QUE BAIL BONDS Contributor address; City;	out-of-state PAC (ID#:_	,	7 A	mount of Contribution (\$)	\$500.00
		Harlingen, TX 78550		,			
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse	(if any)	
12	! If contributor i	s a child, law firm of parent(s) (if	f any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	l A	mount of Contribution (\$)	
	03/03/2025	ROBLES, NOE (Mr.)	out of state 1710 (IBII.	<i></i>		ca c. co (+)	\$1,000.00
		Contributor address; City;	State; Zip Code				
		Harlingen, TX 78550					
		Principal Occupation		Contributor's Job Title			
	Attorney					<i>""</i>	
		employer/law firm of Noe Robles		Law firm of contributor's s	pouse	(it any)	
_		s a child, law firm of parent(s) (if	f any)				
	ii continuator i	s a criliu, law litti or paretit(s) (ii	arry)				
_	Date	Full name of contributor	out-of-state PAC (ID#:	1	ΙΔ	mount of Contribution (\$)	
	02/01/2025	ROMERO LAW FIRM P	–	<i></i>	'		\$1,000.00
		Contributor address; City;					+ = , =================================
			J. J				
		Brownsville, TX 78520					
	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	f any)	<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 19/25 Rpt: 22/70
2	FILER NAME Garcia, Gab	riela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4	02/17/2025 ROYSTON, RAYZOR, VICKERY & WILLIAMS 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$2,000.00	
8	Contributor's I	Brownsville, TX 78521 Principal Occupation	9 Contributor's Job Title	<u> </u>
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
Date O2/01/2025 Full name of contributor out-of-state PAC (ID#:) Reynaldo G. Garza, III, Attorney at Law, P.C. Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$2,500.00	
	Contributor's I	Brownsville, TX 78520 Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#:_SALAZAR, JOE (Mr.) Contributor address; City; State; Zip Code Harlingen, TX 78550		Amount of Contribution (\$) \$500.00
		Principal Occupation	Contributor's Job Title	
	Insurance Contributor's e	employer/law firm	Owner Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL C	ONTRIBUTIC	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how	1	ges Schedule A(J): /25 Rpt: 23/70	L:		
2	FILER NAME				3 Filer ID	(Ethics Commissi	on Filers)
	Garcia, Gab	riela (The Honorable)			000838	92	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount	of Contribution (\$)	
	02/18/2025	SANCHEZ WHITTINGTON					\$1,000.00
		6 Contributor address; City; Sta	te; Zip Code				
L		Brownsville, TX 78521					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if an	у)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	02/28/2025	SANCHEZ, DANIEL (Mr.)					\$2,500.00
		Contributor address; City; Sta	te; Zip Code				
		Harlingen, TX 78550					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Attorney	molpai Occupation		Contributor 3 dob Title			
		employer/law firm		Law firm of contributor's sp	oouse (if anv)		
	The Sanche			·	(),		
	If contributor is	s a child, law firm of parent(s) (if an	y)				
			,				
-	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	03/04/2025	TEX-US SUBSTATION SE					\$600.00
		Contributor address; City; Sta			.		
			,,				
		Brownsville, TX 78521					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if an	у)				

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 21/25 Rpt: 24/70
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
		riela (The Honorable)			╙	00083892
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 03/03/2025 THE BARRAZA FAMILY LIMITED PARTNERSHIP		7	Amount of Contribution (\$) \$500.00		
		6 Contributor address; City; S	tate; Zip Code			
		Alice, TX 78332				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)
	02/18/2025	THE GRACIA LAW FIRM	—	······································		\$500.00
		Contributor address; City; S				
		Brownsville, TX 78520				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	03/04/2025	THE GREEN LAW FIRM,	P.C.			\$2,500.00
		Contributor address; City; S	tate; Zip Code			
		Brownsville, TX 78520				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>		

MON	ETARY POLITICAL CON	TRIBUTIONS		SCHEDULE A(J)1
The Ins	truction Guide explains how to co	omplete this form.	1	Total pages Schedule A(J)1: Sch: 22/25 Rpt: 25/70
2 FILER NA	ME		3	3 Filer ID (Ethics Commission Filers)
Garcia, (Sabriela (The Honorable)			00083892
4 Date	5 Full name of contributor uou	t-of-state PAC (ID#:		7 Amount of Contribution (\$)
02/21/20	25 THE LAW FIRM OF ZAYAS & Z	ZAMORA, P.C.		\$1,000.00
	6 Contributor address; City; State; Zi	p Code		
	Brownsville, TX 78520			
8 Contribute	r's Principal Occupation	9 Contrib	utor's Job Title	
10 Contribute	r's employer/law firm	11 Law fire	n of contributor's spo	use (if any)
12 If contribu	tor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor ou	t-of-state PAC (ID#:)	Amount of Contribution (\$)
03/04/20	25 THE LAW OFFICE OF AARON	WALLACE RENDON		\$1,500.00
	Contributor address; City; State; Zij	p Code		
Contribute	or's Principal Occupation	Contrib	utor's Job Title	
Contributo	r's employer/law firm	Law fire	n of contributor's spo	use (if any)
If contribu	tor is a child, law firm of parent(s) (if any)	I		
Date	Full name of contributor uou	t-of-state PAC (ID#:		Amount of Contribution (\$)
03/03/20	25 THE LAW OFFICE OF ANTHOI	NY M CORNEJO		\$550.00
	Contributor address; City; State; Zi	p Code		
	Brownsville, TX 78520	1 2		
Contribute	r's Principal Occupation	Contrib	utor's Job Title	
Contributo	r's employer/law firm	Law fire	n of contributor's spo	use (if any)
If contribu	tor is a child, law firm of parent(s) (if any)	I		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A(J)1		
	The Instruction Guide explains how to complete this form.				Schedule A(J)1: Rpt: 26/70	
2	FILER NAME				hics Commission Filers)	
	Garcia, Gab	riela (The Honorable)		00083892		
4	Date 03/04/2025	 5 Full name of contributor)	7 Amount of Co	ontribution (\$) \$1,000.00	
		Brownsville, TX 78520				
8	Contributor's F	Principal Occupation	9 Contributor's Job Title			
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Co	ontribution (\$)	
	03/03/2025	THE LAW OFFICE OF ERNIE J HERNANDEZ Contributor address; City; State; Zip Code Brownsville, TX 78520	PLLC		\$500.00	
	0		I 6 . 2			
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Co	ontribution (\$)	
	02/12/2025	THE LAW OFFICE OF SERGIO I GALVAN LLC	,		\$750.00	
		Contributor address; City; State; Zip Code Brownsville, TX 78526				
	Contributorio	Principal Occupation	Contributor's Job Title			
	Contributors	Fillicipal Occupation	Continuator's 300 Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A(J)1: Sch: 24/25 Rpt: 27/70	
2	FILER NAME	riela (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083892	
Garcia, Gabriela (The Honorable) 4 Date			7	Amount of Contribution (\$) \$500.00			
		Brownsville, TX 78520					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10 Contributor's employer/law firm 11 Law firm of contributor's s						se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if any)					
H	Date	Full name of contributor out-of-state P	PAC (ID#·)	Π	Amount of Contribution (\$)	
	03/01/2025	THE ROBLES LAW FIRM LLC Contributor address; City; State; Zip Code			•	\$500.00	
		Harlingen, TX 78550					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>			
	Date	Full name of contributor out-of-state P	PAC (ID#:_			Amount of Contribution (\$)	
02/27/2025 VALDEZ, RICHARD (Mr.) Contributor address; City; State; Zip Code				•	\$250.00		
		Harlingen, TX 78550					
	Contributor's F Attorney	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
		f Richard Valdez		·		, ,,	
	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A(J)1: Sch: 25/25 Rpt: 28/70
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Garcia, Gab	riela (The Honorable)				00083892
4	4 Date 02/24/2025 5 Full name of contributor out-of-state PAC (ID#:_ VASQUEZ MACIAS JR, ARIEL A (Mr.) 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,000.00	
		Brownsvi, TX 78526				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Transportation	on				
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	ee (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/19/2025	ZABARTE, FRANCISCO Contributor address; City; \$				\$150.00
		Brownsville, TX 78520		T - "		
		Principal Occupation		Contributor's Job Title		
	Attorney	employer/law firm				Ct and
		nd ZABARTE LLC		Law firm of contributor's sp	Jous	e (II arry)
		s a child, law firm of parent(s) (if	amil			
	ii contributor i	s a cilliu, iaw iliiii oi pareiit(s) (ii	ally)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/25/2025	ZAMIR, ASIM (Dr.)	_			\$1,000.00
		Contributor address; City; S Brownsville, TX 78521	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Physician	эппсіраї Оссираціон		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form.					1 Total pages Schedule A2: Sch: 1/2 Rpt: 29/70		
2	FILER NAME Garcia, Gab	ER NAME rcia, Gabriela (The Honorable)				s Commission Filers)		
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5	Date 02/18/2025	6 Full name of contributor out-of-state PAC (ID#: GUSTAVO D. ELIZONDO, III, ATTORNEY AT L. 7 Contributor address; City; State; Zip Code		contribution (\$) \$1,130.85	In-kind contribution description Campaign Fundraiser Food and Beverages			
		San Benito, TX 78586			Check if travel or	utside of Texas. Complete Schedule T.		
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUI	DICIAL) (See in	nstructions)		
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOI	R JUDICIAL) ((See instructions)		
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's s	spouse (if any) (F	FOR JUDICIAL)		
16	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date Full name of contributorout-of-state PAC (ID#: 02/17/2025 LAW OFFICE OF BENIGNO (TREY) MARTINEZ Contributor address; City; State; Zip Code			Z, PLLC			In-kind contribution description Campaign Fundraiser Food and Beverages		
		Brownsville, TX 78520			Check if travel or	utside of Texas. Complete Schedule T.		
	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUI	DICIAL) (See in	nstructions)		
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOI	R JUDICIAL) ((See instructions)		
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's s	spouse (if any) (F	FOR JUDICIAL)		
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#: LAW OFFICE OF ERIN H. GARCIA Contributor address; City; State; Zip Code)			In-kind contribution description Campaign Fundraiser Food and Beverages		
		Brownsville, TX 78520			Check if travel or	utside of Texas. Complete Schedule T.		
	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUI	DICIAL) (See in	structions)		
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See inst					(See instructions)			
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's s	spouse (if any) (F	FOR JUDICIAL)		
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
l								

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 30/70 3 Filer ID (Ethics Commission Filers) FILER NAME Garcia, Gabriela (The Honorable) 00083892 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 02/18/2025 RODRIGUEZ LUCIO LAW GROUP PLLC \$1,130.85 Campaign Fundraiser 7 Contributor address; City; State; Zip Code Food and Beverages Brownsville, TX 78520 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 03/04/2025 THE LAW OFFICE OF SALVADOR GARCIA PLLC \$2,000.00 | Campaign Fundraiser Contributor address; City; State; Zip Code Food and Beverages B, TX 78520 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS (J	SCHEDULE E(J)				
	The Instruction	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 1/2 Rpt: 31/70		
2	FILER NAME Garcia, Gabriela	(The Honorable)		3 Filer ID 000838	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS			\$	
5	Date of loan 02/26/2025	7 Name of lender out-of-state PA GARCIA, GABRIELA (Judge)	C (ID#:)	9 Loan Amount (\$) \$2,500.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	REDACTED PER 254.0313, GOV'T CO	DDE		11 Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)		
16	If lender is child, la	w firm of parent(s) (if any)				
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)			
19	GUARANTOR INFORMATION	20 Name of guarantor	I		22 Amount Guaranteed (\$)	
	X not applicable	21 Guarantor address; City; State;	Zip Code			
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title			
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27	If guarantor is child	d, law firm of parent(s) (if any)				

	LOANS (J	SCHEDULE E(J)				
	The Instruction	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 2/2 Rpt: 32/70		
2	FILER NAME Garcia, Gabriela	(The Honorable)		3 Filer ID 000838	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS			\$	
5	Date of loan 04/28/2025	7 Name of lender out-of-state PA GARCIA, GABRIELA (Judge)	C (ID#:)	9 Loan Amount (\$) \$183.97	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	REDACTED PER 254.0313, GOV'T CO	DDE		11 Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)		
16	If lender is child, la	w firm of parent(s) (if any)	I			
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)			
19	GUARANTOR INFORMATION	20 Name of guarantor	I		22 Amount Guaranteed (\$)	
22	X not applicable	21 Guarantor address; City; State;	Zip Code			
	Guarantor's Princi		24 Guarantor's Job Title			
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27	If guarantor is child	d, law firm of parent(s) (if any)				

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

	Contributions/ Donations Made By 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: 1/36 Rpt: 33/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	05/27/2025	ALMA ARGENTINA RESTAURANT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.41	6266 W Irlo Bronson Memorial Hwy
		Kissimmee, TX 34747
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 RISE Conference ACT Court
		KISE Colletelice ACT Coult
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiantare to benefit orei	
	Date	Payee name
	05/27/2025	ANNIE'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.03	3600 Presidential Blvd
		Airport
		Austin, TX 78719
-	PURPOSE	1
	OF	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel snacks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/07/2025	APPLEBEE'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.78	4385 Frontage Rd
		Brownsville, TX 78520
	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
		Constituents Lunch Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	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 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		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 2/36 Rpt: 34/70	Garcia, Gabriela (The Honorable) 00083892
4	Date 03/27/2025	5 Payee name APPLEBEE'S
6	Amount (\$) \$67.64	7 Payee address; City; State; Zip Code 4385 Frontage Rd
		Brownsville, TX 78520
8	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 Constituents Lunch Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/05/2025	Payee name APPLEBEE'S
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 4385 Frontage Rd
L		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mother's Day Gifts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/16/2025	Payee name ARA'S PIZZERIA
	Amount (\$) \$65.01	Payee address; City; State; Zip Code 1149 E Levee St
		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 Constituents Meeting
	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 Comm

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

	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: 3/36 Rpt: 35/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	02/03/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.22	4305 Frontage Rd
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Equipment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Telephone Accessories
		releptione Accessories
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	02/03/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.71	4305 Frontage Rd
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Equipment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Telephone Accessories
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	05/26/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	4305 Frontage Rd
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Equipment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Telephone Accessories
	Operation ONE VIII II	Overfields (Office health and over a complete section of the complete section
	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 -

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

	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: 4/36 Rpt: 36/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	05/05/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$244.05	4305 Frontage Rd
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Equipment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Telephone
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2025	BUC-EE'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.75	2760 I-35
	, -	
		New Braunfels, TX 78130
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel (Testify before House Committee - Judicial Pay
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	CARPA AZUL
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.59	
		Matamoros Mexico
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Charro Days Event Supplies
	Complete ONLY If allows	Condidate/Officeholder name Office south
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising 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	ll 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: 5/36 Rpt: 37/70	Garcia, Gabriela (The Honorable) 00083892	
4	Date	5 Payee name	
	02/05/2025	CARPA AZUL	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$118.16		
		Matamoros Ecuador	
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. Check if Austin, TX, officeholder living expense	
		Charro Days Event Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	01/03/2025	CHARRO DAYS FIESTA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.00	455 E Elizabeth St	
		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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Constituents Holiday Gifts	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	_
	03/03/2025	CHARRO DAYS FIESTA	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$30.00	455 E Elizabeth St	
		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 travel outside of Texas. Complete Schedule T.	
		Constituents Thank You Gifts	
		Constituents thank for ones	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	pense		pense ages/	Contract Labor		Travel in District Travel Out of Di OTHER (enter a		d above)
1	Total pages Schedule F1: Sch: 6/36 Rpt: 38/70		E briela (The Honora	able)					Filer ID 00083892	(Ethics Comr	nission Filers)
4	Date	5 Payee name	•	/							
	03/26/2025	,	DAYS FIESTA								
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Cod	de					
	\$2,500.00	455 E Eliza	abeth St								
		Brownsville	e, TX 78520								
8	PURPOSE OF		See Categories listed at the t	top of this sched	dule)	(b)	Description				
	EXPENDITURE	Event Expe	ense				_		de of Texas. Com officeholder living	nplete Schedule T g expense	
						ı	Charro Days			- •	
L											
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ght			Office h	eld	
	Date	Payee name	•								
	04/09/2025	CHEVRON	l 								
	Amount (\$)	Payee addre		State;	Zip Coo	de					
	\$31.15	866 FM 99									
		Whitsett, T	X 78075								
	PURPOSE OF		See Categories listed at the t	top of this sched	dule)	(b)	Description				
	EXPENDITURE	Travel In D	istrict				<u>—</u>		de of Texas. Com officeholder living	nplete Schedule T. g expense	
											Judicial Pay)
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ght			Office h	eld	
	Date	Payee name									
	01/22/2025	CHIC JEW	ELRY & THINGS								
	Amount (\$)	Payee addre	•	State;	Zip Cod	de					
	\$156.96	206 Paredo	es Line Rd								
		Suite C	TV 70500								
			e, TX 78520								
	PURPOSE OF	1	See Categories listed at the t	top of this sched	dule)	(b) I	Description Check if travel of	outsio	de of Texas. Com	nplete Schedule T	,
	EXPENDITURE	Event Expe	TISE				Check if Austin,	, TX,	officeholder living	g expense	
							Charro Days	Eve	ent Supplies	6	
	Complete ONLY if direct	Condidate /Cf	Figobolder north	<u> </u>	ffine as:	nh+			Office !-	old	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Oī	ffice soug	JIIL			Office h	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 7/36 Rpt: 39/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	04/09/2025	CHIK-FIL-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.88	13701 Northwest Blvd
		Corpus Christi, TX 78410
8	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 Dinner (Testify before House Committee - Judicial
		Pay)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/28/2025	CHILI'S
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$80.99	2750 North Expy
	455.55	
		Brownsville, TX 78526
	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
		Constituents Meeting
		Constituents Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/17/2025	COBBLEHEADS
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.84	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.
		Check if Austin, TX, officeholder living expense Constituents Lunch
		Consuluents Euron
_	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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/36 Rpt: 40/70	Garcia, Gabriela (The Honorable)	00083892
4	Date	5 Payee name	
L	05/19/2025	COBBLEHEADS	
6	Amount (\$) \$36.52	7 Payee address; City; State; Zip Code 3154 Central Blvd	
		Brownsville, TX 78520	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituents Lunch
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
L	06/15/2025	COBBLEHEADS	
	Amount (\$) \$47.55	Payee address; City; State; Zip Code 3154 Central Blvd	
		Brownsville, TX 78520	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituents Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/14/2025	Payee name COBBLEHEADS	
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 3154 Central Blvd	
		Brownsville, TX 78520	
	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 Constituents Birthdays
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office 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/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wage The Instruction Guide explains how to comp	es/Contract Labor OTHER (enter a category not listed above) lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/36 Rpt: 41/70	Garcia, Gabriela (The Honorable)	00083892
4	Date	5 Payee name	
	05/14/2025	DD'S	
6	Amount (\$) \$18.90	7 Payee address; City; State; Zip Code 2921 Boca Chica Brownsville, TX 78520	
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 Constituent Birthday
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/23/2025	DD'S	
	Amount (\$) \$23.80	Payee address; City; State; Zip Code 2921 Boca Chica Brownsville, TX 78520	
	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 Constituent
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/14/2025	DIRTY AL's	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 4495 North Expressway Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gifts for Constituents
	Complete ONLY if direct expenditure to benefit C/O	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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
	Sch: 10/36 Rpt: 42/70	Garcia, Gabriela (The Honorable)		00083892
4	Date	5 Payee name		•
	06/02/2025	DISNEY		
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Co	de	
		BUENA VISTA, FL 32836		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	02/18/2025	DOLLAR TREE		
	Amount (\$) \$18.94	Payee address; City; State; Zip Co 1215 Central Blvd	de	
		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 Campaign Fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	04/01/2025	DRAW		
	Amount (\$) \$496.87	Payee address; City; State; Zip Co Uptown Park Blvd	de	
		Houston, TX 77056		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 11/36 Rpt: 43/70 Garcia, Gabriela (The Honorable) 00083892 4 Date Payee name 03/19/2025 **ELKS LODGE** 6 Amount (\$) Payee address; City; State; Zip Code \$200.00 Brownsville, TX 78520 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Annual Fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2025 **FAVE** Amount (\$) Payee address; City; State; Zip Code \$222.75 3341 Pablo Kisel Blvd Brownsville, TX 78520 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituents Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/18/2025 **GAZPACHO'S RESTAURANT** Amount (\$) Payee address: City: State; Zip Code \$109.58 2451 Pablo Kisel Blvd Suite B-1 Brownsville, TX 78526 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituents Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/36 Rpt: 44/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	02/18/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.84	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
		Campaign Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/10/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.96	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
		Snack for Court/Jury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/26/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.24	1628 Central Blvd
		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
		Snacks for Jury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 con	-	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/36 Rpt: 45/70	Garcia, Gabriela (The Honorable)		00083892
4	Date	5 Payee name		
	04/08/2025	HEB		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$28.62	1628 Central Blvd		
Ļ		Brownsville, TX 78520		
8	PURPOSE OF	(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.
	EXPENDITURE	Havei III District		Check if Austin, TX, officeholder living expense
				Fuel (Testify before House Committee - Judicial Pay)
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	<u> </u>			
	Date	Payee name		
	04/23/2025	HEB		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$125.00	1628 Central Blvd		
		Drawn wills TV 70500		
		Brownsville, TX 78520	<i>-</i> .	
	PURPOSE OF	5 (con tangente more an are top or and constant)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense
				Funeral Floral Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	05/22/2025	HEB		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$55.42	1628 Central Blvd		
		Brownsville, TX 78520		
	PURPOSE		(h)	N. Description
	OF	(a) Category (See Categories listed at the top of this schedule) Snacks and Supplies	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Chacks and Supplies		Check if Austin, TX, officeholder living expense
				Breakroom Storage Supplies, Snacks
	0 1: 0:::::::::::::::::::::::::::::::::			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising 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/Mages/Contract Labor

	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: 14/36 Rpt: 46/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	06/13/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.92	1628 Central Blvd
		Brownsville, TX 78520
8	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 Funeral Floral Expense
		Tunerar Total Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/09/2025	HUDDLE HOUSE
H	Amount (\$)	Payee address; City; State; Zip Code
	\$23.05	231 W Expy 83
		San Benito, TX 78586
	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 Breakfast (Nueces County Assignment)
		Broadlast (Nacces County / Congrissing)
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/09/2025	IKEA
H	Amount (\$)	Payee address; City; State; Zip Code
	\$11.41	1000 IKEA-RBFCU Pkwy
		,
		Live Oak, TX 78233
	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
		Snack (Testify before House Committee - Judicial Pay)
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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 complete this form.
1	Total pages Schedule F1:	
	Sch: 15/36 Rpt: 47/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	05/27/2025	ISLA GRAND BEACH RESORT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$239.34	500 Padre Blvd
		South Padre Island, TX 78597
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Dinner Constituents at Windammer's Restaurant
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2025	ISLA GRAND BEACH RESORT
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.80	500 Padre Blvd
		South Padre Island, TX 78597
	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 Meeting at Windjammer's Cafe
		Constituent Weeting at Whajaminer's Gale
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dove name
	04/11/2025	Payee name JACK IN THE BOX
	Amount (\$) \$6.47	Payee address; City; State; Zip Code
	Φ0.47	4250 Frontage Rd #77
		B. TV 70500
		Bro, TX 78526
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Coffee with Constituent
	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 complete this form.	
1	Total pages Schedule F1: Sch: 16/36 Rpt: 48/70	2 FILER NAME Garcia, Gabriela (The Honorable) 3 Filer ID (Ethics Commission 00083892	Filers)
4	Date 04/08/2025	5 Payee name K-BOB'S	
6	Amount (\$) \$38.22	7 Payee address; City; State; Zip Code 14526 Northwest Blvd Corpus Christi, TX 78410	
8	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 Lunch (Testify before House - Judicial Pay)	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date 05/30/2025	Payee name KIPLING	
	Amount (\$) \$69.44	Payee address; City; State; Zip Code 4951 International Dr Orlando, TX 32819	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituents Gifts	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 04/25/2025	Payee name LA HACIENDA	
	Amount (\$) \$340.00	Payee address; City; State; Zip Code 850 E Alton Gloor	
		Brownsville, TX 78526	
	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 Funeral Catering	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 17/36 Rpt: 49/70	Garcia, Gabriela (The Honorable)	00083892
4	Date	5 Payee name	•
	04/25/2025	LA PAMPA	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$336.04	3230 Pablo Kisel Blvd	
		Ste F-102	
		Brownsville, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
•	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Court Staff L	unch Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit C/Oi	1	
	Date	Payee name	
	05/23/2025	LOTUS INN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.31	905 North Expy 77/83	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE		n, TX, officeholder living expense
		Lunch Meetii	ng ACT Court
	Opening the ONLY if allowed	One History (Office health a green and the state of the second that the second	Office heald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	· 		
	Date	Payee name	
	06/20/2025	LOTUS INN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.09	905 North Expy 77/83	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 00d/Deverage Expense	outside of Texas. Complete Schedule T.
		Meeting ACT	n, TX, officeholder living expense
		Weeting ACT	Court
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

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	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/36 Rpt: 50/70		Garcia, Gabriela (The Honorable)		00083892
4			Payee name		
	02/03/2025	₩	LOZANO, JULIO (Mr.)		
6	` '	1	Payee address; City; State; Zip Co	de	
	\$60.00		114 Western Blvd		
	!		Provinciallo TV 70520		
Ļ		-	Brownsville, TX 78520	<i>a</i> >	
8	PURPOSE OF		Category (See Categories listed at the top of this schedule) Donation	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Bonation		Check if Austin, TX, officeholder living expense
	!				All Stars Game
_		Ļ			25
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	gnt	Office held
	Data	_		_	
	Date 03/31/2025	1	Payee name MORENO, JUDITH (Ms.)		
	Amount (\$)	₩	Payee address; City; State; Zip Co.	-de	
	\$100.00		rayee address, City, State, Zip Co.	ue	
	Ψ100.00				
	1		Brownsville, TX 78520		
	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.
			Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense Jason Garcia Scholarship
	!				Jason Garcia Scholarship
	Complete ONLY if direct		L Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OH	Н			
	Date	Π	Payee name		
	04/08/2025		MURPHY USA		
	Amount (\$)		Payee address; City; State; Zip Co	de	
	\$21.47		3837 IH-69 Access Rd		
	!				
			Corpus Christi, TX 78410		
	PURPOSE OF		,	(b)	Description
	EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!				Fuel (Testimony before House Committee - Judicial
	!				Pay)
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	н			

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/36 Rpt: 51/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	06/30/2025	NORTH BROWNSVILLE ROTARY
6	Amount (\$) \$220.00	7 Payee address; City; State; Zip Code Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Civic Club Membership Non-Proft 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/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2025	Our Lady of Schoenstatt Shrine Lamar
	Amount (\$) \$104.00	Payee address; City; State; Zip Code 134 Front St Rockport, TX 78382
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Donation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Non-Profit
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2025	PEREZ, LILA (Ms.)
	Amount (\$) \$100.00	Payee address; City; State; Zip Code
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser/Cancer
	Complete ONLY if direct expenditure to benefit C/O	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 complete this form.
1	Total pages Schedule F1: Sch: 20/36 Rpt: 52/70	2 FILER NAME Garcia, Gabriela (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083892
4	Date 05/29/2025	5 Payee name PIER 17
6	Amount (\$) \$40.50	7 Payee address; City; State; Zip Code 4951 International Dr
		Orlando, TX 32819
8	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 RISE Conference ACT Court
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/27/2025	Payee name PINKY'S
	Amount (\$) \$59.32	Payee address; City; State; Zip Code 2265 Central Blvd
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Fundraiser
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/08/2025	Payee name POPSHELF
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 4101 IH-69 Access Rd Suite K Corpus Christi, TX 78410
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Family Affected by HouseFire
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		el Out of District ER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer	TID (Ethics Commission Filers)
	Sch: 21/36 Rpt: 53/70	Garcia, Gabriela (The Honorable)	83892
4	Date	5 Payee name	
	04/08/2025	RAMEN TATSU-YA	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$43.30	8601 S Congress Ave	
		Suite 200 Austin, TX 78745	
8	PURPOSE	 	
	OF	, , , , , , , , , , , , , , , , , , , ,	exas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office	
		Pay)	e House Committee - Judicial
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	03/07/2025	RED LOBSTER	
	Amount (\$) \$158.58	Payee address; City; State; Zip Code 1075 FM 802	
	φ136.36	1073 FW 602	
		Brownsville, TX 78521	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of 3	exas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of 1 Check if Austin, TX, office	
		Constituents Meeting	
			25.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	01/13/2025	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	exas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of 1 Check if Austin, TX, office	
		Service Charge	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office Helu

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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 this form.	
1	Total pages Schedule F1: Sch: 22/36 Rpt: 54/70	2 FILER NAME Garcia, Gabriela (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083892	
4	Date 01/15/2025	5 Payee name RIO BANK	
6	Amount (\$) \$1.76	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 02/10/2025	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	
	Date 02/18/2025	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 Service Charge	
	Complete ONLY if direct expenditure to benefit C/O	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 c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/36 Rpt: 55/70	Garcia, Gabriela (The Honorable)		00083892
4	Date	5 Payee name		
	03/07/2025	RIO BANK		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$12.97	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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Service Charge
_	Operation ONLY if direct	Out distance (Office health as a second		Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office held
_				
	Date	Payee name		
	03/10/2025	RIO BANK		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$7.76	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
				Service Charge
				3
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	03/17/2025	RIO BANK		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$1.76	3401 Old Hwy 77		
		,		
		Brownsville, TX 78520		
	PURPOSE		(h)	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	Accounting/Banking		Check if Austin, TX, officeholder living expense
				Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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: 24/36 Rpt: 56/70	Garcia, Gabriela (The Honorable) 00083892	
4	Date	5 Payee name	
	04/14/2025	RIO BANK	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$7.76	3401 Old Hwy 77	
		Brownsville, TX 78520	
8	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	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/15/2025	RIO BANK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.76	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	
		Scribe Sharge	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	U	
⊨	D :		_
	Date	Payee name	
	05/12/2025	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) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Service Charge	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash	•		
L			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Food/Beverage Expense Gift/Awards/Memorials Expense 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: 25/36 Rpt: 57/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	05/15/2025	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) 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
	06/09/2025	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) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Service Charge
	Complete ONLY if direct	Condidate/Office helder name Office accepts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	RIO BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.76	3401 Old Hwy 77
		Data was alle TV 70500
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description 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 -

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: 26/36 Rpt: 58/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	03/05/2025	SAM'S CLUB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.98	3570 W Alton Gloor 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 Food/Beverage Supplies for Court/Jury
		Food/beverage Supplies for Coult/Sury
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	04/18/2025	SAN FELIPE DE JESUS
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	2215 Rancho Viejo Ave
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	06/02/2025	SOUTHWEST AIRLINES
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airline Ticket
		Allille Hoket
_	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Offic Credit Card Payme		al Committee Legal Services The Instruction Guide explains h	Salaries/Wages/Contract Labor OTHER (enter a category not listed above) ow to complete this form.
1 Total pages Sc	hedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/36 Rp	pt: 59/70	Garcia, Gabriela (The Honorable)	00083892
4 Date		5 Payee name	
03/17/2025		SOUTHWINDS	
6 Amount (\$)		7 Payee address; City; State;	Zip Code
	\$253.75	943 North Expressway # 10	
		Brownsville, TX 78520	
8 PURPOSE OF		(a) Category (See Categories listed at the top of this sche	
EXPENDITUR	RE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Constituents Meeting
			Constituents weeting
9 Complete ONL	V if direct	Candidate/Officeholder name O	ffice sought Office held
9 Complete ONL expenditure to			ffice sought Office held
		1	
Date		Payee name	
05/05/2025		SPEC'S	
Amount (\$)		Payee address; City; State;	Zip Code
	\$159.33	4350 North Expressway	
		Brownsville, TX 78526	
PURPOSE OF		(a) Category (See Categories listed at the top of this sche	
EXPENDITUR	RE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Thee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Commi	Donation for Down By The Border Fundraiser
			Bonation to Bown by the Border Fundraise.
Complete ONL	V if direct	Candidate/Officeholder name O	ffice sought Office held
expenditure to			office sought
Data		Γ -	
Date		Payee name	
02/28/2025		STAPLES	
Amount (\$)		Payee address; City; State;	Zip Code
	\$57.29	2436 Pablo Kisel Blv	
		Brownsville, TX 78526	
PURPOSE		(a) Category (See Categories listed at the top of this sche	·
OF EXPENDITUR	RE	Supples	Check if travel outside of Texas. Complete Schedule T.
_			Check if Austin, TX, officeholder living expense
			Campaign Fundraiser
Commission Chillia	V if eline -+	Condidate/Office helder repres	fice cought
Complete ONL' expenditure to			ffice sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 28/36 Rpt: 60/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	04/24/2025	STATE BAR OF TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$288.00	1414 Colorado Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense State Bar Dues
		State Dai Dues
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/09/2025	STRIPES
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	21469 US 77
		Combes, TX 78535
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel (Nueces County Assignment)
		r dor (readed double) / lodig.iiiidin.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Dato	Douge name
	Date 03/14/2025	Payee name TEXAS ASSOCIATION OF DISTRICT JUDGES
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,572.50	201 Caroline
		10th Floor, 113th District Court
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
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

	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: 29/36 Rpt: 61/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	06/04/2025	TEXAS CENTER FOR JUDICIARY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Continuing Legal Education Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Judicial Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/09/2025	THE CHEESECAKE FACTORY
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.96	5488 S Padre Island Dr
		Ste. 5016
		Corpus Christi, TX 78411
	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 Lunch (Nueces County Assignment)
		Lunch (Nueces County Assignment)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	04/09/2025	THE STEPHEN F. AUSTIN ROYAL SONESTA
	Amount (\$)	Payee address; City; State; Zip Code
	\$172.73	701 Congress Ave
		Austin, TX 78701
	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
		Hotel (Testify before House Committee - Judicial Pay)
	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 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 complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 30/36 Rpt: 62/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	03/13/2025	TODDLE INN RESTAURANT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.98	1740 Central Blvd
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
٠	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Breakfast Court Staff Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/28/2025	UNITED WAY OF SOUTHERN CAMERON COUNTY
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	634 E Levee St
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORE	Candidate/Officeholder/Political Committee
		Donation Dancing with Stars
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	04/10/2025	VALERO CORNER STORE
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.58	1964 Central Blvd
		Brownsville, TX 78520
	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 Fuel
		T doi
	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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 31/36 Rpt: 63/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	04/16/2025	VERMILLION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.73	115 Paredes Line Rd
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
٠	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch Meeting Mag Ct
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/30/2025	VERMILLION
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.15	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
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Constituents Meeting
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/18/2025	WAL MART
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.01	2205 RUBEN M TORRES BLVD
		BROWNSVILLE, TX 78526
	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 Campaign Fundraiser
		Campaign Fundraloci
	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 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		mmittee	Legal Services	s expense	Salaries/W		e /Contract Labor		OTHER (enter a		listed above)
	Credit Card Payment			The Instruction G	uide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics C	ommission Filers)
	Sch: 32/36 Rpt: 64/70		Garcia, Gab	oriela (The Hono	orable)					00083892		
4	Date	5	Payee name									
	03/14/2025		WAL MART									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$87.96		2205 RUBE	N M TORRES	BLVD							
			BROWNSV	ILLE, TX 78526	S							
8	PURPOSE	(0)					(h)	D inti				
0	OF	(a)		ee Categories listed at t	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas Con	nnlete Schedu	ıle T
Supplies for Court Check if travel outside of Check if Austin, TX, offic												
								Food, Bevera	ige.	, Office Sup	plies, Ea	ting Supplies for
								Court/Jury				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/17/2025		WAL MART									
	Amount (\$)	H	Payee addres		State:	Zip Co	nda					
	\$5.44		•	N M TORRES	,	Zip C0	uc					
	Ψ5.44		ZZUJ KUDL	IN W TORKES	DLVD							
			DDOWNS.	U. E. T.V. 7050/								
		L		ILLE, TX 78526								
	PURPOSE OF	(a)		ee Categories listed at t	the top of this sche	edule)	(b)	Description	. .:	df.T O		de T
	EXPENDITURE		Food Bever	age Supplies						de of Texas. Con officeholder livin		ile I.
								Food, Bevera				Jurv
								•	•			,
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	aht			Office h	eld	
	expenditure to benefit C/OI	Н					•					
	Date	Г	Dayoo nama									
	03/31/2025		Payee name WAL MART									
					Ctata	7in Co	ما م					
	Amount (\$)		Payee addres			Zip Co	ae					
	\$71.63		2205 RUBE	N M TORRES	BLVD							
			BROWNSV	ILLE, TX 78526)							
	PURPOSE OF	(a)		ee Categories listed at t	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Supplies Sn	acks				ш		de of Texas. Con officeholder livin		ile T.
								Office Supplie				/.lury
								JJO Guppiid	٠,	_aan cappi	.sc court	 - -
	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		Carraracte/Office	ZONOIGET HAITE	O	c sou	Aiir			Onice II	- Ciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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:	
L	Sch: 33/36 Rpt: 65/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	05/05/2025	WAL MART
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$169.25	2205 RUBEN M TORRES BLVD
	*	
		DDOWNSVILLE TV 70F2C
		BROWNSVILLE, TX 78526
8	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
		Donation Fundasci
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2025	WAL MART
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.91	2205 RUBEN M TORRES BLVD
		BROWNSVILLE, TX 78526
_	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Data	Para series
	Date	Payee name
	05/27/2025	WAL MART
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.31	3250 Vineland Rd
		Kissimmee, FL 34746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		Food, Beverages, Snacks, Supplies - RISE Conference ACT Court
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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 complete this form.
1	Total pages Schedule F1: Sch: 34/36 Rpt: 66/70	2 FILER NAME Garcia, Gabriela (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083892
4	Date 05/30/2025	5 Payee name WAL MART
6	Amount (\$) \$26.31	7 Payee address; City; State; Zip Code 3250 Vineland Rd
		Kissimmee, FL 34746
8	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 RISE Conference ACT Court
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/01/2025	Payee name WALMART
	Amount (\$) \$15.13	Payee address; City; State; Zip Code 2205 Ruben M Torres Blvd
		Brownsville, TX 78526
	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 Snacks
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/23/2025	Payee name WALMART
	Amount (\$) \$73.70	Payee address; City; State; Zip Code 2205 Ruben M Torres Blvd
		Brownsville, TX 78526
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituents Gifts
	Complete ONLY if direct expenditure to benefit C/O	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/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Folding Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	P. FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 35/36 Rpt: 67/70	Garcia, Gabriela (The Honorable)	00083892			
4	Date	Payee name				
	06/09/2025	WALMART				
6	Amount (\$) \$423.17	Payee address; City; State; Zip Code 3500 W Alton Gloor Blvd Brownsville, TX 78520				
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense Gifts Grads			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/17/2025	WALMART				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$8.08	2205 Ruben M Torres Blvd				
		Brownsville, TX 78526				
	PURPOSE OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
L	03/17/2025	WALMART				
	Amount (\$) \$6.34	Payee address; City; State; Zip Code 2205 Ruben M Torres Blvd				
		Brownsville, TX 78526				
	PURPOSE OF EXPENDITURE	1 Odd/Deverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense			
	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 Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 36/36 Rpt: 68/70	Garcia, Gabriela (The Honorable) 00083892
4	Date	5 Payee name
	03/26/2025	WALMART
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.65	2205 Ruben M Torres Blvd
		Brownsville, TX 78526
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies Breakroom
		Cinice Supplies Breakform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	04/07/2025	WALMART
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.83	1401 TX100
		Port Isabel, TX 78578
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Equipment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mouse and Extension Cord
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	l .

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 69/70 Garcia, Gabriela (The Honorable) 00083892 Date Payee name 02/26/2025 CHARRO DAYS FIESTA Payee address; Amount (\$) City; State; Zip Code \$2,500.00 455 E Elizabeth St Reimbursement from political contributions intended Brownsville, TX 78520 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Charro Days Parade Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/08/2025 THE STEPHEN F. AUSTIN ROYAL SONESTA Amount (\$) Payee address; City; State; Zip Code \$183.97 701 Congress Ave Reimbursement from political contributions Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Hotel (Testify before House Committee - Judicial Pay) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 70/70			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Garcia, Gabriela	(The Honorable)	00083892			
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee DISNEY					
5 Contribution / Expe	enditure reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC			
6 Dates of Travel	7 Name of person(s) traveling				
	GARCIA, GABRIELA (Judge)				
05/27/2025	8 Departure city or name of departure location Harlingen				
	9 Destination city or name of destination location				
07/31/2025	Orlando				
10 Means of transpor	ation 11 Purpose of travel (including name of conference, seminar, or	other event)			
Commercial Airp	lane RISE Conference ACT Court				
	or / Corporation or Labor Organization / Pledgor /Payee				
SOUTHWEST A					
	enditure reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC			
Dates of Travel	Name of person(s) traveling				
	GARCIA, GABRIELA (Judge)				
05/27/2025	Departure city or name of departure location Harlingen				
00/21/2020	Destination city or name of destination location				
07/31/2025	Orlando				
Means of transpor	ration Purpose of travel (including name of conference, seminar, or	other event)			
Commercial Airp	lane RISE Conference ACT Court				
I					