

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083892	2 Total pages filed: 70								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Gabriela</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Gabriela	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025					
	MS / MRS / MR The Honorable	FIRST Gabriela	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Gabby</td> <td style="width: 30%;">LAST Garcia</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME Gabby	LAST Garcia	SUFFIX							
NICKNAME Gabby	LAST Garcia	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST Antonio</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Antonio	MI						
	MS / MRS / MR Mr.	FIRST Antonio	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Tony</td> <td style="width: 30%;">LAST Flores</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME Tony	LAST Flores	SUFFIX							
NICKNAME Tony	LAST Flores	SUFFIX									
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>											
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 266-5050										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>01/01/2025</td> <td>THROUGH</td> <td>06/30/2025</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		01/01/2025	THROUGH	06/30/2025	
Month Day Year		Month Day Year									
01/01/2025	THROUGH	06/30/2025									
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special										
11 OFFICE	OFFICE HELD (if any) District Judge District 138 Cameron		12 OFFICE SOUGHT (if known)								

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Garcia, Gabriela (The Honorable)	14 Filer ID (Ethics Commission Filers) 00083892
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 73,811.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,854.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 54,230.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,883.97

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Gabriela Garcia

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

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18 FILER NAME Garcia, Gabriela (The Honorable)		19 Filer ID 00083892	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	67,225.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	6,586.70
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	2,683.97
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	14,170.85
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	2,683.97
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/25 Rpt: 4/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGUILAR & ZABARTE LLC <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMERICAN DIVISIONS LLC <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AN BAIL BONDS <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/25 Rpt: 5/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRAZA AND RABB PLLC <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78521	7 Amount of Contribution (\$) <div style="text-align: right;">\$500.00</div>
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRERA, RICARDO (Mr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) <div style="text-align: right;">\$750.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm The Barrera Law Firm, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEGUM LAW GROUP <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) <div style="text-align: right;">\$2,000.00</div>
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/25 Rpt: 6/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANALES, JESUS R <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$2,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm Law Office of Rick Canales		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CISNEROS LAW GROUP PLLC <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COWEN JR., JOHN F (Mr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Logistics/Customs Broker		Contributor's Job Title Owner
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/25 Rpt: 7/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYGANIEWICZ, EDMUND KEITH (Mr.) <hr/> 6 Contributor address; City; State; Zip Code South Padre Island, TX 78597	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE LEON, CESAR (Mr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Law Firm of Cesar de Leon, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENTON NAVARRO RODRIGUEZ BERNAL SANTEE & ZECH PC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/25 Rpt: 8/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DRINKARD, ROBERT (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78552	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$150.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm Denton Navarro Rodriguez Bernal Santee & Zech, P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EL PADRINO BAIL BONDS <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERWIN, ALAN (Mr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Roerig Olivera & Fisher		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/25 Rpt: 9/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESPARZA & GARZA, LLP <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAMEZ, ERIN ELIZABETH (Mrs.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Law Office of Ernesto Gamez, Jr., P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAMEZ Jr., ERNESTO <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Law Office of Ernesto Gamez, Jr., P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/25 Rpt: 10/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, ELIZABETH V (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78526	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm VALDEZ GARZA LAW FIRM, P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, CHESTER (Mr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUTIERREZ, HIRAM (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Perdue, Brandon, Fielder, Collins & Mott		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/25 Rpt: 11/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARLINGEN BAIL BONDS <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HODGE & JAMES LLP <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78553	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JR'S EXPRESS BAIL BONDS <hr/> Contributor address; City; State; Zip Code Olmito, TX 78575	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/25 Rpt: 12/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LALYS BAIL BONDS <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAMAS, RICARDO (Mr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Bonds Man		Contributor's Job Title Owner
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF AMBER M. RODRIGUEZ PLLC <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/25 Rpt: 13/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF BENIGNO (TREY) MARTINEZ, PLLC <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$1,375.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF CERISE R DE GARDUNO <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF FABRIAN LIMAS JR <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/25 Rpt: 14/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF GILBERTO HINOJOSA & ASSOCIATES PC <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF LEONARDO RINCONES <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$2,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF MIGUEL SALAZAR, PLLC <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/25 Rpt: 15/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF NOE D. GARZA, JR. <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF OSCAR DE LA FUENTE, JR. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF RUBEN PENA SR. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/25 Rpt: 16/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF VICTOR R RAMIREZ <hr/> 6 Contributor address; City; State; Zip Code Los Fresnos, TX 78566	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78760	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOPEZ, DANIEL (Mr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation Logistics		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/25 Rpt: 17/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MASSO, CARLOS R (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm CARLOS R MASSO ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONARCA HEALTH CARE LLC <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NARANJO, ANCELMO (Mr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm The Law Office of Ancelmo Naranjo		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/25 Rpt: 18/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEECE, JOSHUA (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICOLAS D GARZA LAW FIRM <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOE GONZALEZ LAW GROUP, PLLC <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$800.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/25 Rpt: 19/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUNEZ, RICHARD JW (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78521	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorne		9 Contributor's Job Title
10 Contributor's employer/law firm Law Offices of Richard J.W. Nunez		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, LEANDRA C (Ms.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Walsh Gallegos Trevino Kyle & Robinson P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERDUE, BRANDON, FIELDER, COLLINS & MOTT, LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/25 Rpt: 20/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRIME POWER SERVICES LLC <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78521	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRONTO BAIL BONDS <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYNALDO RODRIGUEZ, JR. PC <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$2,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/25 Rpt: 21/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RO QUE BAIL BONDS <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBLES, NOE (Mr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Law Offices of Noe Robles		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMERO LAW FIRM PLLC <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/25 Rpt: 22/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROYSTON, RAYZOR, VICKERY & WILLIAMS <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78521	7 Amount of Contribution (\$) \$2,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynaldo G. Garza, III, Attorney at Law, P.C. <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAZAR, JOE (Mr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Insurance		Contributor's Job Title Owner
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/25 Rpt: 23/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANCHEZ WHITTINGTON WOOD & OROZCO LLC <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78521	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANCHEZ, DANIEL (Mr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm The Sanchez Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEX-US SUBSTATION SERVICES LLC <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$600.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/25 Rpt: 25/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW FIRM OF ZAYAS & ZAMORA, P.C. <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF AARON WALLACE RENDON <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF ANTHONY M CORNEJO <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$550.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/25 Rpt: 26/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF EDDIE LUCIO <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF ERNIE J HERNANDEZ PLLC <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF SERGIO I GALVAN LLC <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) \$750.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 24/25 Rpt: 27/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE REYNAL LAW FIRM PLLC <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE ROBLES LAW FIRM LLC <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALDEZ, RICHARD (Mr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Law Office of Richard Valdez		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/25 Rpt: 28/70
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VASQUEZ MACIAS JR, ARIEL A (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Brownsvi, TX 78526	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Transportation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZABARTE, FRANCISCO J (Mr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm AGUILAR and ZABARTE LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAMIR, ASIM (Dr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Physician		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is 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, Gabriela (The Honorable)				3 Filer ID (Ethics Commission Filers) 00083892	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 02/18/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUSTAVO D. ELIZONDO, III, ATTORNEY AT LAW, PC			8 Amount of contribution (\$) \$1,130.85	9 In-kind contribution description Campaign Fundraiser Food and Beverages
7 Contributor address; City; State; Zip Code San Benito, TX 78586				<input type="checkbox"/> 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) (See instructions)		
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 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF BENIGNO (TREY) MARTINEZ, PLLC			Amount of contribution (\$) \$1,125.00	In-kind contribution description Campaign Fundraiser Food and Beverages
Contributor address; City; State; Zip Code Brownsville, TX 78520				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
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)					
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF ERIN H. GARCIA			Amount of contribution (\$) \$1,200.00	In-kind contribution description Campaign Fundraiser Food and Beverages
Contributor address; City; State; Zip Code Brownsville, TX 78520				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
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)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 30/70	
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/18/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ LUCIO LAW GROUP PLLC 7 Contributor address; City; State; Zip Code Brownsville, TX 78520	8 Amount of contribution (\$) \$1,130.85	9 In-kind contribution description Campaign Fundraiser Food and Beverages
		<input type="checkbox"/> 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) (See instructions)	
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 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF SALVADOR GARCIA PLLC Contributor address; City; State; Zip Code B, TX 78520	Amount of contribution (\$) \$2,000.00	In-kind contribution description Campaign Fundraiser Food and Beverages
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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 (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/2 Rpt: 31/70	
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 02/26/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, GABRIELA (Judge)		9 Loan Amount (\$) \$2,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 5px; margin-top: 10px;">REDACTED PER 254.0313, GOV'T CODE</div>		10 Interest Rate
			11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is child, law firm of parent(s) (if any)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 2/2 Rpt: 32/70	
2 FILER NAME Garcia, Gabriela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083892	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 04/28/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, GABRIELA (Judge)		9 Loan Amount (\$) \$183.97
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE		10 Interest Rate
			11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is child, law firm of parent(s) (if any)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/36 Rpt: 33/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 05/27/2025	5 Payee name ALMA ARGENTINA RESTAURANT	
6 Amount (\$) \$29.41	7 Payee address; City; State; Zip Code 6266 W Irlo Bronson Memorial Hwy Kissimmee, TX 34747	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RISE Conference ACT Court
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/27/2025	Payee name ANNIE'S	
Amount (\$) \$14.03	Payee address; City; State; Zip Code 3600 Presidential Blvd Airport Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel snacks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2025	Payee name APPLEBEE'S	
Amount (\$) \$52.78	Payee address; City; State; Zip Code 4385 Frontage Rd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Lunch Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/36 Rpt: 34/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Lunch Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mother's Day Gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/36 Rpt: 35/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/03/2025	5 Payee name AT&T	
6 Amount (\$) \$60.22	7 Payee address; City; State; Zip Code 4305 Frontage Rd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Accessories
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$111.71	Payee name AT&T	
	Payee address; City; State; Zip Code 4305 Frontage Rd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Accessories
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/26/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$21.64	Payee name AT&T	
	Payee address; City; State; Zip Code 4305 Frontage Rd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Accessories
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/36 Rpt: 36/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 05/05/2025	5 Payee name AT&T	
6 Amount (\$) \$244.05	7 Payee address; City; State; Zip Code 4305 Frontage Rd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2025	Payee name BUC-EE'S	
Amount (\$) \$24.75	Payee address; City; State; Zip Code 2760 I-35 New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel (Testify before House Committee - Judicial Pay)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	Payee name CARPA AZUL	
Amount (\$) \$203.59	Payee address; City; State; Zip Code Matamoros Mexico	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charro Days Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/36 Rpt: 37/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/05/2025	5 Payee name CARPA AZUL	
6 Amount (\$) \$118.16	7 Payee address; City; State; Zip Code Matamoros Ecuador	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charro Days Event Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2025	Payee name CHARRO DAYS FIESTA	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 455 E Elizabeth St Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Holiday Gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name CHARRO DAYS FIESTA	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 455 E Elizabeth St Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Thank You Gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/36 Rpt: 38/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/26/2025	5 Payee name CHARRO DAYS FIESTA	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 455 E Elizabeth St Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charro Days Parade
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name CHEVRON	
Amount (\$) \$31.15	Payee address; City; State; Zip Code 866 FM 99 Whitsett, TX 78075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel (Testify Before House Committee - Judicial Pay)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2025	Payee name CHIC JEWELRY & THINGS	
Amount (\$) \$156.96	Payee address; City; State; Zip Code 206 Paredes Line Rd Suite C Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charro Days Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/36 Rpt: 39/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 04/09/2025	5 Payee name CHIK-FIL-A	
6 Amount (\$) \$23.88	7 Payee address; City; State; Zip Code 13701 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner (Testify before House Committee - Judicial Pay)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2025	Payee name CHILI'S	
Amount (\$) \$80.99	Payee address; City; State; Zip Code 2750 North Expy Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2025	Payee name COBBLEHEADS	
Amount (\$) \$114.84	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/36 Rpt: 40/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 05/19/2025	5 Payee name 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Lunch
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/14/2025	Candidate/Officeholder name Office sought Office held	
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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Birthdays
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/36 Rpt: 41/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 05/14/2025	5 Payee name 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent Birthday
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2025	Payee name 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2025	Payee name DIRTY AL's	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 4495 North Expressway Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for Constituents
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/36 Rpt: 42/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 06/02/2025	5 Payee name DISNEY	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 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 <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name DOLLAR TREE	
Amount (\$) \$18.94	Payee address; City; State; Zip Code 1215 Central Blvd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2025	Payee name DRAW	
Amount (\$) \$496.87	Payee address; City; State; Zip Code Uptown Park Blvd Houston, TX 77056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/36 Rpt: 43/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/19/2025	5 Payee name ELKS LODGE	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2025	Payee name FAVE	
Amount (\$) \$222.75	Payee address; City; State; Zip Code 3341 Pablo Kisel Blvd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/18/2025	Payee name GAZPACHO'S RESTAURANT	
Amount (\$) \$109.58	Payee address; City; State; Zip Code 2451 Pablo Kisel Blvd Suite B-1 Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/36 Rpt: 44/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/18/2025	5 Payee name HEB	
6 Amount (\$) \$40.84	7 Payee address; City; State; Zip Code 1628 Central Blvd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2025	Payee name HEB	
Amount (\$) \$26.96	Payee address; City; State; Zip Code 1628 Central Blvd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snack for Court/Jury
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/26/2025	Payee name HEB	
Amount (\$) \$16.24	Payee address; City; State; Zip Code 1628 Central Blvd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for Jury
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/36 Rpt: 45/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 04/08/2025	5 Payee name HEB	
6 Amount (\$) \$28.62	7 Payee address; City; State; Zip Code 1628 Central Blvd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel (Testify before House Committee - Judicial Pay)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2025	Payee name HEB	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1628 Central Blvd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Funeral Floral Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2025	Payee name HEB	
Amount (\$) \$55.42	Payee address; City; State; Zip Code 1628 Central Blvd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Snacks and Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakroom Storage Supplies, Snacks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/36 Rpt: 46/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 06/13/2025	5 Payee name HEB	
6 Amount (\$) \$81.92	7 Payee address; City; State; Zip Code 1628 Central Blvd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Funeral Floral Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2025	Payee name HUDDLE HOUSE	
Amount (\$) \$23.05	Payee address; City; State; Zip Code 231 W Expy 83 San Benito, TX 78586	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast (Nueces County Assignment)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name IKEA	
Amount (\$) \$11.41	Payee address; City; State; Zip Code 1000 IKEA-RBFCU Pkwy Live Oak, TX 78233	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snack (Testify before House Committee - Judicial Pay)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/36 Rpt: 47/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 05/27/2025	5 Payee name ISLA GRAND BEACH RESORT	
6 Amount (\$) \$239.34	7 Payee address; City; State; Zip Code 500 Padre Blvd South Padre Island, TX 78597	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner Constituents at Windammer's Restaurant
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2025	Payee name ISLA GRAND BEACH RESORT	
Amount (\$) \$65.80	Payee address; City; State; Zip Code 500 Padre Blvd South Padre Island, TX 78597	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent Meeting at Windjammer's Cafe
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2025	Payee name JACK IN THE BOX	
Amount (\$) \$6.47	Payee address; City; State; Zip Code 4250 Frontage Rd #77 Bro, TX 78526	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee with Constituent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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 Filers) 00083892
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch (Testify before House - Judicial Pay)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Funeral Catering
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/36 Rpt: 49/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 04/25/2025	5 Payee name LA PAMPA	
6 Amount (\$) \$336.04	7 Payee address; City; State; Zip Code 3230 Pablo Kisel Blvd Ste F-102 Brownsville, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court Staff Lunch Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2025	Payee name LOTUS INN	
Amount (\$) \$54.31	Payee address; City; State; Zip Code 905 North Expy 77/83 Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Meeting ACT Court
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2025	Payee name LOTUS INN	
Amount (\$) \$55.09	Payee address; City; State; Zip Code 905 North Expy 77/83 Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting ACT Court
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/36 Rpt: 50/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/03/2025	5 Payee name LOZANO, JULIO (Mr.)	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 114 Western Blvd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense All Stars Game
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2025	Payee name MORENO, JUDITH (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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jason Garcia Scholarship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2025	Payee name MURPHY USA	
Amount (\$) \$21.47	Payee address; City; State; Zip Code 3837 IH-69 Access Rd Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel (Testimony before House Committee - Judicial Pay)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/36 Rpt: 51/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 06/30/2025	5 Payee name NORTH BROWNSVILLE ROTARY	
6 Amount (\$) \$220.00	7 Payee address; City; State; Zip Code Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Civic Club Membership Non-Profit	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2025	Payee name Our Lady of Schoenstatt Shrine Lamar	
Amount (\$) \$104.00	Payee address; City; State; Zip Code 134 Front St Rockport, TX 78382	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Profit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/14/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser/Cancer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RISE Conference ACT Court
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Family Affected by HouseFire
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/36 Rpt: 53/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 04/08/2025	5 Payee name RAMEN TATSU-YA	
6 Amount (\$) \$43.30	7 Payee address; City; State; Zip Code 8601 S Congress Ave Suite 200 Austin, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch (Testify before House Committee - Judicial Pay)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2025	Payee name RED LOBSTER	
Amount (\$) \$158.58	Payee address; City; State; Zip Code 1075 FM 802 Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/13/2025	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/18/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/36 Rpt: 55/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/07/2025	5 Payee name RIO BANK	
6 Amount (\$) \$12.97	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/10/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/17/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/36 Rpt: 56/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 04/14/2025	5 Payee name RIO BANK	
6 Amount (\$) \$7.76	7 Payee address; City; State; Zip Code 3401 Old Hwy 77 Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/15/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/12/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/36 Rpt: 57/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 05/15/2025	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/09/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/16/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/36 Rpt: 58/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/05/2025	5 Payee name SAM'S CLUB	
6 Amount (\$) \$71.98	7 Payee address; City; State; Zip Code 3570 W Alton Gloor Blvd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Supplies for Court/Jury
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/18/2025	Payee name SAN FELIPE DE JESUS	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 2215 Rancho Viejo Ave Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name SOUTHWEST AIRLINES	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airline Ticket
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/36 Rpt: 59/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/17/2025	5 Payee name SOUTHWINDS	
6 Amount (\$) \$253.75	7 Payee address; City; State; Zip Code 943 North Expressway # 10 Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2025	Payee name SPEC'S	
Amount (\$) \$159.33	Payee address; City; State; Zip Code 4350 North Expressway Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Down By The Border Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name STAPLES	
Amount (\$) \$57.29	Payee address; City; State; Zip Code 2436 Pablo Kisel Blv Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supples	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/36 Rpt: 60/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 04/24/2025	5 Payee name STATE BAR OF TEXAS	
6 Amount (\$) \$288.00	7 Payee address; City; State; Zip Code 1414 Colorado Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State Bar Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2025	Payee name STRIPES	
Amount (\$) \$29.00	Payee address; City; State; Zip Code 21469 US 77 Combes, TX 78535	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel (Nueces County Assignment)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/14/2025	Payee name TEXAS ASSOCIATION OF DISTRICT JUDGES	
Amount (\$) \$2,572.50	Payee address; City; State; Zip Code 201 Caroline 10th Floor, 113th District Court Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Membership	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/36 Rpt: 61/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 06/04/2025	5 Payee name TEXAS CENTER FOR JUDICIARY	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 1210 San Antonio St. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Continuing Legal Education	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Judicial Conference
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2025	Payee name THE CHEESECAKE FACTORY	
Amount (\$) \$136.96	Payee address; City; State; Zip Code 5488 S Padre Island Dr Ste. 5016 Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch (Nueces County Assignment)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name THE STEPHEN F. AUSTIN ROYAL SONESTA	
Amount (\$) \$172.73	Payee address; City; State; Zip Code 701 Congress Ave Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel (Testify before House Committee - Judicial Pay)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/36 Rpt: 62/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/13/2025	5 Payee name TODDLE INN RESTAURANT	
6 Amount (\$) \$77.98	7 Payee address; City; State; Zip Code 1740 Central Blvd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast Court Staff Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2025	Payee name UNITED WAY OF SOUTHERN CAMERON COUNTY	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 634 E Levee St 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Dancing with Stars
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name VALERO CORNER STORE	
Amount (\$) \$36.58	Payee address; City; State; Zip Code 1964 Central Blvd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/36 Rpt: 63/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 04/16/2025	5 Payee name VERMILLION	
6 Amount (\$) \$146.73	7 Payee address; City; State; Zip Code 115 Paredes Line Rd Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Meeting Mag Ct
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name VERMILLION	
Amount (\$) \$140.15	Payee address; City; State; Zip Code 115 Paredes Line Rd Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name WAL MART	
Amount (\$) \$23.01	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/36 Rpt: 64/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/14/2025	5 Payee name WAL MART	
6 Amount (\$) \$87.96	7 Payee address; City; State; Zip Code 2205 RUBEN M TORRES BLVD BROWNSVILLE, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies for Court	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food, Beverage, Office Supplies, Eating Supplies for Court/Jury
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name WAL MART	
Amount (\$) \$5.44	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 Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food, Beverage, Supplies for Court/Jury
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2025	Payee name WAL MART	
Amount (\$) \$71.63	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) Supplies Snacks	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies, Bath Supplies Court/Jury
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/36 Rpt: 65/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 05/05/2025	5 Payee name WAL MART	
6 Amount (\$) \$169.25	7 Payee address; City; State; Zip Code 2205 RUBEN M TORRES BLVD BROWNSVILLE, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2025	Payee name WAL MART	
Amount (\$) \$38.91	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/27/2025	Payee name WAL MART	
Amount (\$) \$55.31	Payee address; City; State; Zip Code 3250 Vineland Rd Kissimmee, FL 34746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food, Beverages, Snacks, Supplies - RISE Conference ACT Court
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RISE Conference ACT Court
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/23/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/36 Rpt: 67/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 06/09/2025	5 Payee name WALMART	
6 Amount (\$) \$423.17	7 Payee address; City; State; Zip Code 3500 W Alton Gloor Blvd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Gifts Grads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name WALMART	
Amount (\$) \$8.08	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court/Jury
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name WALMART	
Amount (\$) \$6.34	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court/Jury
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/36 Rpt: 68/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 03/26/2025	5 Payee name WALMART	
6 Amount (\$) \$37.65	7 Payee address; City; State; Zip Code 2205 Ruben M Torres Blvd Brownsville, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies Breakroom
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2025	Payee name WALMART	
Amount (\$) \$8.83	Payee address; City; State; Zip Code 1401 TX100 Port Isabel, TX 78578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mouse and Extension Cord
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 69/70	2 FILER NAME Garcia, Gabriela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/26/2025	5 Payee name CHARRO DAYS FIESTA	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 455 E Elizabeth St Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charro Days Parade
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2025	Payee name THE STEPHEN F. AUSTIN ROYAL SONESTA	
Amount (\$) \$183.97 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 701 Congress Ave Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel (Testify before House Committee - Judicial Pay)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
Sch: 1/1 Rpt: 70/70

2 FILER NAME

Garcia, Gabriela (The Honorable)

3 Filer ID (Ethics Commission Filers)
00083892

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
DISNEY

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

05/27/2025

07/31/2025

7 Name of person(s) traveling

GARCIA, GABRIELA (Judge)

8 Departure city or name of departure location

Harlingen

9 Destination city or name of destination location

Orlando

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

RISE Conference ACT Court

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

SOUTHWEST AIRLINES

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

05/27/2025

07/31/2025

Name of person(s) traveling

GARCIA, GABRIELA (Judge)

Departure city or name of departure location

Harlingen

Destination city or name of destination location

Orlando

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

RISE Conference ACT Court